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 10/01/2025. 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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TABLE OF CONTENTS

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 1-800-424-1789 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;
	  ○ Would not work as well; or

Exception Type	Process
	○ 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
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:
1-800-424-1789 (toll-free)

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

Prescription Drug Grievances:
1-800-424-1789 (toll-free)
GlobalHealth Pharmacy Exceptions Department
PO Box 2393
Oklahoma City, OK 73101-2393

Prescription 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.

QLL: 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.

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS						
*ADHD Agent - Selective Alpha Adrenergic Agonists***	cloNIDine HCl ER Tablet Extended Release 12 Hour 0.1 MG Oral	1				
	guanFACINE HCl ER Tablet Extended Release 24 Hour 1 MG Oral	1				
	guanFACINE HCl ER Tablet Extended Release 24 Hour 2 MG Oral	1				
	guanFACINE HCl ER Tablet Extended Release 24 Hour 3 MG Oral	1				
	guanFACINE HCl ER Tablet Extended Release 24 Hour 4 MG Oral	1				
	Onyda XR Suspension Extended Release 0.1 MG/ML Oral	3		ST	QL	
*ADHD Agent - Selective Norepinephrine Reuptake Inhibitor***	Atomoxetine HCl Capsule 10 MG Oral	1			QL	
	Atomoxetine HCl Capsule 100 MG Oral	1			QL	
	Atomoxetine HCl Capsule 18 MG Oral	1			QL	
	Atomoxetine HCl Capsule 25 MG Oral	1			QL	
	Atomoxetine HCl Capsule 40 MG Oral	1			QL	
	Atomoxetine HCl Capsule 60 MG Oral	1			QL	
	Atomoxetine HCl Capsule 80 MG Oral	1			QL	
	Qelbree Capsule Extended Release 24 Hour 100 MG Oral	3		ST	QL	
	Qelbree Capsule Extended Release 24 Hour 150 MG Oral	3		ST	QL	
	Qelbree Capsule Extended Release 24 Hour 200 MG Oral	3		ST	QL	
*Amphetamine Mixtures***	Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 10 MG Oral	1			QL	
	Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 15 MG Oral	1			QL	
	Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 20 MG Oral	1			QL	
	Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 25 MG Oral	1			QL	
	Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 30 MG Oral	1			QL	
	Amphetamine-Dextroamphet ER Capsule Extended Release 24 Hour 5 MG Oral	1			QL	
	Amphetamine-Dextroamphetamine Tablet 10 MG Oral	1			QL	
	Amphetamine-Dextroamphetamine Tablet 12.5 MG Oral	1			QL	
	Amphetamine-Dextroamphetamine Tablet 15 MG Oral	1			QL	
	Amphetamine-Dextroamphetamine Tablet 20 MG Oral	1			QL	
	Amphetamine-Dextroamphetamine Tablet 30 MG Oral	1			QL	
	Amphetamine-Dextroamphetamine Tablet 5 MG Oral	1			QL	
	Amphetamine-Dextroamphetamine Tablet 7.5 MG Oral	1			QL	
	Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 12.5 MG Oral	1			QL	
	Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 25 MG Oral	1			QL	
	Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 37.5 MG Oral	1			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Amphet-Dextroamphet 3-Bead ER Capsule Extended Release 24 Hour 50 MG Oral	1			QL	
*Amphetamines***	Dextroamphetamine Sulfate ER Capsule Extended Release 24 Hour 10 MG Oral	1			QL	
	Dextroamphetamine Sulfate ER Capsule Extended Release 24 Hour 15 MG Oral	1			QL	
	Dextroamphetamine Sulfate ER Capsule Extended Release 24 Hour 5 MG Oral	1			QL	
	Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	1			QL	
	Dextroamphetamine Sulfate Tablet 10 MG Oral	1			QL	
	Dextroamphetamine Sulfate Tablet 15 MG Oral	1			QL	
	Dextroamphetamine Sulfate Tablet 2.5 MG Oral	1			QL	
	Dextroamphetamine Sulfate Tablet 20 MG Oral	1			QL	
	Dextroamphetamine Sulfate Tablet 30 MG Oral	1			QL	
	Dextroamphetamine Sulfate Tablet 5 MG Oral	1			QL	
	Dextroamphetamine Sulfate Tablet 7.5 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Capsule 10 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Capsule 20 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Capsule 30 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Capsule 40 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Capsule 50 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Capsule 60 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Capsule 70 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Tablet Chewable 10 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Tablet Chewable 20 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Tablet Chewable 30 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Tablet Chewable 40 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Tablet Chewable 50 MG Oral	1			QL	
	Lisdexamfetamine Dimesylate Tablet Chewable 60 MG Oral	1			QL	
	Methamphetamine HCl Tablet 5 MG Oral	1			QL	
	ProCentra Solution 5 MG/5ML Oral	1			QL	
	Zenzedi Tablet 10 MG Oral	1			QL	
	Zenzedi Tablet 5 MG Oral	1			QL	
*Analeptics***	Caffeine Citrate Solution 20 MG/ML Oral	1				
	Caffeine Citrate Solution 60 MG/3ML Oral	1				
*Anorexiant Combinations***	Phentermine-Topiramate ER Capsule Extended Release 24 Hour 11.25-69 MG Oral	1	PA		QL	
	Phentermine-Topiramate ER Capsule Extended Release 24 Hour 15-92 MG Oral	1	PA		QL	
	Phentermine-Topiramate ER Capsule Extended Release 24 Hour 3.75-23 MG Oral	1	PA		QL	
	Phentermine-Topiramate ER Capsule Extended Release 24 Hour 7.5-46 MG Oral	1	PA		QL	
*Anorexiants Non-Amphetamine***	Lomaira Tablet 8 MG Oral	3			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Phentermine HCl Capsule 15 MG Oral	1			QL	
	Phentermine HCl Capsule 30 MG Oral	1			QL	
	Phentermine HCl Capsule 37.5 MG Oral	1			QL	
	Phentermine HCl Tablet 37.5 MG Oral	1			QL	
*Anti-Obesity - GIP & GLP-1 Receptor Agonists***	Zepbound Solution Auto-Injector 10 MG/0.5ML Subcutaneous	2	PA		QL	
	Zepbound Solution Auto-Injector 12.5 MG/0.5ML Subcutaneous	2	PA		QL	
	Zepbound Solution Auto-Injector 15 MG/0.5ML Subcutaneous	2	PA		QL	
	Zepbound Solution Auto-Injector 2.5 MG/0.5ML Subcutaneous	2	PA		QL	
	Zepbound Solution Auto-Injector 5 MG/0.5ML Subcutaneous	2	PA		QL	
	Zepbound Solution Auto-Injector 7.5 MG/0.5ML Subcutaneous	2	PA		QL	
*Anti-Obesity - GLP-1 Receptor Agonists***	Saxenda Solution Pen-Injector 18 MG/3ML Subcutaneous	2	PA		QL	
	Wegovy Solution Auto-Injector 0.25 MG/0.5ML Subcutaneous	2	PA		QL	
	Wegovy Solution Auto-Injector 0.5 MG/0.5ML Subcutaneous	2	PA		QL	
	Wegovy Solution Auto-Injector 1 MG/0.5ML Subcutaneous	2	PA		QL	
	Wegovy Solution Auto-Injector 1.7 MG/0.75ML Subcutaneous	2	PA		QL	
	Wegovy Solution Auto-Injector 2.4 MG/0.75ML Subcutaneous	2	PA		QL	
*Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)***	Sunosi Tablet 150 MG Oral	2	PA		QL	
	Sunosi Tablet 75 MG Oral	2	PA		QL	
*Lipase Inhibitors***	Orlistat Capsule 120 MG Oral	3	PA		QL	
	Xenical Capsule 120 MG Oral	3	PA		QL	
*Melanocortin 4 (MC4) Receptor Agonists***	Imcivree Solution 10 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
*Stimulant Combinations***	Azstarys Capsule 26.1-5.2 MG Oral	2		ST	QL	
	Azstarys Capsule 39.2-7.8 MG Oral	2		ST	QL	
	Azstarys Capsule 52.3-10.4 MG Oral	2		ST	QL	
*Stimulants - Misc.***	Armodafinil Tablet 150 MG Oral	1			QL	
	Armodafinil Tablet 200 MG Oral	1			QL	
	Armodafinil Tablet 250 MG Oral	1			QL	
	Armodafinil Tablet 50 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 10 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 15 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 20 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 25 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 30 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 35 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 40 MG Oral	1			QL	
	Dexmethylphenidate HCl ER Capsule Extended Release 24 Hour 5 MG Oral	1			QL	
	Dexmethylphenidate HCl Tablet 10 MG Oral	1			QL	
	Dexmethylphenidate HCl Tablet 2.5 MG Oral	1			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Dexmethylphenidate HCl Tablet 5 MG Oral	1			QL	
	Jornay PM Capsule Extended Release 24 Hour 100 MG Oral	2		ST	QL	
	Jornay PM Capsule Extended Release 24 Hour 20 MG Oral	2		ST	QL	
	Jornay PM Capsule Extended Release 24 Hour 40 MG Oral	2		ST	QL	
	Jornay PM Capsule Extended Release 24 Hour 60 MG Oral	2		ST	QL	
	Jornay PM Capsule Extended Release 24 Hour 80 MG Oral	2		ST	QL	
	Methylphenidate HCl ER (CD) Capsule Extended Release 10 MG Oral	1			QL	
	Methylphenidate HCl ER (CD) Capsule Extended Release 20 MG Oral	1			QL	
	Methylphenidate HCl ER (CD) Capsule Extended Release 30 MG Oral	1			QL	
	Methylphenidate HCl ER (CD) Capsule Extended Release 40 MG Oral	1			QL	
	Methylphenidate HCl ER (CD) Capsule Extended Release 50 MG Oral	1			QL	
	Methylphenidate HCl ER (CD) Capsule Extended Release 60 MG Oral	1			QL	
	Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 20 MG Oral	1			QL	
	Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 30 MG Oral	1			QL	
	Methylphenidate HCl ER (LA) Capsule Extended Release 24 Hour 40 MG Oral	1			QL	
	Methylphenidate HCl ER (OSM) Tablet Extended Release 18 MG Oral	1			QL	
	Methylphenidate HCl ER (OSM) Tablet Extended Release 27 MG Oral	1			QL	
	Methylphenidate HCl ER (OSM) Tablet Extended Release 36 MG Oral	1			QL	
	Methylphenidate HCl ER (OSM) Tablet Extended Release 54 MG Oral	1			QL	
	Methylphenidate HCl ER (OSM) Tablet Extended Release 72 MG Oral	1			QL	
	Methylphenidate HCl ER Tablet Extended Release 10 MG Oral	1			QL	
	Methylphenidate HCl ER Tablet Extended Release 20 MG Oral	1			QL	
	Methylphenidate HCl Solution 10 MG/5ML Oral	1			QL	
	Methylphenidate HCl Solution 5 MG/5ML Oral	1			QL	
	Methylphenidate HCl Tablet 10 MG Oral	1			QL	
	Methylphenidate HCl Tablet 20 MG Oral	1			QL	
	Methylphenidate HCl Tablet 5 MG Oral	1			QL	
	Methylphenidate HCl Tablet Chewable 10 MG Oral	1			QL	
	Methylphenidate HCl Tablet Chewable 2.5 MG Oral	1			QL	
	Methylphenidate HCl Tablet Chewable 5 MG Oral	1			QL	
	Methylphenidate Patch 10 MG/9HR Transdermal	1			QL	
	Methylphenidate Patch 15 MG/9HR Transdermal	1			QL	
	Methylphenidate Patch 20 MG/9HR Transdermal	1			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Methylphenidate Patch 30 MG/9HR Transdermal	1			QL	
	Modafinil Tablet 100 MG Oral	1			QL	
	Modafinil Tablet 200 MG Oral	1			QL	
	QuilliChew ER Tablet Chewable Extended Release 20 MG Oral	3		ST	QL	
	QuilliChew ER Tablet Chewable Extended Release 30 MG Oral	3		ST	QL	
	QuilliChew ER Tablet Chewable Extended Release 40 MG Oral	3		ST	QL	
	Quillivant XR Suspension Reconstituted ER 25 MG/5ML Oral	3		ST	QL	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC						
*Allergenic Extracts***	Grastek TABLET SUBLINGUAL 2800 BAU Sublingual	3				
	Palforzia (1 MG Daily Dose) 1 x 1 MG Oral	3				
	Palforzia (12 MG Daily Dose) 2 x 1 MG & 10 MG Oral	3				
	Palforzia (120 MG Daily Dose) 20 MG & 100 MG Oral	3				
	Palforzia (160 MG Daily Dose) 3 x 20 MG & 100 MG Oral	3				
	Palforzia (20 MG Daily Dose) 20 MG Oral	3				
	Palforzia (200 MG Daily Dose) 2 x 100 MG Oral	3				
	Palforzia (240 MG Daily Dose) 2 x 20 MG & 2 x 100 MG Oral	3				
	Palforzia (3 MG Daily Dose) 3 x 1 MG Oral	3				
	Palforzia (300 MG Maintenance) Packet 300 MG Oral	3			QL	
	Palforzia (300 MG Titration) Packet 300 MG Oral	3				
	Palforzia (40 MG Daily Dose) 2 x 20 MG Oral	3				
	Palforzia (6 MG Daily Dose) 6 x 1 MG Oral	3				
	Palforzia (80 MG Daily Dose) 4 x 20 MG Oral	3				
	Palforzia Initial Dose 1-3yrs 0.5 & 1 & 1.5 & 3 MG Oral	3				
	Palforzia Initial Dose 4-17yrs 0.5 & 1 & 1.5 & 3 & 6 MG Oral	3				
	Palforzia Initial Escalation 0.5 & 1 & 1.5 & 3 & 6 MG Oral	3				
	Ragwitek TABLET SUBLINGUAL 12 AMB A 1-U Sublingual	3				
*Mixed Allergenic Extracts***	Odactra TABLET SUBLINGUAL 12 SQ-HDM Sublingual	3				
	Oralair TABLET SUBLINGUAL 300 IR SUBLINGUAL	3				
AMEBICIDES						
*Amebicides***	Solosec Packet 2 GM Oral	2				
AMINOGLYCOSIDES						
*Aminoglycosides***	Arikayce Suspension 590 MG/8.4ML Inhalation	4	PA			Non-Preferred Specialty
	Humatin Capsule 250 MG Oral	2				
	Neomycin Sulfate Tablet 500 MG Oral	1				
	Paromomycin Sulfate Capsule 250 MG Oral	1				
	Tobi Podhaler Capsule 28 MG Inhalation	4	PA		QL	Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Tobramycin Nebulization Solution 300 MG/4ML Inhalation	4	PA		QL	Preferred Specialty
	Tobramycin Nebulization Solution 300 MG/5ML Inhalation	4	PA		QL	Preferred Specialty
ANALGESICS - ANTI-INFLAMMATORY						
*Antirheumatic - Janus Kinase (JAK) Inhibitors***	Olumiant Tablet 1 MG Oral	4	PA		QL	Non-Preferred Specialty
	Olumiant Tablet 2 MG Oral	4	PA		QL	Non-Preferred Specialty
	Olumiant Tablet 4 MG Oral	4	PA		QL	Non-Preferred Specialty
	Rinvoq LQ Solution 1 MG/ML Oral	4	PA			Preferred Specialty
	Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	4	PA			Preferred Specialty
	Rinvoq Tablet Extended Release 24 Hour 30 MG Oral	4	PA			Preferred Specialty
	Rinvoq Tablet Extended Release 24 Hour 45 MG Oral	4	PA			Preferred Specialty
	Xeljanz Solution 1 MG/ML Oral	4	PA		QL	Preferred Specialty
	Xeljanz Tablet 10 MG Oral	4	PA		QL	Preferred Specialty
	Xeljanz TABLET 5 MG ORAL	4	PA		QL	Preferred Specialty
	Xeljanz XR Tablet Extended Release 24 Hour 11 MG Oral	4	PA		QL	Preferred Specialty
	Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	4	PA		QL	Preferred Specialty
*Antirheumatic Antimetabolites***	Otrexup Solution Auto-injector 10 MG/0.4ML Subcutaneous	2				
	Otrexup Solution Auto-Injector 12.5 MG/0.4ML Subcutaneous	2				
	Otrexup Solution Auto-injector 15 MG/0.4ML Subcutaneous	2				
	Otrexup Solution Auto-Injector 17.5 MG/0.4ML Subcutaneous	2				
	Otrexup Solution Auto-injector 20 MG/0.4ML Subcutaneous	2				
	Otrexup Solution Auto-Injector 22.5 MG/0.4ML Subcutaneous	2				
	Otrexup Solution Auto-injector 25 MG/0.4ML Subcutaneous	2				
*Anti-TNF-alpha - Monoclonal Antibodies***	Adalimumab-adaz Solution Auto-Injector 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Adalimumab-adaz Solution Auto-Injector 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Adalimumab-adaz Solution Prefilled Syringe 10 MG/0.1ML Subcutaneous	4	PA			Preferred Specialty
	Adalimumab-adaz Solution Prefilled Syringe 20 MG/0.2ML Subcutaneous	4	PA			Preferred Specialty
	Adalimumab-adaz Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Humira (2 Pen) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Humira (2 Pen) Auto-Injector Kit 40 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira (2 Pen) Auto-Injector Kit 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira (2 Syringe) Prefilled Syringe Kit 10 MG/0.1ML Subcutaneous	4	PA			Preferred Specialty
	Humira (2 Syringe) Prefilled Syringe Kit 20 MG/0.2ML Subcutaneous	4	PA			Preferred Specialty
	Humira (2 Syringe) Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Humira (2 Syringe) Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira-CD/UC/HS Starter Auto-Injector Kit 40 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira-CD/UC/HS Starter Auto-Injector Kit 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira-Ped<40kg Crohns Starter Prefilled Syringe Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Humira-Ped>/=40kg Crohns Start Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira-Ped>/=40kg UC Starter Auto-Injector Kit 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira-Ps/UV/Adol HS Starter Auto-Injector Kit 40 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Humira-Psoriasis/Uveit Starter Auto-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Simlandi (1 Pen) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Simlandi (1 Pen) Auto-Injector Kit 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Simlandi (1 Syringe) Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
	Simlandi (2 Pen) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Simlandi (2 Syringe) Prefilled Syringe Kit 20 MG/0.2ML Subcutaneous	4	PA			Preferred Specialty
	Simlandi (2 Syringe) Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Simponi Solution Auto-injector 100 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Simponi Solution Prefilled Syringe 100 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
*Cyclooxygenase 2 (COX-2) Inhibitors***	Celecoxib Capsule 100 MG Oral	1				
	Celecoxib Capsule 200 MG Oral	1				
	Celecoxib Capsule 400 MG Oral	1				
	Celecoxib Capsule 50 MG Oral	1				
*Gold Compounds***	Auranofin Capsule 3 MG Oral	3				
	Ridaura Capsule 3 MG Oral	3				
*Interleukin-1 Blockers***	Arcalyst Solution Reconstituted 220 MG Subcutaneous	4	PA			Non-Preferred Specialty
*Interleukin-1beta Blockers***	Ilaris SOLUTION 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
*Interleukin-6 Receptor Inhibitors***	Kevzara Solution Auto-Injector 150 MG/1.14ML Subcutaneous	4	PA		QL	Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Kevzara Solution Auto-Injector 200 MG/1.14ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Kevzara Solution Prefilled Syringe 150 MG/1.14ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Kevzara Solution Prefilled Syringe 200 MG/1.14ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Tyenne Solution Auto-Injector 162 MG/0.9ML Subcutaneous	4	PA			Non-Preferred Specialty
	Tyenne Solution Prefilled Syringe 162 MG/0.9ML Subcutaneous	4	PA			Non-Preferred Specialty
*Nonsteroidal Anti-inflammatory Agent Combinations***	Diclofenac-miSOPROStol Tablet Delayed Release 50-0.2 MG Oral	1				
	Diclofenac-miSOPROStol Tablet Delayed Release 75-0.2 MG Oral	1				
	Ibuprofen-Famotidine Tablet 800-26.6 MG Oral	1				
	Naproxen-Esomeprazole Mg Tablet Delayed Release 375-20 MG Oral	1				
	Naproxen-Esomeprazole Mg Tablet Delayed Release 500-20 MG Oral	1				
*Nonsteroidal Anti-inflammatory Agents (NSAIDs)***	Cataflam Tablet 50 MG Oral	1				
	Diclofenac Capsule 35 MG Oral	3				
	Diclofenac Potassium Capsule 25 MG Oral	1				
	Diclofenac Potassium Tablet 25 MG Oral	1				
	Diclofenac Potassium Tablet 50 MG Oral	1				
	Diclofenac Sodium ER Tablet Extended Release 24 Hour 100 MG Oral	1				
	Diclofenac Sodium Tablet Delayed Release 25 MG Oral	1				
	Diclofenac Sodium Tablet Delayed Release 50 MG Oral	1				
	Diclofenac Sodium Tablet Delayed Release 75 MG Oral	1				
	EC-Naproxen Tablet Delayed Release 375 MG Oral	1				
	EC-Naproxen Tablet Delayed Release 500 MG Oral	1				
	Etodolac Capsule 200 MG Oral	1				
	Etodolac Capsule 300 MG Oral	1				
	Etodolac ER Tablet Extended Release 24 Hour 400 MG Oral	1				
	Etodolac ER Tablet Extended Release 24 Hour 500 MG Oral	1				
	Etodolac ER Tablet Extended Release 24 Hour 600 MG Oral	1				
	Etodolac Tablet 400 MG Oral	1				
	Etodolac Tablet 500 MG Oral	1				
	Fenoprofen Calcium Capsule 200 MG Oral	1				
		3				
	Fenoprofen Calcium Capsule 400 MG Oral	1				
	Fenoprofen Calcium Tablet 600 MG Oral	1				
	Fenortho Capsule 200 MG Oral	3				
	Flurbiprofen Tablet 100 MG Oral	1				
	Flurbiprofen Tablet 50 MG Oral	3				
	IBU Tablet 400 MG Oral	1				
	IBU Tablet 600 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	IBU TABLET 800 MG Oral	1				
	Ibuprofen Suspension 100 MG/5ML Oral	1				
	Ibuprofen Suspension 200 MG/10ML Oral	1				
	Ibuprofen Tablet 400 MG Oral	1				
	Ibuprofen Tablet 600 MG Oral	1				
	Ibuprofen Tablet 800 MG Oral	1				
	Indocin Suppository 50 MG Rectal	1				
	Indomethacin Capsule 20 MG Oral	3				
	Indomethacin Capsule 25 MG Oral	1				
	Indomethacin Capsule 50 MG Oral	1				
	Indomethacin ER Capsule Extended Release 75 MG Oral	1				
	Indomethacin Suppository 50 MG Rectal	1				
	Ketoprofen Capsule 25 MG Oral	1				
	Ketoprofen Capsule 50 MG Oral	3				
	Ketoprofen Capsule 75 MG Oral	3				
	Ketoprofen ER Capsule Extended Release 24 Hour 200 MG Oral	1				
	Ketorolac Tromethamine Solution 15 MG/ML Injection	1				
	Ketorolac Tromethamine Solution 15.75 MG/SPRAY Nasal	3				
	Ketorolac Tromethamine Solution 30 MG/ML Injection	1				
	Ketorolac Tromethamine Solution 60 MG/2ML Intramuscular	1				
	Ketorolac Tromethamine Tablet 10 MG Oral	1			QL	
	Kiprofen Capsule 25 MG Oral	1				
	Lofena Tablet 25 MG Oral	1				
	Lurbipr Tablet 100 MG Oral	1				
	Meclofenamate Sodium CAPSULE 100 MG Oral	3				
	Meclofenamate Sodium CAPSULE 50 MG ORAL	3				
	Mefenamic Acid Capsule 250 MG Oral	1				
	Meloxicam Capsule 10 MG Oral	1				
	Meloxicam Capsule 5 MG Oral	1				
	Meloxicam Suspension 7.5 MG/5ML Oral	3				
	Meloxicam Tablet 15 MG Oral	1				
	Meloxicam Tablet 7.5 MG Oral	1				
	Nabumetone Tablet 500 MG Oral	1				
	Nabumetone Tablet 750 MG Oral	1				
	Naprosyn Tablet 500 MG Oral	3				
	Naproxen DR Tablet Delayed Release 500 MG Oral	1				
	Naproxen Sodium ER Tablet Extended Release 24 Hour 375 MG Oral	1				
	Naproxen Sodium ER Tablet Extended Release 24 Hour 500 MG Oral	1				
	Naproxen Sodium ER Tablet Extended Release 24 Hour 750 MG Oral	1				
	Naproxen Sodium Tablet 275 MG Oral	1				
	Naproxen Sodium Tablet 550 MG Oral	1				
	Naproxen Suspension 125 MG/5ML Oral	1				
	Naproxen Tablet 250 MG Oral	1				
	Naproxen Tablet 375 MG Oral	1				
	Naproxen Tablet 500 MG Oral	1				
	Naproxen Tablet Delayed Release 375 MG Oral	1				
	Naproxen Tablet Delayed Release 500 MG Oral	1				
	Oxaprozin Tablet 600 MG Oral	1				
	Piroxicam Capsule 10 MG Oral	1				
	Piroxicam Capsule 20 MG Oral	1				
	Relafen DS Tablet 1000 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Relafen Tablet 500 MG Oral	1				
	Relafen Tablet 750 MG Oral	1				
	Sprix Solution 15.75 MG/SPRAY Nasal	3				
	Sulindac Tablet 150 MG Oral	1				
	Sulindac Tablet 200 MG Oral	1				
	Tivorbex Capsule 20 MG Oral	3				
	Tolectin 600 Tablet 600 MG Oral	3				
	Tolmetin Sodium Capsule 400 MG Oral	3				
	Tolmetin Sodium Tablet 600 MG Oral	3				
	Zorvolex Capsule 18 MG Oral	3				
	Zorvolex Capsule 35 MG Oral	3				
*Phosphodiesterase 4 (PDE4) Inhibitors***	Otezla Tablet 20 MG Oral	4	PA		QL	Preferred Specialty
	Otezla Tablet 30 MG Oral	4	PA		QL	Preferred Specialty
	Otezla Tablet Therapy Pack 10 & 20 & 30 MG Oral	4	PA		QL	Preferred Specialty
	Otezla Tablet Therapy Pack 4 x 10 & 51 x20 MG Oral	4	PA		QL	Preferred Specialty
*Pyrimidine Synthesis Inhibitors***	Leflunomide Tablet 10 MG Oral	1				
	Leflunomide Tablet 20 MG Oral	1				
*Selective Costimulation Modulators***	Orencia ClickJect Solution Auto-injector 125 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Orencia Solution Prefilled Syringe 125 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Orencia Solution Prefilled Syringe 50 MG/0.4ML Subcutaneous	4	PA			Non-Preferred Specialty
	Orencia Solution Prefilled Syringe 87.5 MG/0.7ML Subcutaneous	4	PA			Non-Preferred Specialty
*Soluble Tumor Necrosis Factor Receptor Agents***	Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Enbrel Solution 25 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Enbrel Solution Prefilled Syringe 25 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Enbrel Solution Prefilled Syringe 50 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Enbrel Solution Reconstituted 25 MG Subcutaneous	4	PA			Preferred Specialty
	Enbrel SureClick Solution Auto-Injector 50 MG/ML Subcutaneous	4	PA			Preferred Specialty
ANALGESICS - NonNarcotic						
*Analgesics - Selective NaV1.8 Sodium Channel Inhibitors***	Journavx Tablet 50 MG Oral	3	PA		QL	
*Analgesics-Sedatives***	Allzital Tablet 25-325 MG Oral	1				
		3				
	BAC (Butalbital-Acetamin-Caff) Tablet 50-325-40 MG Oral	1				
	Bupap Tablet 50-300 MG Oral	1				
	Butalbital-Acetaminophen Capsule 50-300 MG Oral	1				
	Butalbital-Acetaminophen Tablet 50-300 MG Oral	1				
	Butalbital-Acetaminophen Tablet 50-325 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Butalbital-APAP-Caffeine Capsule 50-300-40 MG Oral	1				
	Butalbital-APAP-Caffeine Capsule 50-325-40 MG Oral	1				
	Butalbital-APAP-Caffeine Solution 50-325-40 MG/15ML Oral	2				
	Butalbital-APAP-Caffeine Tablet 50-325-40 MG Oral	1				
	Butalbital-Aspirin-Caffeine Capsule 50-325-40 MG Oral	1				
	Esgic Capsule 50-325-40 MG Oral	1				
	Tencon Tablet 50-325 MG Oral	1				
	Vtol LQ Solution 50-325-40 MG/15ML Oral	1				
	Zebutal Capsule 50-325-40 MG Oral	1				
*Salicylates***	Adult Aspirin Regimen Tablet Delayed Release 81 MG Oral	1				
	Aspirin 81 Tablet Chewable 81 MG Oral	1				
	Aspirin 81 Tablet Delayed Release 81 MG Oral	1				
	Aspirin Adult Low Dose Tablet Delayed Release 81 MG Oral	1				
	Aspirin Adult Low Strength Tablet Delayed Release 81 MG Oral	1				
	Aspirin Childrens Tablet Chewable 81 MG Oral	1				
	Aspirin EC Adult Low Dose Tablet Delayed Release 81 MG Oral	1				
	Aspirin EC Low Dose Tablet Delayed Release 81 MG Oral	1				
	Aspirin EC Low Strength Tablet Delayed Release 81 MG Oral	1				
	Aspirin Low Dose Tablet Chewable 81 MG Oral	1				
	Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	Aspirin Regimen Tablet Delayed Release 81 MG Oral	1				
	Aspirin Tablet Chewable 81 MG Oral	1				
	Aspirin Tablet Delayed Release 81 MG Oral	1				
	Bayer Aspirin EC Low Dose Tablet Delayed Release 81 MG Oral	1				
	Bayer Low Dose Tablet Chewable 81 MG Oral	1				
	Bayer Low Dose Tablet Delayed Release 81 MG Oral	1				
	Childrens Aspirin Tablet Chewable 81 MG Oral	1				
	CVS Aspirin Adult Low Dose Tablet Chewable 81 MG Oral	1				
	CVS Aspirin Adult Low Strength Tablet Delayed Release 81 MG Oral	1				
	CVS Aspirin EC Tablet Delayed Release 81 MG Oral	1				
	CVS Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	CVS Aspirin Low Strength Tablet Delayed Release 81 MG Oral	1				
	Diflunisal Tablet 500 MG Oral	1				
	Ecotrin Low Strength Tablet Delayed Release 81 MG Oral	1				
	EQ Aspirin Adult Low Dose Tablet Delayed Release 81 MG Oral	1				
	EQ Aspirin Low Dose Tablet Chewable 81 MG Oral	1				
	EQL Aspirin Low Dose Tablet Chewable 81 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	EQL Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	FT Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	GNP Adult Aspirin Low Strength Tablet Chewable 81 MG Oral	1				
	GNP Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	GNP Aspirin Tablet Delayed Release 81 MG Oral	1				
	GoodSense Aspirin Adult Low St Tablet Chewable 81 MG Oral	1				
	GoodSense Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	GoodSense Aspirin Tablet Chewable 81 MG Oral	1				
	H-E-B Aspirin Tablet Delayed Release 81 MG Oral	1				
	HM Aspirin EC Low Dose Tablet Delayed Release 81 MG Oral	1				
	HM Aspirin Tablet Chewable 81 MG Oral	1				
	KLS Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	KP Aspirin Tablet Delayed Release 81 MG Oral	1				
	MM Aspirin Tablet Delayed Release 81 MG Oral	1				
	PX Aspirin Tablet Chewable 81 MG Oral	1				
	PX Enteric Aspirin Tablet Delayed Release 81 MG Oral	1				
	QC Aspirin Low Dose Tablet Chewable 81 MG Oral	1				
	QC Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				
	QC Childrens Aspirin Tablet Chewable 81 MG Oral	1				
	RA Aspirin Adult Low Dose Tablet Chewable 81 MG Oral	1				
	RA Aspirin Adult Low Strength Tablet Chewable 81 MG Oral	1				
	RA Aspirin Childrens Tablet Chewable 81 MG Oral	1				
	RA Aspirin EC Adult Low St Tablet Delayed Release 81 MG Oral	1				
	RA Aspirin EC Tablet Delayed Release 81 MG Oral	1				
	SB Aspirin Adult Low Strength Tablet Delayed Release 81 MG Oral	1				
	SB Aspirin Tablet Delayed Release 81 MG Oral	1				
	SB Childrens Aspirin Tablet Chewable 81 MG Oral	1				
	SB Low Dose ASA EC Tablet Delayed Release 81 MG Oral	1				
	SM Aspirin Adult Low Strength Tablet Chewable 81 MG Oral	1				
	SM Aspirin Adult Low Strength Tablet Delayed Release 81 MG Oral	1				
	SM Aspirin EC Low Strength Tablet Delayed Release 81 MG Oral	1				
	SM Aspirin Low Dose Tablet Chewable 81 MG Oral	1				
	SM Aspirin Low Dose Tablet Delayed Release 81 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	SM Childrens Aspirin Tablet Chewable 81 MG Oral	1				
	St Joseph Aspirin Tablet Delayed Release 81 MG Oral	1				
	St Joseph Low Dose Tablet Chewable 81 MG Oral	1				
	St Joseph Low Dose Tablet Delayed Release 81 MG Oral	1				
ANALGESICS - OPIOID						
*Codeine Combinations***	Acetaminophen-Codeine Solution 120-12 MG/5ML Oral	1				
		3				
	Acetaminophen-Codeine Solution 300-30 MG/12.5ML Oral	1				
		3				
	Acetaminophen-Codeine Tablet 300-15 MG Oral	1				
	Acetaminophen-Codeine Tablet 300-30 MG Oral	1				
	Acetaminophen-Codeine Tablet 300-60 MG Oral	1				
	Ascomp-Codeine Capsule 50-325-40-30 MG Oral	1				
	Butalbital-APAP-Caff-Cod Capsule 50-300-40-30 MG Oral	1				
	Butalbital-APAP-Caff-Cod Capsule 50-325-40-30 MG Oral	1				
	Butalbital-ASA-Caff-Codeine Capsule 50-325-40-30 MG Oral	1				
*Dihydrocodeine Combinations***	APAP-Caff-Dihydrocodeine Capsule 320.5-30-16 MG Oral	1				
	APAP-Caff-Dihydrocodeine Tablet 325-30-16 MG Oral	1				
	Trezix Capsule 320.5-30-16 MG Oral	3				
*Hydrocodone Combinations***	HYDROcodone-Acetaminophen Solution 10-300 MG/15ML Oral	3			QL	
	HYDROcodone-Acetaminophen Solution 10-325 MG/15ML Oral	1				
		2				
	HYDROcodone-Acetaminophen Solution 2.5-108 MG/5ML Oral	1				
	HYDROcodone-Acetaminophen Solution 5-217 MG/10ML Oral	1				
	HYDROcodone-Acetaminophen Solution 7.5-325 MG/15ML Oral	1				
	HYDROcodone-Acetaminophen Tablet 10-300 MG Oral	1				
	HYDROcodone-Acetaminophen Tablet 10-325 MG Oral	1				
	HYDROcodone-Acetaminophen Tablet 2.5-325 MG Oral	3				
	HYDROcodone-Acetaminophen Tablet 5-300 MG Oral	1				
	HYDROcodone-Acetaminophen Tablet 5-325 MG Oral	1				
	HYDROcodone-Acetaminophen Tablet 7.5-300 MG Oral	1				
	HYDROcodone-Acetaminophen Tablet 7.5-325 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	HYDROcodone-Ibuprofen Tablet 10-200 MG Oral	1				
	HYDROcodone-Ibuprofen Tablet 5-200 MG Oral	1				
	Hydrocodone-Ibuprofen Tablet 7.5-200 MG Oral	1				
	Lortab Elixir 10-300 MG/15ML Oral	3			QL	
*Opioid Agonists***	Codeine Sulfate Tablet 15 MG Oral	1				
	Codeine Sulfate Tablet 30 MG Oral	1				
	Codeine Sulfate Tablet 60 MG Oral	1				
	ConZip Capsule Extended Release 24 Hour 100 MG Oral	3				
	ConZip Capsule Extended Release 24 Hour 200 MG Oral	3				
	ConZip Capsule Extended Release 24 Hour 300 MG Oral	3				
	fentaNYL Citrate Lozenge On A Handle 1200 MCG Buccal	1	PA		QL	
	fentaNYL Citrate Lozenge On A Handle 1600 MCG Buccal	1	PA		QL	
	fentaNYL Citrate Lozenge On A Handle 200 MCG Buccal	1	PA		QL	
	fentaNYL Citrate Lozenge On A Handle 400 MCG Buccal	1	PA		QL	
	fentaNYL Citrate Lozenge On A Handle 600 MCG Buccal	1	PA		QL	
	fentaNYL Citrate Lozenge On A Handle 800 MCG Buccal	1	PA		QL	
	fentaNYL Citrate Tablet 100 MCG Buccal	3	PA		QL	
	fentaNYL Citrate Tablet 200 MCG Buccal	3	PA		QL	
	fentaNYL Citrate Tablet 400 MCG Buccal	3	PA		QL	
	fentaNYL Citrate Tablet 600 MCG Buccal	3	PA		QL	
	fentaNYL Citrate Tablet 800 MCG Buccal	3	PA		QL	
	fentaNYL Patch 72 Hour 100 MCG/HR Transdermal	1				
	fentaNYL Patch 72 Hour 12 MCG/HR Transdermal	1				
	fentaNYL Patch 72 Hour 25 MCG/HR Transdermal	1				
	fentaNYL Patch 72 Hour 37.5 MCG/HR Transdermal	1				
	fentaNYL Patch 72 Hour 50 MCG/HR Transdermal	1				
	fentaNYL Patch 72 Hour 62.5 MCG/HR Transdermal	1				
	fentaNYL Patch 72 Hour 75 MCG/HR Transdermal	1				
	fentaNYL Patch 72 Hour 87.5 MCG/HR Transdermal	1				
	Fentora Tablet 100 MCG Buccal	3	PA		QL	
	Fentora Tablet 200 MCG Buccal	3	PA		QL	
	Fentora Tablet 400 MCG Buccal	3	PA		QL	
	Fentora Tablet 600 MCG Buccal	3	PA		QL	
	Fentora Tablet 800 MCG Buccal	3	PA		QL	
	HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 10 MG Oral	1				
	HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 15 MG Oral	1				
	HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 20 MG Oral	1				
	HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 30 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 40 MG Oral	1				
	HYDROcodone Bitartrate ER Capsule Extended Release 12 Hour 50 MG Oral	1				
	HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 100 MG Oral	1				
	HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 120 MG Oral	1				
	HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 20 MG Oral	1				
	HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 30 MG Oral	1				
	HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 40 MG Oral	1				
	HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 60 MG Oral	1				
	HYDROcodone Bitartrate ER Tablet ER 24 Hour Abuse-Deterrent 80 MG Oral	1				
	HYDROmorphone HCl ER Tablet Extended Release 24 Hour 12 MG Oral	1				
	HYDROmorphone HCl ER Tablet Extended Release 24 Hour 16 MG Oral	1				
	HYDROmorphone HCl ER Tablet Extended Release 24 Hour 32 MG Oral	1				
	HYDROmorphone HCl ER Tablet Extended Release 24 Hour 8 MG Oral	1				
	HYDROmorphone HCl Liquid 1 MG/ML Oral	1				
	HYDROmorphone HCl Solution 0.25 MG/0.5ML Injection	3				
	HYDROmorphone HCl Tablet 2 MG Oral	1				
	HYDROmorphone HCl Tablet 4 MG Oral	1				
	HYDROmorphone HCl Tablet 8 MG Oral	1				
	Lazanda Solution 100 MCG/ACT Nasal	3	PA		QL	
	Lazanda Solution 400 MCG/ACT Nasal	3	PA		QL	
	Levorphanol Tartrate Tablet 2 MG Oral	1				
	Levorphanol Tartrate Tablet 3 MG Oral	1				
	Methadone HCl Concentrate 10 MG/ML Oral	1				
	Methadone HCl Intensol Concentrate 10 MG/ML Oral	1				
	Methadone HCl Solution 10 MG/5ML Oral	1				
	Methadone HCl Solution 5 MG/5ML Oral	1				
	Methadone HCl Tablet 10 MG Oral	1				
	Methadone HCl Tablet 5 MG Oral	1				
	Methadone HCl TABLET SOLUBLE 40 MG ORAL	1				
	Methadose Tablet Soluble 40 MG Oral	1				
	Morphine Sulfate (Concentrate) Solution 100 MG/5ML Oral	1				
	Morphine Sulfate (Concentrate) Solution 20 MG/ML Oral	1				
	Morphine Sulfate ER Beads Capsule Extended Release 24 Hour 120 MG Oral	1				
	Morphine Sulfate ER Beads Capsule Extended Release 24 Hour 30 MG Oral	1				
	Morphine Sulfate ER Beads Capsule Extended Release 24 Hour 45 MG Oral	1				
	Morphine Sulfate ER Beads Capsule Extended Release 24 Hour 60 MG Oral	1				
	Morphine Sulfate ER Beads Capsule Extended Release 24 Hour 75 MG Oral	1				
	Morphine Sulfate ER Beads Capsule Extended Release 24 Hour 90 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Morphine Sulfate ER Capsule Extended Release 24 Hour 10 MG Oral	1				
	Morphine Sulfate ER Capsule Extended Release 24 Hour 100 MG Oral	1				
	Morphine Sulfate ER Capsule Extended Release 24 Hour 20 MG Oral	1				
	Morphine Sulfate ER Capsule Extended Release 24 Hour 30 MG Oral	1				
	Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral	3				
	Morphine Sulfate ER Capsule Extended Release 24 Hour 50 MG Oral	1				
	Morphine Sulfate ER Capsule Extended Release 24 Hour 60 MG Oral	1				
	Morphine Sulfate ER Capsule Extended Release 24 Hour 80 MG Oral	1				
	Morphine Sulfate ER Tablet Extended Release 100 MG Oral	1				
	Morphine Sulfate ER Tablet Extended Release 15 MG Oral	1				
	Morphine Sulfate ER Tablet Extended Release 200 MG Oral	1				
	Morphine Sulfate ER Tablet Extended Release 30 MG Oral	1				
	Morphine Sulfate ER Tablet Extended Release 60 MG Oral	1				
	Morphine Sulfate Solution 10 MG/5ML Oral	1				
	Morphine Sulfate Solution 10 MG/ML Intravenous	1				
	Morphine Sulfate Solution 20 MG/5ML Oral	1				
	Morphine Sulfate Tablet 15 MG Oral	1				
	Morphine Sulfate Tablet 30 MG Oral	1				
		2				
	Nucynta ER Tablet Extended Release 12 Hour 100 MG Oral	2				
	Nucynta ER Tablet Extended Release 12 Hour 150 MG Oral	2				
	Nucynta ER Tablet Extended Release 12 Hour 200 MG Oral	2				
	Nucynta ER Tablet Extended Release 12 Hour 250 MG Oral	2				
	Nucynta ER Tablet Extended Release 12 Hour 50 MG Oral	2				
	Nucynta Tablet 100 MG Oral	3				
	Nucynta Tablet 50 MG Oral	3				
	Nucynta Tablet 75 MG Oral	3				
	Oxaydo Tablet 5 MG Oral	3				
	Oxaydo Tablet 7.5 MG Oral	3				
	oxyCODONE HCl Concentrate 100 MG/5ML Oral	1				
	oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 10 MG Oral	1				
		3				
	oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	1				
	oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 20 MG Oral	1				
		3				
	oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	1				
	oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 40 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
		3				
	oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	1				
	oxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 80 MG Oral	1				
		3				
	oxyCODONE HCl Solution 5 MG/5ML Oral	1				
	oxyCODONE HCl Tablet 10 MG Oral	1				
	oxyCODONE HCl Tablet 15 MG Oral	1				
	oxyCODONE HCl Tablet 20 MG Oral	1				
	oxyCODONE HCl Tablet 30 MG Oral	1				
	oxyCODONE HCl Tablet 5 MG Oral	1				
	OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 10 MG Oral	2				
	OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	2				
	OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 20 MG Oral	2				
	OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	2				
	OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 40 MG Oral	2				
	OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	2				
	OxyCONTIN Tablet ER 12 Hour Abuse-Deterrent 80 MG Oral	2				
	oxyMORphone HCl ER Tablet Extended Release 12 Hour 10 MG Oral	3				
	oxyMORphone HCl ER Tablet Extended Release 12 Hour 15 MG Oral	3				
	oxyMORphone HCl ER Tablet Extended Release 12 Hour 20 MG Oral	3				
	oxyMORphone HCl ER Tablet Extended Release 12 Hour 30 MG Oral	1				
	OxyMORphone HCl ER Tablet Extended Release 12 Hour 40 MG Oral	1				
	oxyMORphone HCl ER Tablet Extended Release 12 Hour 5 MG Oral	3				
	oxyMORphone HCl ER Tablet Extended Release 12 Hour 7.5 MG Oral	3				
	Oxymorphone HCl Tablet 10 MG Oral	1				
	Oxymorphone HCl Tablet 5 MG Oral	1				
	Qdolo Solution 5 MG/ML Oral	3				
	Subsys Liquid 100 MCG Sublingual	3	PA		QL	
	Subsys Liquid 1200 (600 X 2) MCG Sublingual	3	PA		QL	
	Subsys Liquid 1600 (800 X 2) MCG Sublingual	3	PA		QL	
	Subsys Liquid 200 MCG Sublingual	3	PA		QL	
	Subsys Liquid 400 MCG Sublingual	3	PA		QL	
	Subsys Liquid 600 MCG Sublingual	3	PA		QL	
	Subsys Liquid 800 MCG Sublingual	3	PA		QL	
	traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 100 MG Oral	3				
	traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 200 MG Oral	3				
	traMADol HCl (ER Biphasic) Capsule Extended Release 24 Hour 300 MG Oral	3				
	traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 100 MG Oral	1				
	traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 200 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 300 MG Oral	1				
	traMADol HCl ER Tablet Extended Release 24 Hour 100 MG Oral	1				
	traMADol HCl ER Tablet Extended Release 24 Hour 200 MG Oral	1				
	traMADol HCl ER Tablet Extended Release 24 Hour 300 MG Oral	1				
	traMADol HCl Solution 5 MG/ML Oral	3				
	traMADol HCl Tablet 100 MG Oral	1				
	traMADol HCl Tablet 50 MG Oral	1				
	Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 13.5 MG Oral	2				
	Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 18 MG Oral	2				
	Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 27 MG Oral	2				
	Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 36 MG Oral	2				
	Xtampza ER Capsule ER 12 Hour Abuse-Deterrent 9 MG Oral	2				
*Opioid Combinations***	Apadaz Tablet 4.08-325 MG Oral	3				
	Apadaz Tablet 6.12-325 MG Oral	3				
	Apadaz Tablet 8.16-325 MG Oral	3				
	Benzhydrocodone-Acetaminophen Tablet 4.08-325 MG Oral	3				
	Benzhydrocodone-Acetaminophen Tablet 6.12-325 MG Oral	3				
	Benzhydrocodone-Acetaminophen Tablet 8.16-325 MG Oral	3				
	Endocet Tablet 10-325 MG Oral	1				
	Endocet Tablet 2.5-325 MG Oral	1				
	Endocet Tablet 5-325 MG Oral	1				
	Endocet Tablet 7.5-325 MG Oral	1				
	Nalocet Tablet 2.5-300 MG Oral	1				
	oxyCODONE-Acetaminophen Solution 10-300 MG/5ML Oral	3				
	oxyCODONE-Acetaminophen Solution 5-325 MG/5ML Oral	3				
	oxyCODONE-Acetaminophen Tablet 10-300 MG Oral	3				
	oxyCODONE-Acetaminophen Tablet 10-325 MG Oral	1				
	oxyCODONE-Acetaminophen Tablet 2.5-300 MG Oral	3				
	Oxycodone-Acetaminophen Tablet 2.5-325 MG Oral	1				
	oxyCODONE-Acetaminophen Tablet 5-300 MG Oral	3				
	oxyCODONE-Acetaminophen Tablet 5-325 MG Oral	1				
	oxyCODONE-Acetaminophen Tablet 7.5-300 MG Oral	3				
	oxyCODONE-Acetaminophen Tablet 7.5-325 MG Oral	1				
	Prolate Solution 10-300 MG/5ML Oral	3				
	Prolate Tablet 10-300 MG Oral	1				
	Prolate Tablet 5-300 MG Oral	1				
	Prolate Tablet 7.5-300 MG Oral	3				
*Opioid Partial Agonists***	Belbuca Film 150 MCG Buccal	2				
	Belbuca Film 300 MCG Buccal	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Belbuca Film 450 MCG Buccal	2				
	Belbuca Film 600 MCG Buccal	2				
	Belbuca Film 75 MCG Buccal	2				
	Belbuca Film 750 MCG Buccal	2				
	Belbuca Film 900 MCG Buccal	2				
	Brixadi (Weekly) Solution Prefilled Syringe 16 MG/0.32ML Subcutaneous	3	PA			
	Brixadi (Weekly) Solution Prefilled Syringe 24 MG/0.48ML Subcutaneous	3	PA			
	Brixadi (Weekly) Solution Prefilled Syringe 32 MG/0.64ML Subcutaneous	3	PA			
	Brixadi (Weekly) Solution Prefilled Syringe 8 MG/0.16ML Subcutaneous	3	PA			
	Brixadi Solution Prefilled Syringe 128 MG/0.36ML Subcutaneous	3	PA			
	Brixadi Solution Prefilled Syringe 64 MG/0.18ML Subcutaneous	3	PA			
	Brixadi Solution Prefilled Syringe 96 MG/0.27ML Subcutaneous	3	PA			
	Buprenorphine HCl Tablet Sublingual 2 MG Sublingual	1				
	Buprenorphine HCl Tablet Sublingual 8 MG Sublingual	1				
	Buprenorphine HCl-Naloxone HCl Film 12-3 MG Sublingual	1				
	Buprenorphine HCl-Naloxone HCl Film 2-0.5 MG Sublingual	1				
	Buprenorphine HCl-Naloxone HCl Film 4-1 MG Sublingual	1				
	Buprenorphine HCl-Naloxone HCl Film 8-2 MG Sublingual	1				
	Buprenorphine HCl-Naloxone HCl Tablet Sublingual 2-0.5 MG Sublingual	1			QL	
	Buprenorphine HCl-Naloxone HCl Tablet Sublingual 8-2 MG Sublingual	1			QL	
	Butorphanol Tartrate Solution 10 MG/ML Nasal	1				
	Sublocade Solution Prefilled Syringe 100 MG/0.5ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Sublocade Solution Prefilled Syringe 300 MG/1.5ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Zubsolv TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	3			QL	
	Zubsolv TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	3			QL	
	Zubsolv TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	3			QL	
	Zubsolv TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	3			QL	
	Zubsolv TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	3			QL	
	Zubsolv TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	3			QL	
*Tramadol Combinations***	traMADol-Acetaminophen Tablet 37.5-325 MG Oral	1				
ANDROGENS-ANABOLIC						
*Anabolic Steroids***	Oxandrolone Tablet 10 MG Oral	1				
	Oxandrolone Tablet 2.5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Androgens***	Androderm Patch 24 Hour 2 MG/24HR Transdermal	3	PA			
	Androderm Patch 24 Hour 4 MG/24HR Transdermal	3	PA			
	AndroGel Gel 20.25 MG/1.25GM (1.62%) Transdermal	3	PA			
	AndroGel Gel 25 MG/2.5GM (1%) Transdermal	3	PA			
	AndroGel Gel 40.5 MG/2.5GM (1.62%) Transdermal	3	PA			
	AndroGel Gel 50 MG/5GM (1%) Transdermal	3	PA			
	AndroGel Pump Gel 20.25 MG/ACT (1.62%) Transdermal	3	PA			
	Aveed Solution 750 MG/3ML Intramuscular	3	PA			
	Danazol Capsule 100 MG Oral	1				
	Danazol Capsule 200 MG Oral	1				
	Danazol Capsule 50 MG Oral	1				
	Depo-Testosterone Solution 100 MG/ML Intramuscular	3	PA			
	Depo-Testosterone Solution 200 MG/ML Intramuscular	1	PA			
	Methitest Tablet 10 MG Oral	3				
	methylTESTOSTERone Capsule 10 MG Oral	1				
	Natesto Gel 5.5 MG/ACT Nasal	3	PA			
	Testim Gel 50 MG/5GM (1%) Transdermal	3	PA			
	Testopel Pellet 75 MG Implant	3	PA			
	Testosterone Cypionate Solution 100 MG/ML Intramuscular	1	PA			
	Testosterone Cypionate Solution 200 MG/ML Intramuscular	1	PA			
	Testosterone Enanthate Solution 200 MG/ML Intramuscular	1	PA			
	Testosterone Gel 1.62 % Transdermal	1	PA			
	Testosterone Gel 10 MG/ACT (2%) Transdermal	1	PA			
	Testosterone Gel 12.5 MG/ACT (1%) Transdermal	1	PA			
	Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	1	PA			
		3	PA			
	Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	1	PA			
	Testosterone Gel 25 MG/2.5GM (1%) Transdermal	1	PA			
	Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	3	PA			
	Testosterone Gel 50 MG/5GM (1%) Transdermal	1	PA			
	Testosterone Solution 30 MG/ACT Transdermal	1	PA			
	Tlando Capsule 112.5 MG Oral	3	PA		QL	
	Vogelxo GEL 50 MG/5GM (1%) TRANSDERMAL	3	PA			
	Vogelxo Pump Gel 12.5 MG/ACT (1%) Transdermal	3	PA			
	Xyosted Solution Auto-Injector 100 MG/0.5ML Subcutaneous	3	PA			
	Xyosted Solution Auto-Injector 50 MG/0.5ML Subcutaneous	3	PA			
	Xyosted Solution Auto-Injector 75 MG/0.5ML Subcutaneous	3	PA			
ANORECTAL AND RELATED PRODUCTS						
*Intrarectal Steroids***	Budesonide Foam 2 MG Rectal	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Budesonide Foam 2 MG/ACT Rectal	1				
	Cortifoam Foam 10 % External	2				
	Hydrocortisone Enema 100 MG/60ML Rectal	1				
	Uceris Foam 2 MG/ACT Rectal	3				
*Nitrate Vasodilating Agents***	Nitroglycerin Ointment 0.4 % Rectal	1				
*Rectal Anesthetic/Steroids***	Analpram HC Lotion 2.5-1 % External	3				
	Analpram-HC Lotion 2.5-1 % External	3				
	Hydrocortisone Ace-Pramoxine Cream 1-1 % External	1				
	Proctofoam HC Foam 1-1 % External	3				
*Rectal Steroids***	Anucort-HC Suppository 25 MG Rectal	1				
	Anusol-HC Suppository 25 MG Rectal	1				
	Hemmorex-HC Suppository 25 MG Rectal	1				
	Hemmorex-HC Suppository 30 MG Rectal	1				
	Hydrocortisone (Perianal) Cream 1 % External	1				
	Hydrocortisone (Perianal) Cream 2.5 % External	1				
	Hydrocortisone Acetate Suppository 25 MG Rectal	1				
	Hydrocortisone Acetate Suppository 30 MG Rectal	1				
	Procto-Med HC Cream 2.5 % External	1				
	Procto-Pak Cream 1 % External	1				
	Proctosol HC Cream 2.5 % External	1				
	Proctozone-HC Cream 2.5 % External	1				
ANTHELMINTICS						
*Anthelmintics***	Albendazole Tablet 200 MG Oral	1				
	Benznidazole TABLET 100 MG Oral	2				
	Benznidazole TABLET 12.5 MG Oral	2				
	Emverm Tablet Chewable 100 MG Oral	3				
	Ivermectin Tablet 3 MG Oral	1			QL	
	Praziquantel Tablet 600 MG Oral	1				
ANTIANGINAL AGENTS						
*Antianginals-Other***	Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Oral	1				
	Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	1				
*Nitrates***	Dilatrate-SR Capsule Extended Release 40 MG Oral	3				
	GoNitro Packet 400 MCG Sublingual	3				
	Isosorbide Dinitrate Tablet 10 MG Oral	1				
	Isosorbide Dinitrate Tablet 20 MG Oral	1				
	Isosorbide Dinitrate Tablet 30 MG Oral	1				
	Isosorbide Dinitrate Tablet 40 MG Oral	1				
	Isosorbide Dinitrate Tablet 5 MG Oral	1				
	Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 120 MG Oral	1				
	Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 30 MG Oral	1				
	Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 60 MG Oral	1				
	Isosorbide Mononitrate Tablet 10 MG Oral	1				
	Isosorbide Mononitrate Tablet 20 MG Oral	1				
	Minitran Patch 24 Hour 0.1 MG/HR Transdermal	1				
	Minitran Patch 24 Hour 0.2 MG/HR Transdermal	1				
	Minitran Patch 24 Hour 0.4 MG/HR Transdermal	1				
	Minitran Patch 24 Hour 0.6 MG/HR Transdermal	1				
	Nitro-Bid Ointment 2 % Transdermal	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Nitro-Dur Patch 24 Hour 0.3 MG/HR Transdermal	3				
	Nitro-Dur Patch 24 Hour 0.8 MG/HR Transdermal	3				
	Nitroglycerin Patch 24 Hour 0.1 MG/HR Transdermal	1				
	Nitroglycerin Patch 24 Hour 0.2 MG/HR Transdermal	1				
	Nitroglycerin Patch 24 Hour 0.4 MG/HR Transdermal	1				
	Nitroglycerin Patch 24 Hour 0.6 MG/HR Transdermal	1				
	Nitroglycerin Solution 0.4 MG/SPRAY Translingual	1				
	Nitroglycerin Tablet Sublingual 0.3 MG Sublingual	1				
	Nitroglycerin Tablet Sublingual 0.4 MG Sublingual	1				
	Nitroglycerin Tablet Sublingual 0.6 MG Sublingual	1				
	Nitrolingual Solution 0.4 MG/SPRAY Translingual	1				
	Nitro-Time Capsule Extended Release 2.5 MG Oral	1				
	Nitro-Time Capsule Extended Release 6.5 MG Oral	1				
	Nitro-Time Capsule Extended Release 9 MG Oral	1				
ANTIANXIETY AGENTS						
*Antianxiety Agents - Misc.***	busPIRone HCl Tablet 10 MG Oral	1				
	busPIRone HCl Tablet 15 MG Oral	1				
	busPIRone HCl Tablet 30 MG Oral	1				
	busPIRone HCl Tablet 5 MG Oral	1				
	busPIRone HCl Tablet 7.5 MG Oral	1				
	hydrOXYzine HCl Syrup 10 MG/5ML Oral	1				
	hydrOXYzine HCl Tablet 10 MG Oral	1				
	hydrOXYzine HCl Tablet 25 MG Oral	1				
	hydrOXYzine HCl Tablet 50 MG Oral	1				
	hydrOXYzine Pamoate Capsule 100 MG Oral	1				
	hydrOXYzine Pamoate Capsule 25 MG Oral	1				
	hydrOXYzine Pamoate Capsule 50 MG Oral	1				
*Benzodiazepines***	ALPRAZolam ER Tablet Extended Release 24 Hour 0.5 MG Oral	1				
	ALPRAZolam ER Tablet Extended Release 24 Hour 1 MG Oral	1				
	ALPRAZolam ER Tablet Extended Release 24 Hour 2 MG Oral	1				
	ALPRAZolam ER Tablet Extended Release 24 Hour 3 MG Oral	1				
	ALPRAZolam Intensol Concentrate 1 MG/ML Oral	3				
	ALPRAZolam Tablet 0.25 MG Oral	1				
	ALPRAZolam Tablet 0.5 MG Oral	1				
	ALPRAZolam Tablet 1 MG Oral	1				
	ALPRAZolam Tablet 2 MG Oral	1				
	ALPRAZolam Tablet Dispersible 0.25 MG Oral	1				
	ALPRAZolam Tablet Dispersible 0.5 MG Oral	1				
	ALPRAZolam Tablet Dispersible 1 MG Oral	1				
	ALPRAZolam Tablet Dispersible 2 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	ALPRAZolam XR Tablet Extended Release 24 Hour 0.5 MG Oral	1				
	ALPRAZolam XR Tablet Extended Release 24 Hour 1 MG Oral	1				
	ALPRAZolam XR Tablet Extended Release 24 Hour 2 MG Oral	1				
	ALPRAZolam XR Tablet Extended Release 24 Hour 3 MG Oral	1				
	chlordiazePOXIDE HCl Capsule 10 MG Oral	1				
	chlordiazePOXIDE HCl Capsule 25 MG Oral	1				
	chlordiazePOXIDE HCl Capsule 5 MG Oral	1				
	Clorazepate Dipotassium Tablet 15 MG Oral	1				
	Clorazepate Dipotassium Tablet 3.75 MG Oral	1				
	Clorazepate Dipotassium Tablet 7.5 MG Oral	1				
	diazePAM Concentrate 5 MG/ML Oral	1				
	diazePAM Intensol Concentrate 5 MG/ML Oral	1				
	diazePAM Solution 5 MG/5ML Oral	1				
	diazePAM Tablet 10 MG Oral	1				
	diazePAM Tablet 2 MG Oral	1				
	diazePAM Tablet 5 MG Oral	1				
	LORazepam Concentrate 2 MG/ML Oral	1				
	LORazepam Intensol Concentrate 2 MG/ML Oral	1				
	LORazepam Tablet 0.5 MG Oral	1				
	LORazepam Tablet 1 MG Oral	1				
	LORazepam Tablet 2 MG Oral	1				
	Oxazepam Capsule 10 MG Oral	1				
	Oxazepam Capsule 15 MG Oral	1				
	Oxazepam Capsule 30 MG Oral	1				
ANTIARRHYTHMICS						
*Antiarrhythmics Type I-A***	Disopyramide Phosphate Capsule 100 MG Oral	1				
	Disopyramide Phosphate Capsule 150 MG Oral	1				
	Norpace CAPSULE 100 MG ORAL	3				
	Norpace CAPSULE 150 MG ORAL	3				
	Norpace CR Capsule Extended Release 12 Hour 100 MG Oral	3				
	Norpace CR Capsule Extended Release 12 Hour 150 MG Oral	3				
	quiNIDine Gluconate ER Tablet Extended Release 324 MG Oral	1				
	quiNIDine Sulfate Tablet 200 MG Oral	1				
	quiNIDine Sulfate Tablet 300 MG Oral	1				
*Antiarrhythmics Type I-B***	Mexiletine HCl Capsule 150 MG Oral	1				
	Mexiletine HCl Capsule 200 MG Oral	1				
	Mexiletine HCl Capsule 250 MG Oral	1				
*Antiarrhythmics Type I-C***	Flecainide Acetate Tablet 100 MG Oral	1				
	Flecainide Acetate Tablet 150 MG Oral	1				
	Flecainide Acetate Tablet 50 MG Oral	1				
	Propafenone HCl ER Capsule Extended Release 12 Hour 225 MG Oral	1				
	Propafenone HCl ER Capsule Extended Release 12 Hour 325 MG Oral	1				
	Propafenone HCl ER Capsule Extended Release 12 Hour 425 MG Oral	1				
	Propafenone HCl Tablet 150 MG Oral	1				
	Propafenone HCl Tablet 225 MG Oral	1				
	Propafenone HCl Tablet 300 MG Oral	1				
*Antiarrhythmics Type III***	Amiodarone HCl Tablet 100 MG Oral	1				
	Amiodarone HCl Tablet 200 MG Oral	1				
	Dofetilide Capsule 125 MCG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Dofetilide Capsule 250 MCG Oral	1				
	Dofetilide Capsule 500 MCG Oral	1				
	Multaq Tablet 400 MG Oral	2				
	Pacerone Tablet 100 MG Oral	1				
	Pacerone Tablet 200 MG Oral	1				
ANTIASTHMATIC AND BRONCHODILATOR AGENTS						
*5-Lipoxygenase Inhibitors***	Zileuton ER Tablet Extended Release 12 Hour 600 MG Oral	1				
	Zyflo TABLET 600 MG ORAL	3				
*Adrenergic Combinations***	Advair HFA Aerosol 115-21 MCG/ACT Inhalation	2			QL	
	Advair HFA Aerosol 230-21 MCG/ACT Inhalation	2			QL	
	Advair HFA Aerosol 45-21 MCG/ACT Inhalation	2			QL	
	Airsupra Aerosol 90-80 MCG/ACT Inhalation	2			QL	
	Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 MCG/ACT Inhalation	2			QL	
	Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/ACT Inhalation	2			QL	
	Breo Ellipta Aerosol Powder Breath Activated 200-25 MCG/ACT Inhalation	2			QL	
	Breo Ellipta Aerosol Powder Breath Activated 50-25 MCG/INH Inhalation	2			QL	
	Breyna Aerosol 160-4.5 MCG/ACT Inhalation	1			QL	
	Breyna Aerosol 80-4.5 MCG/ACT Inhalation	1			QL	
	Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation	2			QL	
	Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	1			QL	
	Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	1			QL	
	Combivent Respimat Aerosol Solution 20-100 MCG/ACT Inhalation	2			QL	
	Dulera Aerosol 100-5 MCG/ACT Inhalation	2			QL	
	Dulera Aerosol 200-5 MCG/ACT Inhalation	2			QL	
	Dulera Aerosol 50-5 MCG/ACT Inhalation	2			QL	
	Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	1			QL	
	Fluticasone-Salmeterol Aerosol Powder Breath Activated 113-14 MCG/ACT Inhalation	1			QL	
	Fluticasone-Salmeterol Aerosol Powder Breath Activated 232-14 MCG/ACT Inhalation	1			QL	
	Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	1			QL	
	Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	1			QL	
	Fluticasone-Salmeterol Aerosol Powder Breath Activated 55-14 MCG/ACT Inhalation	1			QL	
	Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML Inhalation	1				
	Stiolto Respimat Aerosol Solution 2.5-2.5 MCG/ACT Inhalation	2			QL	
	Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT Inhalation	2			QL	
	Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT Inhalation	2			QL	
	Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation	1			QL	
	Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation	1			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation	1			QL	
*Anti-IgE Monoclonal Antibodies***	Xolair Solution Auto-Injector 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Xolair Solution Auto-Injector 300 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Xolair Solution Auto-Injector 75 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Xolair Solution Prefilled Syringe 300 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Xolair Solution Reconstituted 150 MG Subcutaneous	4	PA			Preferred Specialty
*Anti-Inflammatory Agents***	Cromolyn Sodium Nebulization Solution 20 MG/2ML Inhalation	1				
*Beta Adrenergics***	Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	1			QL	
	Albuterol Sulfate Nebulization Solution (2.5 MG/3ML) 0.083% Inhalation	1				
	Albuterol Sulfate Nebulization Solution (5 MG/ML) 0.5% Inhalation	1				
		3				
	Albuterol Sulfate Nebulization Solution 0.63 MG/3ML Inhalation	1				
	Albuterol Sulfate Nebulization Solution 1.25 MG/3ML Inhalation	1				
	Albuterol Sulfate Nebulization Solution 2.5 MG/0.5ML Inhalation	1				
	Albuterol Sulfate Syrup 2 MG/5ML Oral	1				
	Albuterol Sulfate Syrup 8 MG/20ML Oral	1				
	Albuterol Sulfate Tablet 2 MG Oral	1				
	Albuterol Sulfate Tablet 4 MG Oral	1				
	Arformoterol Tartrate Nebulization Solution 15 MCG/2ML Inhalation	1				
	Levalbuterol HCl Nebulization Solution 0.31 MG/3ML Inhalation	1				
	Levalbuterol HCl Nebulization Solution 0.63 MG/3ML Inhalation	1				
	Levalbuterol HCl Nebulization Solution 1.25 MG/0.5ML Inhalation	1				
	Levalbuterol HCl Nebulization Solution 1.25 MG/3ML Inhalation	1				
	Serevent Diskus Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	2			QL	
	Striverdi Respimat Aerosol Solution 2.5 MCG/ACT Inhalation	2			QL	
	Terbutaline Sulfate Tablet 2.5 MG Oral	1				
	Terbutaline Sulfate Tablet 5 MG Oral	1				
*Bronchodilators - Anticholinergics***	Atrovent HFA Aerosol Solution 17 MCG/ACT Inhalation	3			QL	
	Incruse Ellipta Aerosol Powder Breath Activated 62.5 MCG/ACT Inhalation	2			QL	
	Ipratropium Bromide Solution 0.02 % Inhalation	1				
	Spiriva Respimat Aerosol Solution 1.25 MCG/ACT Inhalation	2			QL	
	Spiriva Respimat Aerosol Solution 2.5 MCG/ACT Inhalation	2			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Tiotropium Bromide Monohydrate Capsule 18 MCG Inhalation	1			QL	
	Yupelri Solution 175 MCG/3ML Inhalation	3			QL	
*Interleukin-5 Antagonists (IgG1 kappa)***	Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Fasenra Solution Prefilled Syringe 10 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Fasenra Solution Prefilled Syringe 30 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Nucala Solution Auto-Injector 100 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Nucala Solution Prefilled Syringe 100 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Nucala Solution Reconstituted 100 MG Subcutaneous	4	PA			Non-Preferred Specialty
*Leukotriene Receptor Antagonists***	Montelukast Sodium Packet 4 MG Oral	1				
	Montelukast Sodium Tablet 10 MG Oral	1				
	Montelukast Sodium Tablet Chewable 4 MG Oral	1				
	Montelukast Sodium Tablet Chewable 5 MG Oral	1				
	Zafirlukast Tablet 10 MG Oral	1				
	Zafirlukast Tablet 20 MG Oral	1				
*Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors***	Ohtuvayre Suspension 3 MG/2.5ML Inhalation	3	PA			
*Selective Phosphodiesterase 4 (PDE4) Inhibitors***	Roflumilast Tablet 250 MCG Oral	1				
	Roflumilast Tablet 500 MCG Oral	1				
*Steroid Inhalants***	Arnuity Ellipta Aerosol Powder Breath Activated 100 MCG/ACT Inhalation	2			QL	
	Arnuity Ellipta Aerosol Powder Breath Activated 200 MCG/ACT Inhalation	2			QL	
	Arnuity Ellipta Aerosol Powder Breath Activated 50 MCG/ACT Inhalation	2			QL	
	Asmanex (120 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	2			QL	
	Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 110 MCG/ACT Inhalation	2			QL	
	Asmanex (30 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	2			QL	
	Asmanex (60 Metered Doses) Aerosol Powder Breath Activated 220 MCG/ACT Inhalation	2			QL	
	Asmanex HFA Aerosol 100 MCG/ACT Inhalation	2			QL	
	Asmanex HFA Aerosol 200 MCG/ACT Inhalation	2			QL	
	Asmanex HFA Aerosol 50 MCG/ACT Inhalation	2			QL	
	Budesonide Suspension 0.25 MG/2ML Inhalation	1			QL	
	Budesonide Suspension 0.5 MG/2ML Inhalation	1			QL	
	Budesonide Suspension 1 MG/2ML Inhalation	1			QL	
	Qvar RediHaler Aerosol Breath Activated 40 MCG/ACT Inhalation	2			QL	
	Qvar RediHaler Aerosol Breath Activated 80 MCG/ACT Inhalation	2			QL	
*Thymic Stromal Lymphopoietin (TSLP) Antagonists***	Tezspire Solution Auto-Injector 210 MG/1.91ML Subcutaneous	4	PA		QL	Preferred Specialty
	Tezspire Solution Prefilled Syringe 210 MG/1.91ML Subcutaneous	4	PA		QL	Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Xanthines***	Elixophyllin Elixir 80 MG/15ML Oral	1				
	Theo-24 Capsule Extended Release 24 Hour 100 MG Oral	3				
	Theo-24 Capsule Extended Release 24 Hour 200 MG Oral	3				
	Theo-24 Capsule Extended Release 24 Hour 300 MG Oral	3				
	Theo-24 Capsule Extended Release 24 Hour 400 MG Oral	3				
	Theophylline Elixir 80 MG/15ML Oral	1				
	Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral	3				
	Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	3				
	Theophylline ER Tablet Extended Release 12 Hour 300 MG Oral	1				
	Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	1				
	Theophylline ER Tablet Extended Release 24 Hour 400 MG Oral	1				
	Theophylline ER Tablet Extended Release 24 Hour 600 MG Oral	1				
	Theophylline Solution 80 MG/15ML Oral	1				
ANTICOAGULANTS						
*Coumarin Anticoagulants***	Jantoven TABLET 1 MG ORAL	1				
	Jantoven Tablet 10 MG Oral	1				
	Jantoven TABLET 2 MG ORAL	1				
	Jantoven TABLET 2.5 MG ORAL	1				
	Jantoven TABLET 3 MG ORAL	1				
	Jantoven TABLET 4 MG ORAL	1				
	Jantoven TABLET 5 MG ORAL	1				
	Jantoven Tablet 6 MG Oral	1				
	Jantoven Tablet 7.5 MG Oral	1				
	Warfarin Sodium Tablet 1 MG Oral	1				
	Warfarin Sodium Tablet 10 MG Oral	1				
	Warfarin Sodium Tablet 2 MG Oral	1				
	Warfarin Sodium Tablet 2.5 MG Oral	1				
	Warfarin Sodium Tablet 3 MG Oral	1				
	Warfarin Sodium Tablet 4 MG Oral	1				
	Warfarin Sodium Tablet 5 MG Oral	1				
	Warfarin Sodium Tablet 6 MG Oral	1				
	Warfarin Sodium Tablet 7.5 MG Oral	1				
*Direct Factor Xa Inhibitors***	Eliquis DVT/PE Starter Pack Tablet Therapy Pack 5 MG Oral	2				
	Eliquis Tablet 2.5 MG Oral	2				
	Eliquis Tablet 5 MG Oral	2				
	Rivaroxaban Suspension Reconstituted 1 MG/ML Oral	1				
	Rivaroxaban Tablet 2.5 MG Oral	1				
	Xarelto Starter Pack Tablet Therapy Pack 15 & 20 MG Oral	2				
	Xarelto Suspension Reconstituted 1 MG/ML Oral	2				
	Xarelto Tablet 10 MG Oral	2				
	Xarelto Tablet 15 MG Oral	2				
	Xarelto Tablet 2.5 MG Oral	2				
	Xarelto Tablet 20 MG Oral	2				
*Heparins And Heparinoid-Like Agents***	Heparin (Porcine) in NaCl Solution 1000-0.9 UT/500ML-% Intravenous	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Heparin (Porcine) in NaCl Solution 2000-0.9 UNIT/L-% Intravenous	1				
	Heparin Sod (Pork) Lock Flush Solution 10 UNIT/ML Intravenous	1				
	Heparin Sod (Pork) Lock Flush Solution 100 UNIT/ML Intravenous	1				
	Heparin Sodium (Porcine) PF Solution 1000 UNIT/ML Injection	1				
	Heparin Sodium (Porcine) PF Solution 5000 UNIT/0.5ML Injection	1				
	Heparin Sodium (Porcine) PF Solution 5000 UNIT/ML Injection	3				
	Heparin Sodium (Porcine) Solution 1000 UNIT/ML Injection	1				
	Heparin Sodium (Porcine) Solution 10000 UNIT/ML Injection	1				
	Heparin Sodium (Porcine) Solution 20000 UNIT/ML Injection	1				
	Heparin Sodium (Porcine) Solution 5000 UNIT/ML Injection	1				
*Low Molecular Weight Heparins***	Enoxaparin Sodium Solution 300 MG/3ML Injection	1				
	Enoxaparin Sodium Solution Prefilled Syringe 100 MG/ML Injection	1				
	Enoxaparin Sodium Solution Prefilled Syringe 120 MG/0.8ML Injection	1				
	Enoxaparin Sodium Solution Prefilled Syringe 150 MG/ML Injection	1				
	Enoxaparin Sodium Solution Prefilled Syringe 30 MG/0.3ML Injection	1				
	Enoxaparin Sodium Solution Prefilled Syringe 40 MG/0.4ML Injection	1				
	Enoxaparin Sodium Solution Prefilled Syringe 60 MG/0.6ML Injection	1				
	Enoxaparin Sodium Solution Prefilled Syringe 80 MG/0.8ML Injection	1				
	Fragmin Solution 10000 UNIT/4ML Subcutaneous	3				
	Fragmin SOLUTION 95000 UNIT/3.8ML Subcutaneous	3				
	Fragmin Solution Prefilled Syringe 10000 UNIT/ML Subcutaneous	3				
	Fragmin Solution Prefilled Syringe 12500 UNIT/0.5ML Subcutaneous	3				
	Fragmin Solution Prefilled Syringe 15000 UNIT/0.6ML Subcutaneous	3				
	Fragmin Solution Prefilled Syringe 18000 UNT/0.72ML Subcutaneous	3				
	Fragmin Solution Prefilled Syringe 2500 UNIT/0.2ML Subcutaneous	3				
	Fragmin Solution Prefilled Syringe 5000 UNIT/0.2ML Subcutaneous	3				
	Fragmin Solution Prefilled Syringe 7500 UNIT/0.3ML Subcutaneous	3				
*Synthetic Heparinoid-Like Agents***	Fondaparinux Sodium Solution 10 MG/0.8ML Subcutaneous	1				
	Fondaparinux Sodium Solution 2.5 MG/0.5ML Subcutaneous	1				
	Fondaparinux Sodium Solution 5 MG/0.4ML Subcutaneous	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Fondaparinux Sodium Solution 7.5 MG/0.6ML Subcutaneous	1				
*Thrombin Inhibitors - Selective Direct & Reversible***	Dabigatran Etexilate Mesylate Capsule 110 MG Oral	1				
	Dabigatran Etexilate Mesylate Capsule 150 MG Oral	1				
	Dabigatran Etexilate Mesylate Capsule 75 MG Oral	1				
ANTICONVULSANTS						
*AMPA Glutamate Receptor Antagonists***	Fycompa Suspension 0.5 MG/ML Oral	2				
	Fycompa Tablet 10 MG Oral	2				
	Fycompa Tablet 12 MG Oral	2				
	Fycompa Tablet 2 MG Oral	2				
	Fycompa Tablet 4 MG Oral	2				
	Fycompa Tablet 6 MG Oral	2				
	Fycompa Tablet 8 MG Oral	2				
	Perampanel Tablet 10 MG Oral	1				
	Perampanel Tablet 12 MG Oral	1				
	Perampanel Tablet 2 MG Oral	1				
	Perampanel Tablet 4 MG Oral	1				
	Perampanel Tablet 6 MG Oral	1				
	Perampanel Tablet 8 MG Oral	1				
*Anticonvulsants - Benzodiazepines***	cloBAZam Suspension 2.5 MG/ML Oral	1				
	cloBAZam Tablet 10 MG Oral	1				
	cloBAZam Tablet 20 MG Oral	1				
	clonazePAM Tablet 0.5 MG Oral	1				
	clonazePAM Tablet 1 MG Oral	1				
	clonazePAM Tablet 2 MG Oral	1				
	clonazePAM Tablet Dispersible 0.125 MG Oral	1				
	clonazePAM Tablet Dispersible 0.25 MG Oral	1				
	clonazePAM Tablet Dispersible 0.5 MG Oral	1				
	clonazePAM Tablet Dispersible 1 MG Oral	1				
	clonazePAM Tablet Dispersible 2 MG Oral	1				
	Diastat Pediatric Gel 2.5 MG Rectal	2				
	diazePAM Gel 10 MG Rectal	1				
	diazePAM Gel 2.5 MG Rectal	1				
	diazePAM Gel 20 MG Rectal	1				
	Libervant Film 10 MG Buccal	3			QL	
	Libervant Film 12.5 MG Buccal	3			QL	
	Libervant Film 15 MG Buccal	3			QL	
	Libervant Film 5 MG Buccal	3			QL	
	Libervant Film 7.5 MG Buccal	3			QL	
	Nayzilam Solution 5 MG/0.1ML Nasal	3			QL	
	Sympazan Film 10 MG Oral	3				
	Sympazan Film 20 MG Oral	3				
	Sympazan Film 5 MG Oral	3				
	Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	3				
	Valtoco 15 MG Dose Liquid Therapy Pack 2 x 7.5 MG/0.1ML Nasal	3				
	Valtoco 20 MG Dose Liquid Therapy Pack 2 x 10 MG/0.1ML Nasal	3				
	Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	3				
*Anticonvulsants - Misc.***	Briviact SOLUTION 10 MG/ML ORAL	2				
	Briviact TABLET 10 MG ORAL	2				
	Briviact TABLET 100 MG ORAL	2				
	Briviact TABLET 25 MG ORAL	2				
	Briviact TABLET 50 MG ORAL	2				
	Briviact TABLET 75 MG ORAL	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	carBAMazepine ER Capsule Extended Release 12 Hour 100 MG Oral	1				
	carBAMazepine ER Capsule Extended Release 12 Hour 200 MG Oral	1				
	carBAMazepine ER Capsule Extended Release 12 Hour 300 MG Oral	1				
	carBAMazepine ER Tablet Extended Release 12 Hour 100 MG Oral	1				
	carBAMazepine ER Tablet Extended Release 12 Hour 200 MG Oral	1				
	carBAMazepine ER Tablet Extended Release 12 Hour 400 MG Oral	1				
	carBAMazepine Suspension 100 MG/5ML Oral	1				
	carBAMazepine Suspension 200 MG/10ML Oral	1				
	carBAMazepine Tablet 200 MG Oral	1				
	carBAMazepine Tablet Chewable 100 MG Oral	1				
	carBAMazepine Tablet Chewable 200 MG Oral	3				
	Carbatrol Capsule Extended Release 12 Hour 100 MG Oral	3				
	Carbatrol Capsule Extended Release 12 Hour 200 MG Oral	3				
	Carbatrol Capsule Extended Release 12 Hour 300 MG Oral	3				
	Diacomit Capsule 250 MG Oral	3	PA			
	Diacomit Capsule 500 MG Oral	3	PA			
	Diacomit Packet 250 MG Oral	3	PA			
	Diacomit Packet 500 MG Oral	3	PA			
	Epidiolex Solution 100 MG/ML Oral	4	PA			Preferred Specialty
	Epitol Tablet 200 MG Oral	1				
	Eslicarbazepine Acetate Tablet 200 MG Oral	1				
	Eslicarbazepine Acetate Tablet 400 MG Oral	1				
	Eslicarbazepine Acetate Tablet 600 MG Oral	1				
	Eslicarbazepine Acetate Tablet 800 MG Oral	1				
	Fintepla Solution 2.2 MG/ML Oral	4	PA			Non-Preferred Specialty
	Gabapentin Capsule 100 MG Oral	1			QL	
	Gabapentin Capsule 300 MG Oral	1			QL	
	Gabapentin Capsule 400 MG Oral	1			QL	
	Gabapentin Solution 250 MG/5ML Oral	1			QL	
	Gabapentin Solution 300 MG/6ML Oral	1			QL	
	Gabapentin Tablet 600 MG Oral	1			QL	
	Gabapentin Tablet 800 MG Oral	1			QL	
	Lacosamide Solution 10 MG/ML Oral	1				
	Lacosamide Solution 100 MG/10ML Oral	1				
	Lacosamide Solution 50 MG/5ML Oral	1				
	Lacosamide Tablet 100 MG Oral	1				
	Lacosamide Tablet 150 MG Oral	1				
	Lacosamide Tablet 200 MG Oral	1				
	Lacosamide Tablet 50 MG Oral	1				
	LaMICtal XR Kit 21 x 25 MG & 7 x 50 MG Oral	3				
	LaMICtal XR KIT 25 & 50 & 100 MG ORAL	3				
	LaMICtal XR KIT 50 & 100 & 200 MG ORAL	3				
	lamoTRIgine ER Tablet Extended Release 24 Hour 100 MG Oral	1				
	lamoTRIgine ER Tablet Extended Release 24 Hour 200 MG Oral	1				
	lamoTRIgine ER Tablet Extended Release 24 Hour 25 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	lamoTRIgine ER Tablet Extended Release 24 Hour 250 MG Oral	1				
	lamoTRIgine ER Tablet Extended Release 24 Hour 300 MG Oral	1				
	lamoTRIgine ER Tablet Extended Release 24 Hour 50 MG Oral	1				
	lamoTRIgine Kit 25 & 50 & 100 MG Oral	1				
	lamoTRIgine Starter Kit-Blue Kit 35 x 25 MG Oral	1				
	lamoTRIgine Starter Kit-Green Kit 84 x 25 MG & 14x100 MG Oral	1				
	lamoTRIgine Starter Kit-Orange Kit 42 x 25 MG & 7 x 100 MG Oral	1				
	lamoTRIgine Tablet 100 MG Oral	1				
	lamoTRIgine Tablet 150 MG Oral	1				
	lamoTRIgine Tablet 200 MG Oral	1				
	lamoTRIgine Tablet 25 MG Oral	1				
	LamoTRIgine Tablet Chewable 25 MG Oral	1				
	LamoTRIgine Tablet Chewable 5 MG Oral	1				
	levETIRAcetam ER Tablet Extended Release 24 Hour 500 MG Oral	1				
	levETIRAcetam ER Tablet Extended Release 24 Hour 750 MG Oral	1				
	levETIRAcetam Solution 100 MG/ML Oral	1				
	levETIRAcetam Solution 500 MG/5ML Oral	1				
	levETIRAcetam Tablet 1000 MG Oral	1				
	levETIRAcetam Tablet 250 MG Oral	1				
	levETIRAcetam Tablet 500 MG Oral	1				
	levETIRAcetam Tablet 750 MG Oral	1				
	levETIRAcetam Tablet Disintegrating Soluble 250 MG Oral	3				
	Mysoline Tablet 250 MG Oral	3				
	Mysoline Tablet 50 MG Oral	3				
	OXcarbazepine ER Tablet Extended Release 24 Hour 150 MG Oral	1				
	OXcarbazepine ER Tablet Extended Release 24 Hour 300 MG Oral	1				
	OXcarbazepine ER Tablet Extended Release 24 Hour 600 MG Oral	1				
	OXcarbazepine Suspension 300 MG/5ML Oral	1				
	OXcarbazepine Tablet 150 MG Oral	1				
	OXcarbazepine Tablet 300 MG Oral	1				
	OXcarbazepine Tablet 600 MG Oral	1				
	Pregabalin Capsule 100 MG Oral	1			QL	
	Pregabalin Capsule 150 MG Oral	1			QL	
	Pregabalin Capsule 200 MG Oral	1			QL	
	Pregabalin Capsule 225 MG Oral	1			QL	
	Pregabalin Capsule 25 MG Oral	1			QL	
	Pregabalin Capsule 300 MG Oral	1			QL	
	Pregabalin Capsule 50 MG Oral	1			QL	
	Pregabalin Capsule 75 MG Oral	1			QL	
	Pregabalin Solution 20 MG/ML Oral	1			QL	
	Primidone Tablet 125 MG Oral	3				
	Primidone Tablet 250 MG Oral	1				
	Primidone Tablet 50 MG Oral	1				
	Roweepra Tablet 500 MG Oral	1				
	Rufinamide Suspension 40 MG/ML Oral	1				
	Rufinamide Tablet 200 MG Oral	1				
	Rufinamide Tablet 400 MG Oral	1				
	Spritam Tablet Disintegrating Soluble 1000 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Spritam Tablet Disintegrating Soluble 250 MG Oral	3				
	Spritam Tablet Disintegrating Soluble 500 MG Oral	3				
	Spritam Tablet Disintegrating Soluble 750 MG Oral	3				
	Subvenite Starter Kit-Blue Kit 35 x 25 MG Oral	1				
	Subvenite Starter Kit-Green Kit 84 x 25 MG & 14x100 MG Oral	1				
	Subvenite Starter Kit-Orange Kit 42 x 25 MG & 7 x 100 MG Oral	1				
	Subvenite Tablet 100 MG Oral	1				
	Subvenite Tablet 150 MG Oral	1				
	Subvenite Tablet 200 MG Oral	1				
	Subvenite Tablet 25 MG Oral	1				
	TEGretol Suspension 100 MG/5ML Oral	3				
	TEGretol Tablet 200 MG Oral	3				
	TEGretol-XR Tablet Extended Release 12 Hour 100 MG Oral	3				
	TEGretol-XR Tablet Extended Release 12 Hour 200 MG Oral	3				
	TEGretol-XR Tablet Extended Release 12 Hour 400 MG Oral	3				
	Topiramate Capsule Sprinkle 15 MG Oral	1				
	Topiramate Capsule Sprinkle 25 MG Oral	1				
	Topiramate Capsule Sprinkle 50 MG Oral	1				
	Topiramate ER Capsule ER 24 Hour Sprinkle 100 MG Oral	1				
	Topiramate ER Capsule ER 24 Hour Sprinkle 150 MG Oral	1				
	Topiramate ER Capsule ER 24 Hour Sprinkle 200 MG Oral	1				
	Topiramate ER Capsule ER 24 Hour Sprinkle 25 MG Oral	1				
	Topiramate ER Capsule ER 24 Hour Sprinkle 50 MG Oral	1				
	Topiramate ER Capsule Extended Release 24 Hour 100 MG Oral	1				
	Topiramate ER Capsule Extended Release 24 Hour 200 MG Oral	1				
	Topiramate ER Capsule Extended Release 24 Hour 25 MG Oral	1				
	Topiramate ER Capsule Extended Release 24 Hour 50 MG Oral	1				
	Topiramate Solution 25 MG/ML Oral	1	PA			
	Topiramate Tablet 100 MG Oral	1				
	Topiramate Tablet 200 MG Oral	1				
	Topiramate Tablet 25 MG Oral	1				
	Topiramate Tablet 50 MG Oral	1				
	Zonisamide Capsule 100 MG Oral	1				
	Zonisamide Capsule 25 MG Oral	1				
	Zonisamide Capsule 50 MG Oral	1				
	Ztalmy Suspension 50 MG/ML Oral	3	PA			
*Carbamates***	Felbamate Suspension 600 MG/5ML Oral	1				
	Felbamate Tablet 400 MG Oral	1				
	Felbamate Tablet 600 MG Oral	1				
	Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	2				
	Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	2				
	Xcopri Tablet 100 MG Oral	2				
	Xcopri Tablet 150 MG Oral	2				
	Xcopri Tablet 200 MG Oral	2				
	Xcopri Tablet 25 MG Oral	2				
	Xcopri Tablet 50 MG Oral	2				
	Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	2				
	Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x200 MG Oral	2				
	Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x100 MG Oral	2				
*GABA Modulators***	tiaGABine HCl Tablet 12 MG Oral	1				
	tiaGABine HCl Tablet 16 MG Oral	1				
	tiaGABine HCl Tablet 2 MG Oral	1				
	tiaGABine HCl Tablet 4 MG Oral	1				
	Vigabatrin Packet 500 MG Oral	4	PA			Preferred Specialty
	Vigabatrin Tablet 500 MG Oral	4	PA			Preferred Specialty
	Vigadrone Packet 500 MG Oral	4	PA			Preferred Specialty
	Vigadrone Tablet 500 MG Oral	4	PA			Preferred Specialty
	Vigafyde Solution 100 MG/ML Oral	4	PA			Non-Preferred Specialty
	Vigpoder Packet 500 MG Oral	4	PA			Preferred Specialty
*Hydantoins***	Dilantin Capsule 100 MG Oral	3				
	Dilantin Capsule 30 MG Oral	2				
	Dilantin Infatabs Tablet Chewable 50 MG Oral	3				
	Dilantin Suspension 125 MG/5ML Oral	3				
	Dilantin-125 Suspension 125 MG/5ML Oral	3				
	Phenytek Capsule 200 MG Oral	1				
	Phenytek Capsule 300 MG Oral	1				
	Phenytoin Infatabs Tablet Chewable 50 MG Oral	1				
	Phenytoin Sodium Extended Capsule 100 MG Oral	1				
	Phenytoin Sodium Extended CAPSULE 200 MG ORAL	1				
	Phenytoin Sodium Extended CAPSULE 300 MG ORAL	1				
	Phenytoin Suspension 100 MG/4ML Oral	1				
	Phenytoin Suspension 125 MG/5ML Oral	1				
	Phenytoin Tablet Chewable 50 MG Oral	1				
*Succinimides***	Celontin Capsule 300 MG Oral	3				
	Ethosuximide Capsule 250 MG Oral	1				
	Ethosuximide Solution 250 MG/5ML Oral	1				
	Methsuximide Capsule 300 MG Oral	1				
	Zarontin CAPSULE 250 MG ORAL	3				
	Zarontin Solution 250 MG/5ML Oral	3				
*Valproic Acid***	Divalproex Sodium Capsule Delayed Release Sprinkle 125 MG Oral	1				
	Divalproex Sodium ER Tablet Extended Release 24 Hour 250 MG Oral	1				
	Divalproex Sodium ER Tablet Extended Release 24 Hour 500 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Divalproex Sodium Tablet Delayed Release 125 MG Oral	1				
	Divalproex Sodium Tablet Delayed Release 250 MG Oral	1				
	Divalproex Sodium Tablet Delayed Release 500 MG Oral	1				
	Valproic Acid Capsule 250 MG Oral	1				
	Valproic Acid Solution 250 MG/5ML Oral	1				
	Valproic Acid Solution 500 MG/10ML Oral	1				
ANTIDEPRESSANTS						
*Alpha-2 Receptor Antagonists (Tetracyclics)***	Mirtazapine Tablet 15 MG Oral	1				
	Mirtazapine Tablet 30 MG Oral	1				
	Mirtazapine Tablet 45 MG Oral	1				
	Mirtazapine Tablet 7.5 MG Oral	1				
	Mirtazapine Tablet Dispersible 15 MG Oral	1				
	Mirtazapine Tablet Dispersible 30 MG Oral	1				
	Mirtazapine Tablet Dispersible 45 MG Oral	1				
*Antidepressant - Miscellaneous Combinations***	Auvelity Tablet Extended Release 45-105 MG Oral	3		ST		
*Antidepressants - Misc.***	buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 100 MG Oral	1				
	buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 150 MG Oral	1				
	buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 200 MG Oral	1				
	buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 150 MG Oral	1				
	buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 300 MG Oral	1				
	buPROPion HCl Tablet 100 MG Oral	1				
	buPROPion HCl Tablet 75 MG Oral	1				
*GABA Receptor Modulator - Neuroactive Steroid***	Zurzuvae Capsule 20 MG Oral	4	PA		QL	Preferred Specialty
	Zurzuvae Capsule 25 MG Oral	4	PA		QL	Preferred Specialty
	Zurzuvae Capsule 30 MG Oral	4	PA		QL	Preferred Specialty
*Monoamine Oxidase Inhibitors (MAOIs)***	Emsam Patch 24 Hour 12 MG/24HR Transdermal	3				
	Emsam Patch 24 Hour 6 MG/24HR Transdermal	3				
	Emsam Patch 24 Hour 9 MG/24HR Transdermal	3				
	Marplan Tablet 10 MG Oral	3				
	Nardil Tablet 15 MG Oral	3				
	Phenelzine Sulfate Tablet 15 MG Oral	1				
	Tranylcypromine Sulfate Tablet 10 MG Oral	1				
*Selective Serotonin Reuptake Inhibitors (SSRIs)***	Citalopram Hydrobromide Solution 10 MG/5ML Oral	1				
	Citalopram Hydrobromide Solution 20 MG/10ML Oral	1				
	Citalopram Hydrobromide Tablet 10 MG Oral	1				
	Citalopram Hydrobromide Tablet 20 MG Oral	1				
	Citalopram Hydrobromide Tablet 40 MG Oral	1				
	Escitalopram Oxalate Solution 10 MG/10ML Oral	1				
	Escitalopram Oxalate Solution 5 MG/5ML Oral	1				
	Escitalopram Oxalate Tablet 10 MG Oral	1				
	Escitalopram Oxalate Tablet 20 MG Oral	1				
	Escitalopram Oxalate Tablet 5 MG Oral	1				
	FLUoxetine HCl Capsule 10 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	FLUoxetine HCl Capsule 20 MG Oral	1				
	FLUoxetine HCl Capsule 40 MG Oral	1				
	FLUoxetine HCl Capsule Delayed Release 90 MG Oral	1		ST		
	FLUoxetine HCl Solution 20 MG/5ML Oral	1				
	FLUoxetine HCl Tablet 10 MG Oral	1				
	FLUoxetine HCl Tablet 20 MG Oral	1				
	FLUoxetine HCl Tablet 60 MG Oral	1				
	fluvoxaMINE Maleate ER Capsule Extended Release 24 Hour 100 MG Oral	1				
	fluvoxaMINE Maleate ER Capsule Extended Release 24 Hour 150 MG Oral	1				
	fluvoxaMINE Maleate Tablet 100 MG Oral	1				
	fluvoxaMINE Maleate Tablet 25 MG Oral	1				
	fluvoxaMINE Maleate Tablet 50 MG Oral	1				
	PARoxetine HCl ER Tablet Extended Release 24 Hour 12.5 MG Oral	1				
	PARoxetine HCl ER Tablet Extended Release 24 Hour 25 MG Oral	1				
	PARoxetine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	1				
	PARoxetine HCl Suspension 10 MG/5ML Oral	1		ST		
	PARoxetine HCl Tablet 10 MG Oral	1				
	PARoxetine HCl Tablet 20 MG Oral	1				
	PARoxetine HCl Tablet 30 MG Oral	1				
	PARoxetine HCl Tablet 40 MG Oral	1				
	Pexeva Tablet 10 MG Oral	3		ST		
	Pexeva Tablet 20 MG Oral	3		ST		
	Pexeva Tablet 30 MG Oral	3		ST		
	Pexeva Tablet 40 MG Oral	3		ST		
	Sertraline HCl Concentrate 20 MG/ML Oral	1				
	Sertraline HCl Tablet 100 MG Oral	1				
	Sertraline HCl Tablet 25 MG Oral	1				
	Sertraline HCl Tablet 50 MG Oral	1				
*Serotonin Modulators***	Raldesy Solution 10 MG/ML Oral	3	PA	ST		
	traZODone HCl Tablet 100 MG Oral	1				
	traZODone HCl Tablet 150 MG Oral	1				
	traZODone HCl Tablet 300 MG Oral	1				
	traZODone HCl Tablet 50 MG Oral	1				
	Trintellix Tablet 10 MG Oral	2				
	Trintellix Tablet 20 MG Oral	2				
	Trintellix Tablet 5 MG Oral	2				
	Viibryd Starter Pack Kit 10 & 20 MG Oral	3		ST		
	Vilazodone HCl Tablet 10 MG Oral	1				
	Vilazodone HCl Tablet 20 MG Oral	1				
	Vilazodone HCl Tablet 40 MG Oral	1				
*Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)***	Desvenlafaxine ER Tablet Extended Release 24 Hour 100 MG Oral	1		ST		
		3		ST		
	Desvenlafaxine ER Tablet Extended Release 24 Hour 50 MG Oral	1		ST		
	Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 100 MG Oral	1				
	Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 25 MG Oral	1				
	Desvenlafaxine Succinate ER Tablet Extended Release 24 Hour 50 MG Oral	1				
	DULoxetine HCl Capsule Delayed Release Particles 20 MG Oral	1			QL	
	DULoxetine HCl Capsule Delayed Release Particles 30 MG Oral	1			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	DULoxetine HCl Capsule Delayed Release Particles 40 MG Oral	1			QL	
	DULoxetine HCl Capsule Delayed Release Particles 60 MG Oral	1			QL	
	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral	2				
	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral	2				
	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral	2				
	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral	2				
	Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral	2				
	Venlafaxine HCl ER Capsule Extended Release 24 Hour 150 MG Oral	1				
	Venlafaxine HCl ER Capsule Extended Release 24 Hour 37.5 MG Oral	1				
	Venlafaxine HCl ER Capsule Extended Release 24 Hour 75 MG Oral	1				
	Venlafaxine HCl ER Tablet Extended Release 24 Hour 150 MG Oral	1				
	Venlafaxine HCl ER Tablet Extended Release 24 Hour 225 MG Oral	1				
	Venlafaxine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	1				
	Venlafaxine HCl ER Tablet Extended Release 24 Hour 75 MG Oral	1				
	Venlafaxine HCl Tablet 100 MG Oral	1				
	Venlafaxine HCl Tablet 25 MG Oral	1				
	Venlafaxine HCl Tablet 37.5 MG Oral	1				
	Venlafaxine HCl Tablet 50 MG Oral	1				
	Venlafaxine HCl Tablet 75 MG Oral	1				
*Tricyclic Agents***	Amitriptyline HCl Tablet 10 MG Oral	1				
	Amitriptyline HCl Tablet 100 MG Oral	1				
	Amitriptyline HCl Tablet 150 MG Oral	1				
	Amitriptyline HCl Tablet 25 MG Oral	1				
	Amitriptyline HCl Tablet 50 MG Oral	1				
	Amitriptyline HCl Tablet 75 MG Oral	1				
	clomiPRAMINE HCl Capsule 25 MG Oral	1				
	clomiPRAMINE HCl Capsule 50 MG Oral	1				
	clomiPRAMINE HCl Capsule 75 MG Oral	1				
	Desipramine HCl Tablet 10 MG Oral	1				
	Desipramine HCl Tablet 100 MG Oral	1				
	Desipramine HCl Tablet 150 MG Oral	1				
	Desipramine HCl Tablet 25 MG Oral	1				
	Desipramine HCl Tablet 50 MG Oral	1				
	Desipramine HCl Tablet 75 MG Oral	1				
	Doxepin HCl Capsule 10 MG Oral	1				
	Doxepin HCl Capsule 100 MG Oral	1				
	Doxepin HCl Capsule 150 MG Oral	1				
	Doxepin HCl Capsule 25 MG Oral	1				
	Doxepin HCl Capsule 50 MG Oral	1				
	Doxepin HCl Capsule 75 MG Oral	1				
	Doxepin HCl CONCENTRATE 10 MG/ML ORAL	1				
	Imipramine HCl Tablet 10 MG Oral	1				
	Imipramine HCl Tablet 25 MG Oral	1				
	Imipramine HCl Tablet 50 MG Oral	1				
	Imipramine Pamoate Capsule 100 MG Oral	1				
	Imipramine Pamoate Capsule 125 MG Oral	1				
	Imipramine Pamoate Capsule 150 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Imipramine Pamoate Capsule 75 MG Oral	1				
	Nortriptyline HCl Capsule 10 MG Oral	1				
	Nortriptyline HCl Capsule 25 MG Oral	1				
	Nortriptyline HCl Capsule 50 MG Oral	1				
	Nortriptyline HCl Capsule 75 MG Oral	1				
	Nortriptyline HCl Solution 10 MG/5ML Oral	1				
	Protriptyline HCl Tablet 10 MG Oral	1				
	Protriptyline HCl Tablet 5 MG Oral	1				
	Trimipramine Maleate Capsule 100 MG Oral	1				
	Trimipramine Maleate Capsule 25 MG Oral	1				
	Trimipramine Maleate Capsule 50 MG Oral	1				
ANTIDIABETICS						
*Alpha-Glucosidase Inhibitors***	Acarbose Tablet 100 MG Oral	1			QL	
	Acarbose Tablet 25 MG Oral	1			QL	
	Acarbose Tablet 50 MG Oral	1			QL	
	Miglitol Tablet 100 MG Oral	1			QL	
	Miglitol Tablet 25 MG Oral	1			QL	
	Miglitol Tablet 50 MG Oral	1			QL	
*Biguanides***	metFORMIN HCl ER (MOD) Tablet Extended Release 24 Hour 1000 MG Oral	1			QL	
	metFORMIN HCl ER (MOD) Tablet Extended Release 24 Hour 500 MG Oral	1			QL	
	metFORMIN HCl ER (OSM) Tablet Extended Release 24 Hour 1000 MG Oral	1			QL	
	metFORMIN HCl ER (OSM) Tablet Extended Release 24 Hour 500 MG Oral	1			QL	
	metFORMIN HCl ER Tablet Extended Release 24 Hour 500 MG Oral	1			QL	
	metFORMIN HCl ER Tablet Extended Release 24 Hour 750 MG Oral	1			QL	
	metFORMIN HCl Solution 500 MG/5ML Oral	1			QL	
	metFORMIN HCl Tablet 1000 MG Oral	1			QL	
	metFORMIN HCl Tablet 500 MG Oral	1			QL	
	metFORMIN HCl Tablet 850 MG Oral	1			QL	
*Diabetic Other***	Baqsimi One Pack Powder 3 MG/DOSE Nasal	2			QL	
	Baqsimi Two Pack Powder 3 MG/DOSE Nasal	2			QL	
	Diazoxide Suspension 50 MG/ML Oral	1				
	GlucaGen HypoKit Solution Reconstituted 1 MG Injection	3			QL	
	Glucagon Emergency Kit 1 MG Injection	1			QL	
	Glucagon Emergency Solution Reconstituted 1 MG/ML Injection	2			QL	
	Gvoke HypoPen 1-Pack Solution Auto-Injector 0.5 MG/0.1ML Subcutaneous	2			QL	
	Gvoke HypoPen 1-Pack Solution Auto-Injector 1 MG/0.2ML Subcutaneous	2			QL	
	Gvoke HypoPen 2-Pack Solution Auto-Injector 0.5 MG/0.1ML Subcutaneous	2			QL	
	Gvoke HypoPen 2-Pack Solution Auto-Injector 1 MG/0.2ML Subcutaneous	2			QL	
	Gvoke Kit Solution 1 MG/0.2ML Subcutaneous	2			QL	
	Gvoke PFS Solution Prefilled Syringe 0.5 MG/0.1ML Subcutaneous	2			QL	
	Gvoke PFS Solution Prefilled Syringe 1 MG/0.2ML Subcutaneous	2			QL	
	Zegalogue Solution Auto-Injector 0.6 MG/0.6ML Subcutaneous	2			QL	
	Zegalogue Solution Prefilled Syringe 0.6 MG/0.6ML Subcutaneous	2			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Dipeptidyl Peptidase-4 (DPP-4) Inhibitors***	Januvia Tablet 100 MG Oral	2			QL	
	Januvia Tablet 25 MG Oral	2			QL	
	Januvia Tablet 50 MG Oral	2			QL	
	sAXagliptin HCl Tablet 2.5 MG Oral	1			QL	
	sAXagliptin HCl Tablet 5 MG Oral	1			QL	
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***	Janumet Tablet 50-1000 MG Oral	2			QL	
	Janumet Tablet 50-500 MG Oral	2			QL	
	Janumet XR Tablet Extended Release 24 Hour 100-1000 MG Oral	2			QL	
	Janumet XR Tablet Extended Release 24 Hour 50-1000 MG Oral	2			QL	
	Janumet XR Tablet Extended Release 24 Hour 50-500 MG Oral	2			QL	
	sAXagliptin-metFORMIN ER Tablet Extended Release 24 Hour 2.5-1000 MG Oral	1			QL	
	sAXagliptin-metFORMIN ER Tablet Extended Release 24 Hour 5-1000 MG Oral	1			QL	
	sAXagliptin-metFORMIN ER Tablet Extended Release 24 Hour 5-500 MG Oral	1			QL	
*Dopamine Receptor Agonists - Ergot Derivatives***	Cycloset Tablet 0.8 MG Oral	3			QL	
*Human Insulin***	Fiasp FlexTouch Solution Pen-Injector 100 UNIT/ML Subcutaneous	2				
	Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	2				
	Fiasp PumpCart Solution Cartridge 100 UNIT/ML Subcutaneous	2				
	Fiasp Solution 100 UNIT/ML Injection	2				
	HumuLIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML Subcutaneous	2				
	HumuLIN R U-500 KwikPen Solution Pen-injector 500 UNIT/ML Subcutaneous	2				
	Lantus SoloStar Solution Pen-Injector 100 UNIT/ML Subcutaneous	2				
	Lantus Solution 100 UNIT/ML Subcutaneous	2				
	Levemir FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	2				
	Levemir FlexTouch Solution Pen-Injector 100 UNIT/ML Subcutaneous	2				
	Levemir Solution 100 UNIT/ML Subcutaneous	2				
	NovoLIN 70/30 FlexPen Relion Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLIN 70/30 ReliOn Suspension (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLIN 70/30 Suspension (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLIN N FlexPen ReliOn Suspension Pen-Injector 100 UNIT/ML Subcutaneous	2				
	NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	2				
	NovoLIN N ReliOn Suspension 100 UNIT/ML Subcutaneous	2				
	NovoLIN N Suspension 100 UNIT/ML Subcutaneous	2				
	NovoLIN R FlexPen ReliOn Solution Pen-Injector 100 UNIT/ML Injection	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	NovoLIN R FlexPen Solution Pen-Injector 100 UNIT/ML Injection	2				
	NovoLIN R ReliOn Solution 100 UNIT/ML Injection	2				
	NovoLIN R Solution 100 UNIT/ML Injection	2				
	NovoLOG 70/30 FlexPen ReliOn Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLOG FlexPen ReliOn Solution Pen-Injector 100 UNIT/ML Subcutaneous	2				
	NovoLOG FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	2				
	NovoLOG Mix 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLOG Mix 70/30 ReliOn Suspension (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLOG Mix 70/30 Suspension (70-30) 100 UNIT/ML Subcutaneous	2				
	NovoLOG PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	2				
	NovoLOG ReliOn Solution 100 UNIT/ML Injection	2				
	NovoLOG Solution 100 UNIT/ML Injection	2				
	Toujeo Max SoloStar Solution Pen-Injector 300 UNIT/ML Subcutaneous	2				
	Toujeo SoloStar Solution Pen-Injector 300 UNIT/ML Subcutaneous	2				
	Tresiba FlexTouch Solution Pen-Injector 100 UNIT/ML Subcutaneous	2				
	Tresiba FlexTouch Solution Pen-Injector 200 UNIT/ML Subcutaneous	2				
	Tresiba Solution 100 UNIT/ML Subcutaneous	2				
*Incretin Mimetic Agents (GIP & GLP-1 Receptor Agonists)***	Mounjaro Solution Auto-Injector 10 MG/0.5ML Subcutaneous	2	PA		QL	
	Mounjaro Solution Auto-Injector 12.5 MG/0.5ML Subcutaneous	2	PA		QL	
	Mounjaro Solution Auto-Injector 15 MG/0.5ML Subcutaneous	2	PA		QL	
	Mounjaro Solution Auto-Injector 2.5 MG/0.5ML Subcutaneous	2	PA		QL	
	Mounjaro Solution Auto-Injector 5 MG/0.5ML Subcutaneous	2	PA		QL	
	Mounjaro Solution Auto-Injector 7.5 MG/0.5ML Subcutaneous	2	PA		QL	
*Incretin Mimetic Agents (GLP-1 Receptor Agonists)***	Exenatide Solution Pen-Injector 10 MCG/0.04ML Subcutaneous	2	PA		QL	
	Exenatide Solution Pen-Injector 5 MCG/0.02ML Subcutaneous	2	PA		QL	
	Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	2	PA		QL	
	Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/3ML Subcutaneous	2	PA		QL	
	Ozempic (1 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	2	PA		QL	
	Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous	2	PA		QL	
	Ozempic (2 MG/DOSE) Solution Pen-Injector 8 MG/3ML Subcutaneous	2	PA		QL	
	Rybelsus (Formulation R2) Tablet 1.5 MG Oral	2	PA		QL	
	Rybelsus (Formulation R2) Tablet 4 MG Oral	2	PA		QL	
	Rybelsus (Formulation R2) Tablet 9 MG Oral	2	PA		QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Rybelsus Tablet 14 MG Oral	2	PA		QL	
	Rybelsus Tablet 3 MG Oral	2	PA		QL	
	Rybelsus Tablet 7 MG Oral	2	PA		QL	
	Trulicity Solution Auto-Injector 0.75 MG/0.5ML Subcutaneous	2	PA		QL	
	Trulicity Solution Auto-Injector 1.5 MG/0.5ML Subcutaneous	2	PA		QL	
	Trulicity Solution Auto-Injector 3 MG/0.5ML Subcutaneous	2	PA		QL	
	Trulicity Solution Auto-Injector 4.5 MG/0.5ML Subcutaneous	2	PA		QL	
*Insulin-Incretin Mimetic Combinations***	Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	2		ST	QL	
	Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	2		ST	QL	
*Meglitinide Analogues***	Nateglinide Tablet 120 MG Oral	1			QL	
	Nateglinide Tablet 60 MG Oral	1			QL	
	Repaglinide Tablet 0.5 MG Oral	1			QL	
	Repaglinide Tablet 1 MG Oral	1			QL	
	Repaglinide Tablet 2 MG Oral	1			QL	
*Progesterone Receptor Antagonists***	miFEPRIStone Tablet 300 MG Oral	4	PA		QL	Preferred Specialty
*SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb***	Trijardy XR Tablet Extended Release 24 Hour 10-5-1000 MG Oral	2			QL	
	Trijardy XR Tablet Extended Release 24 Hour 12.5-2.5-1000 MG Oral	2			QL	
	Trijardy XR Tablet Extended Release 24 Hour 25-5-1000 MG Oral	2			QL	
	Trijardy XR Tablet Extended Release 24 Hour 5-2.5-1000 MG Oral	2			QL	
*SGLT2 Inhibitor - DPP-4 Inhibitor Combinations***	Glyxambi TABLET 10-5 MG ORAL	2			QL	
	Glyxambi Tablet 25-5 MG Oral	2			QL	
*Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors***	Farxiga Tablet 10 MG Oral	2			QL	
	Farxiga Tablet 5 MG Oral	2			QL	
	Jardiance Tablet 10 MG Oral	2			QL	
	Jardiance Tablet 25 MG Oral	2			QL	
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***	Synjardy TABLET 12.5-1000 MG ORAL	2			QL	
	Synjardy TABLET 12.5-500 MG ORAL	2			QL	
	Synjardy TABLET 5-1000 MG ORAL	2			QL	
	Synjardy TABLET 5-500 MG ORAL	2			QL	
	Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	2			QL	
	Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	2			QL	
	Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	2			QL	
	Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	2			QL	
	Xigduo XR Tablet Extended Release 24 Hour 10-1000 MG Oral	2			QL	
	Xigduo XR Tablet Extended Release 24 Hour 10-500 MG Oral	2			QL	
	Xigduo XR Tablet Extended Release 24 Hour 2.5-1000 MG Oral	2			QL	
	Xigduo XR Tablet Extended Release 24 Hour 5-1000 MG Oral	2			QL	
	Xigduo XR Tablet Extended Release 24 Hour 5-500 MG Oral	2			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Sulfonylurea-Biguanide Combinations***	glipiZIDE-metFORMIN HCl Tablet 2.5-250 MG Oral	1			QL	
	glipiZIDE-metFORMIN HCl Tablet 2.5-500 MG Oral	1			QL	
	glipiZIDE-metFORMIN HCl Tablet 5-500 MG Oral	1			QL	
	GlyBURIDE-MetFORMIN Tablet 1.25-250 MG Oral	1			QL	
	GlyBURIDE-MetFORMIN Tablet 2.5-500 MG Oral	1			QL	
	glyBURIDE-metFORMIN Tablet 5-500 MG Oral	1			QL	
*Sulfonylureas***	Glimepiride Tablet 1 MG Oral	1			QL	
	Glimepiride Tablet 2 MG Oral	1			QL	
	Glimepiride Tablet 4 MG Oral	1			QL	
	glipiZIDE ER Tablet Extended Release 24 Hour 10 MG Oral	1			QL	
	glipiZIDE ER Tablet Extended Release 24 Hour 2.5 MG Oral	1			QL	
	glipiZIDE ER Tablet Extended Release 24 Hour 5 MG Oral	1			QL	
	glipiZIDE Tablet 10 MG Oral	1			QL	
	glipiZIDE Tablet 5 MG Oral	1			QL	
	glipiZIDE XL Tablet Extended Release 24 Hour 10 MG Oral	1			QL	
	glipiZIDE XL Tablet Extended Release 24 Hour 2.5 MG Oral	1			QL	
	glipiZIDE XL Tablet Extended Release 24 Hour 5 MG Oral	1			QL	
	glyBURIDE Micronized Tablet 1.5 MG Oral	1			QL	
	glyBURIDE Micronized Tablet 3 MG Oral	1			QL	
	glyBURIDE Micronized Tablet 6 MG Oral	1			QL	
	glyBURIDE Tablet 1.25 MG Oral	1			QL	
	glyBURIDE Tablet 2.5 MG Oral	1			QL	
	glyBURIDE Tablet 5 MG Oral	1			QL	
	TOLBUTamide Tablet 500 MG Oral	3			QL	
*Sulfonylurea-Thiazolidinedione Combinations***	Pioglitazone HCl-Glimepiride Tablet 30-2 MG Oral	1			QL	
	Pioglitazone HCl-Glimepiride Tablet 30-4 MG Oral	1			QL	
*Thiazolidinedione-Biguanide Combinations***	Pioglitazone HCl-metFORMIN HCl Tablet 15-500 MG Oral	1			QL	
	Pioglitazone HCl-metFORMIN HCl Tablet 15-850 MG Oral	1			QL	
*Thiazolidinediones***	Pioglitazone HCl Tablet 15 MG Oral	1			QL	
	Pioglitazone HCl Tablet 30 MG Oral	1			QL	
	Pioglitazone HCl Tablet 45 MG Oral	1			QL	
ANTIDIARRHEAL/PROBIOTIC AGENTS						
*Antidiarrheal - Chloride Channel Antagonists***	Mytesi TABLET DELAYED RELEASE 125 MG ORAL	3			QL	
*Antiperistaltic Agents***	Diphenoxylate-Atropine Liquid 2.5-0.025 MG/5ML Oral	3				
	Diphenoxylate-Atropine Tablet 2.5-0.025 MG Oral	1				
	Loperamide HCl Capsule 2 MG Oral	1				
	Motofen Tablet 1-0.025 MG Oral	3				
	Opium Tincture 10 MG/ML (1%) Oral	1				
ANTIDOTES AND SPECIFIC ANTAGONISTS						

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Antidotes - Chelating Agents***	Chemet CAPSULE 100 MG Oral	2				
	Deferasirox Granules Packet 180 MG Oral	4	PA			Preferred Specialty
	Deferasirox Granules Packet 360 MG Oral	4	PA			Preferred Specialty
	Deferasirox Granules Packet 90 MG Oral	4	PA			Preferred Specialty
	Deferasirox Packet 180 MG Oral	4	PA			Preferred Specialty
	Deferasirox Packet 360 MG Oral	4	PA			Preferred Specialty
	Deferasirox Packet 90 MG Oral	4	PA			Preferred Specialty
	Deferasirox Tablet 180 MG Oral	4	PA			Preferred Specialty
	Deferasirox Tablet 360 MG Oral	4	PA			Preferred Specialty
	Deferasirox Tablet 90 MG Oral	4	PA			Preferred Specialty
	Deferasirox Tablet Soluble 125 MG Oral	4	PA			Preferred Specialty
	Deferasirox Tablet Soluble 250 MG Oral	4	PA			Preferred Specialty
	Deferasirox Tablet Soluble 500 MG Oral	4	PA			Preferred Specialty
	Deferiprone Tablet 1000 MG Oral	4	PA			Preferred Specialty
	Deferiprone Tablet 500 MG Oral	4	PA			Preferred Specialty
	Ferriprox Solution 100 MG/ML Oral	4	PA			Non-Preferred Specialty
	Ferriprox Twice-A-Day Tablet 1000 MG Oral	4	PA			Non-Preferred Specialty
*Cholinesterase Inhibitors***	pyRIDostigmine Bromide ER Tablet Extended Release 24 Hour 105 MG Oral	3				
*Opioid Antagonists***	Kloxxado Liquid 8 MG/0.1ML Nasal	2				
	Naloxone HCl Liquid 4 MG/0.1ML Nasal	1				
	Naloxone HCl Solution 0.4 MG/ML Injection	1				
	Naloxone HCl Solution 4 MG/10ML Injection	1				
	Naloxone HCl Solution Cartridge 0.4 MG/ML Injection	1				
		3				
	Naloxone HCl Solution Prefilled Syringe 0.4 MG/ML Injection	1				
	Naloxone HCl Solution Prefilled Syringe 2 MG/2ML Injection	1				
	Naltrexone HCl Tablet 50 MG Oral	1				
	Rextovy Liquid 4 MG/0.25ML Nasal	3			QL	
	Vivitrol Suspension Reconstituted 380 MG Intramuscular	4			QL	Non-Preferred Specialty
	Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection	3				
ANTIEMETICS						
*5-HT3 Receptor Antagonists***	Anzemet Tablet 50 MG Oral	3			QL	
	Granisetron HCl Solution 1 MG/ML Intravenous	1				
	Granisetron HCl Solution 4 MG/4ML Intravenous	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Granisetron HCl Tablet 1 MG Oral	1			QL	
	Ondansetron HCl +RFID Solution 4 MG/2ML Injection	1				
	Ondansetron HCl Solution 4 MG/2ML Injection	1				
	Ondansetron HCl Solution 4 MG/5ML Oral	1			QL	
	Ondansetron HCl Solution 40 MG/20ML Injection	1				
	Ondansetron HCl Solution Prefilled Syringe 4 MG/2ML Injection	1				
		2				
	Ondansetron HCl Tablet 24 MG Oral	1			QL	
	Ondansetron HCl Tablet 4 MG Oral	1			QL	
	Ondansetron HCl Tablet 8 MG Oral	1			QL	
	Ondansetron Tablet Dispersible 4 MG Oral	1			QL	
	Ondansetron Tablet Dispersible 8 MG Oral	1			QL	
	Palonosetron HCl Solution 0.25 MG/2ML Intravenous	3				
	Palonosetron HCl Solution 0.25 MG/5ML Intravenous	1				
	Palonosetron HCl Solution Prefilled Syringe 0.25 MG/5ML Intravenous	1				
	Posfrea Solution 0.25 MG/5ML Intravenous	3				
	Sancuso Patch 3.1 MG/24HR Transdermal	3				
	Zuplenz Film 4 MG Oral	3			QL	
	Zuplenz Film 8 MG Oral	3			QL	
*Antiemetic Combinations***	Akynzeo (Ready-to-Use) Solution 235-0.25 MG/20ML Intravenous	3			QL	
	Akynzeo (To-be-Diluted) Solution 235-0.25 MG/20ML Intravenous	3			QL	
	Akynzeo Solution Reconstituted 235-0.25 MG Intravenous	3			QL	
	Bonjesta Tablet Extended Release 20-20 MG Oral	3				
	Doxylamine-Pyridoxine Tablet Delayed Release 10-10 MG Oral	1				
*Antiemetics - Anticholinergic***	Antivert Tablet 50 MG Oral	3				
	DimenhyDRINATE SOLUTION 50 MG/ML INJECTION	3				
	Meclizine HCl Tablet 12.5 MG Oral	1				
	Meclizine HCl Tablet 25 MG Oral	1				
	Meclizine HCl Tablet 50 MG Oral	1				
	Meclizine HCl Tablet Chewable 25 MG Oral	1				
	Scopolamine Patch 72 Hour 1 MG/3DAYS Transdermal	1				
	Trimethobenzamide HCl Capsule 300 MG Oral	1				
*Antiemetics - Miscellaneous***	Dronabinol Capsule 10 MG Oral	1			QL	
	Dronabinol Capsule 2.5 MG Oral	1			QL	
	Dronabinol Capsule 5 MG Oral	1			QL	
	Syndros Solution 5 MG/ML Oral	3				
*Substance P/Neurokinin 1 (NK1) Receptor Antagonists***	Aprepitant 80 & 125 MG Oral	1			QL	
	Aprepitant Capsule 125 MG Oral	1			QL	
	Aprepitant Capsule 40 MG Oral	1			QL	
	Aprepitant Capsule 80 & 125 MG Oral	1			QL	
	Aprepitant Capsule 80 MG Oral	1			QL	
	Emend Solution Reconstituted 150 MG Intravenous	3			QL	
	Emend Suspension Reconstituted 125 MG/5ML Oral	2			QL	
	Focinvez Solution 150 MG/50ML Intravenous	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Fosaprepitant Dimeglumine Solution Reconstituted 150 MG Intravenous	1			QL	
		2			QL	
	Varubi (180 MG Dose) Tablet Therapy Pack 2 x 90 MG Oral	2			QL	
ANTIFUNGALS						
*Antifungals***	Flucytosine Capsule 250 MG Oral	1				
	Flucytosine Capsule 500 MG Oral	1				
	Griseofulvin Microsize Suspension 125 MG/5ML Oral	1				
	Griseofulvin Microsize Tablet 500 MG Oral	1				
	Griseofulvin Ultramicrosize Tablet 125 MG Oral	1				
	Griseofulvin Ultramicrosize Tablet 165 MG Oral	1			QL	
	Griseofulvin Ultramicrosize Tablet 250 MG Oral	1				
	Nystatin Tablet 500000 UNIT Oral	1				
	Terbinafine HCl Tablet 250 MG Oral	1			QL	
*Imidazoles***	Ketoconazole Tablet 200 MG Oral	1				
*Triazoles***	Cresemba Capsule 186 MG Oral	3				
	Cresemba Capsule 74.5 MG Oral	3				
	Fluconazole Suspension Reconstituted 10 MG/ML Oral	1				
	Fluconazole Suspension Reconstituted 40 MG/ML Oral	1				
	Fluconazole Tablet 100 MG Oral	1				
	Fluconazole Tablet 150 MG Oral	1				
	Fluconazole Tablet 200 MG Oral	1				
	Fluconazole Tablet 50 MG Oral	1				
	Itraconazole Capsule 100 MG Oral	1			QL	
	Itraconazole Solution 10 MG/ML Oral	1				
	Noxafil Packet 300 MG Oral	2				
	Noxafil Suspension 40 MG/ML Oral	2				
	Posaconazole Suspension 40 MG/ML Oral	1				
	Posaconazole Tablet Delayed Release 100 MG Oral	1				
	Tolsura Capsule 65 MG Oral	3				
	Voriconazole Suspension Reconstituted 40 MG/ML Oral	1				
	Voriconazole Tablet 200 MG Oral	1				
	Voriconazole Tablet 50 MG Oral	1				
ANTIHISTAMINES						
*Antihistamines - Alkylamines***	Dexchlorpheniramine Maleate Solution 2 MG/5ML Oral	3				
	RyClora Solution 2 MG/5ML Oral	3				
*Antihistamines - Ethanolamines***	Carbinoxamine Maleate ER Suspension Extended Release 4 MG/5ML Oral	3		ST		
	Carbinoxamine Maleate Solution 4 MG/5ML Oral	1				
		3				
	Carbinoxamine Maleate Tablet 4 MG Oral	1				
	Carbinoxamine Maleate Tablet 6 MG Oral	1				
	Carbzah Solution 4 MG/5ML Oral	3				
	Clemastine Fumarate Syrup 0.67 MG/5ML Oral	1				
		3				
	Clemastine Fumarate Tablet 2.68 MG Oral	1				
		3				
	Clemasz Tablet 2.68 MG Oral	2				
	Diphen Elixir 12.5 MG/5ML Oral	1				
	Di-Phen Elixir 12.5 MG/5ML Oral	1				
	diphenhydrAMINE HCl Elixir 12.5 MG/5ML Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	diphenhydrAMINE HCl Solution 50 MG/ML Injection	1				
	Karbinal ER Suspension Extended Release 4 MG/5ML Oral	3		ST		
	RyVent Tablet 6 MG Oral	1				
*Antihistamines - Non-Sedating***	Cetirizine HCl Solution 1 MG/ML Oral	1				
	Cetirizine HCl Solution 5 MG/5ML Oral	1				
	Desloratadine Tablet 5 MG Oral	1				
	Desloratadine Tablet Dispersible 2.5 MG Oral	1				
		3				
	Desloratadine Tablet Dispersible 5 MG Oral	1				
		3				
	Levocetirizine Dihydrochloride Solution 2.5 MG/5ML Oral	1				
	Levocetirizine Dihydrochloride Tablet 5 MG Oral	1				
*Antihistamines - Phenothiazines***	Phenergan SOLUTION 25 MG/ML Injection	3				
	Phenergan SOLUTION 50 MG/ML INJECTION	3				
	Promethazine HCl Solution 12.5 MG/10ML Oral	1				
	Promethazine HCl Solution 25 MG/ML Injection	1				
	Promethazine HCl Solution 50 MG/ML Injection	1				
	Promethazine HCl Solution 6.25 MG/5ML Oral	1				
	Promethazine HCl Suppository 12.5 MG Rectal	1				
	Promethazine HCl Suppository 25 MG Rectal	1				
	Promethazine HCl Syrup 6.25 MG/5ML Oral	3				
	Promethazine HCl Tablet 12.5 MG Oral	1				
	Promethazine HCl Tablet 25 MG Oral	1				
	Promethazine HCl Tablet 50 MG Oral	1				
	Promethegan Suppository 12.5 MG Rectal	1				
	Promethegan Suppository 25 MG Rectal	1				
	Promethegan Suppository 50 MG Rectal	1				
*Antihistamines - Piperidines***	Cyproheptadine HCl Syrup 2 MG/5ML Oral	1				
	Cyproheptadine HCl Tablet 4 MG Oral	1				
ANTIHYPERLIPIDEMICS						
*ACL Inhib-Intestinal Cholesterol Absorption Inhib Comb***	Nexlizet Tablet 180-10 MG Oral	2	PA			
*Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors***	Nexletol Tablet 180 MG Oral	2	PA			
*Antihyperlipidemics - Misc.***	Icosapent Ethyl Capsule 0.5 GM Oral	1				
	Icosapent Ethyl Capsule 1 GM Oral	1				
	Vascepa Capsule 0.5 GM Oral	2				
	Vascepa Capsule 1 GM Oral	2				
*Bile Acid Sequestrants***	Cholestyramine Light Powder 4 GM/DOSE Oral	1				
	Cholestyramine Powder 4 GM/DOSE Oral	1				
	Colesevelam HCl Tablet 625 MG Oral	1				
	Colestipol HCl Granules 5 GM Oral	1				
	Colestipol HCl Packet 5 GM Oral	1				
	Colestipol HCl Tablet 1 GM Oral	1				
	Prevalite POWDER 4 GM/DOSE ORAL	1				
*Fibric Acid Derivatives***	Antara Capsule 30 MG Oral	3				
	Antara Capsule 90 MG Oral	3				
	Fenofibrate Capsule 134 MG Oral	1				
	Fenofibrate Capsule 150 MG Oral	1				
	Fenofibrate Capsule 200 MG Oral	1				
	Fenofibrate Capsule 50 MG Oral	3				
	Fenofibrate Capsule 67 MG Oral	1				
	Fenofibrate Micronized Capsule 130 MG Oral	1				
	Fenofibrate Micronized Capsule 134 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Fenofibrate Micronized Capsule 200 MG Oral	1				
	Fenofibrate Micronized Capsule 30 MG Oral	3				
	Fenofibrate Micronized Capsule 43 MG Oral	1				
	Fenofibrate Micronized Capsule 67 MG Oral	1				
	Fenofibrate Micronized Capsule 90 MG Oral	3				
	Fenofibrate Tablet 120 MG Oral	1				
	Fenofibrate Tablet 145 MG Oral	1				
	Fenofibrate Tablet 160 MG Oral	1				
	Fenofibrate Tablet 40 MG Oral	1				
	Fenofibrate Tablet 48 MG Oral	1				
	Fenofibrate Tablet 54 MG Oral	1				
	Fenofibric Acid Capsule Delayed Release 135 MG Oral	1				
	Fenofibric Acid Capsule Delayed Release 45 MG Oral	1				
	Fenofibric Acid Tablet 105 MG Oral	3				
	Fenofibric Acid Tablet 35 MG Oral	3				
	Fibricor Tablet 105 MG Oral	3				
	Fibricor Tablet 35 MG Oral	3				
	Gemfibrozil Tablet 600 MG Oral	1				
	Lipofen Capsule 150 MG Oral	2				
	Lipofen Capsule 50 MG Oral	2				
*HMG CoA Reductase Inhibitors***	Altoprev Tablet Extended Release 24 Hour 20 MG Oral	3		ST		
	Altoprev Tablet Extended Release 24 Hour 40 MG Oral	3		ST		
	Altoprev Tablet Extended Release 24 Hour 60 MG Oral	3		ST		
	Atorvastatin Calcium Tablet 10 MG Oral	1				
	Atorvastatin Calcium Tablet 20 MG Oral	1				
	Atorvastatin Calcium Tablet 40 MG Oral	1				
	Atorvastatin Calcium Tablet 80 MG Oral	1				
	FloLipid Suspension 20 MG/5ML Oral	3		ST		
	FloLipid SUSPENSION 40 MG/5ML Oral	3		ST		
	Fluvastatin Sodium Capsule 20 MG Oral	1				
	Fluvastatin Sodium Capsule 40 MG Oral	1				
	Fluvastatin Sodium ER Tablet Extended Release 24 Hour 80 MG Oral	1				
	Lovastatin Tablet 10 MG Oral	1				
	Lovastatin Tablet 20 MG Oral	1				
	Lovastatin Tablet 40 MG Oral	1				
	Pitavastatin Calcium Tablet 1 MG Oral	1				
	Pitavastatin Calcium Tablet 2 MG Oral	1				
	Pitavastatin Calcium Tablet 4 MG Oral	1				
	Pravastatin Sodium Tablet 10 MG Oral	1				
	Pravastatin Sodium Tablet 20 MG Oral	1				
	Pravastatin Sodium Tablet 40 MG Oral	1				
	Pravastatin Sodium Tablet 80 MG Oral	1				
	Rosuvastatin Calcium Tablet 10 MG Oral	1				
	Rosuvastatin Calcium Tablet 20 MG Oral	1				
	Rosuvastatin Calcium Tablet 40 MG Oral	1				
	Rosuvastatin Calcium Tablet 5 MG Oral	1				
	Simvastatin Tablet 10 MG Oral	1				
	Simvastatin Tablet 20 MG Oral	1				
	Simvastatin Tablet 40 MG Oral	1				
	Simvastatin Tablet 5 MG Oral	1				
	Simvastatin Tablet 80 MG Oral	1				
*Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb***	Ezetimibe-Rosuvastatin Tablet 10-10 MG Oral	3		ST		
	Ezetimibe-Rosuvastatin Tablet 10-20 MG Oral	3		ST		
	Ezetimibe-Rosuvastatin Tablet 10-40 MG Oral	3		ST		

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Ezetimibe-Rosuvastatin Tablet 10-5 MG Oral	3		ST		
	Ezetimibe-Simvastatin Tablet 10-10 MG Oral	1				
	Ezetimibe-Simvastatin Tablet 10-20 MG Oral	1				
	Ezetimibe-Simvastatin Tablet 10-40 MG Oral	1				
	Ezetimibe-Simvastatin Tablet 10-80 MG Oral	1				
	Roszet Tablet 10-10 MG Oral	3		ST		
	Roszet Tablet 10-20 MG Oral	3		ST		
	Roszet Tablet 10-40 MG Oral	3		ST		
	Roszet Tablet 10-5 MG Oral	3		ST		
*Intestinal Cholesterol Absorption Inhibitors***	Ezetimibe Tablet 10 MG Oral	1				
*Microsomal Triglyceride Transfer Protein Inhibitors***	Juxtapid Capsule 10 MG Oral	4	PA			Non-Preferred Specialty
	Juxtapid Capsule 20 MG Oral	4	PA			Non-Preferred Specialty
	Juxtapid Capsule 30 MG Oral	4	PA			Non-Preferred Specialty
	Juxtapid Capsule 5 MG Oral	4	PA			Non-Preferred Specialty
*Nicotinic Acid Derivatives***	Niacin (Antihyperlipidemic) Tablet 500 MG Oral	1				
		3				
	Niacin ER (Antihyperlipidemic) Tablet Extended Release 1000 MG Oral	1				
	Niacin ER (Antihyperlipidemic) Tablet Extended Release 500 MG Oral	1				
	Niacin ER (Antihyperlipidemic) Tablet Extended Release 750 MG Oral	1				
	Niacor Tablet 500 MG Oral	3				
*PCSK9 Inhibitors***	Repatha Pushtronex System Solution Cartridge 420 MG/3.5ML Subcutaneous	2	PA		QL	
	Repatha Solution Prefilled Syringe 140 MG/ML Subcutaneous	2	PA		QL	
	Repatha SureClick Solution Auto-Injector 140 MG/ML Subcutaneous	2	PA		QL	
ANTIHYPERTENSIVES						
*ACE Inhibitor & Calcium Channel Blocker Combinations***	amLODIPine Besy-Benazepril HCl Capsule 10-20 MG Oral	1				
	amLODIPine Besy-Benazepril HCl Capsule 10-40 MG Oral	1				
	Amlodipine Besy-Benazepril HCl Capsule 2.5-10 MG Oral	1				
	amLODIPine Besy-Benazepril HCl Capsule 5-10 MG Oral	1				
	amLODIPine Besy-Benazepril HCl Capsule 5-20 MG Oral	1				
	amLODIPine Besy-Benazepril HCl Capsule 5-40 MG Oral	1				
	Prestalia Tablet 14-10 MG Oral	3				
	Prestalia Tablet 3.5-2.5 MG Oral	3				
	Prestalia Tablet 7-5 MG Oral	3				
*ACE Inhibitors & Thiazide/Thiazide-Like***	Accuretic Tablet 20-25 MG Oral	3				
	Benazepril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Benazepril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	1				
	Benazepril-hydroCHLOROthiazide Tablet 20-25 MG Oral	1				
	Benazepril-hydroCHLOROthiazide Tablet 5-6.25 MG Oral	1				
	Captopril-hydroCHLOROthiazide Tablet 25-15 MG Oral	3				
	Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral	3				
	Captopril-hydroCHLOROthiazide Tablet 50-15 MG Oral	3				
	Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral	3				
	Enalapril-Hydrochlorothiazide Tablet 10-25 MG Oral	1				
	Enalapril-Hydrochlorothiazide Tablet 5-12.5 MG Oral	1				
	Fosinopril Sodium-HCTZ Tablet 10-12.5 MG Oral	1				
	Fosinopril Sodium-HCTZ Tablet 20-12.5 MG Oral	1				
	Lisinopril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral	1				
	Lisinopril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	1				
	Lisinopril-hydroCHLOROthiazide Tablet 20-25 MG Oral	1				
	Quinapril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral	1				
	Quinapril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	1				
	Quinapril-hydroCHLOROthiazide Tablet 20-25 MG Oral	1				
*ACE Inhibitors***	Benazepril HCl Tablet 10 MG Oral	1				
	Benazepril HCl Tablet 20 MG Oral	1				
	Benazepril HCl Tablet 40 MG Oral	1				
	Benazepril HCl Tablet 5 MG Oral	1				
	Captopril Tablet 100 MG Oral	1				
	Captopril Tablet 12.5 MG Oral	1				
	Captopril Tablet 25 MG Oral	1				
	Captopril Tablet 50 MG Oral	1				
	Enalapril Maleate Solution 1 MG/ML Oral	1				
	Enalapril Maleate Tablet 10 MG Oral	1				
	Enalapril Maleate Tablet 2.5 MG Oral	1				
	Enalapril Maleate Tablet 20 MG Oral	1				
	Enalapril Maleate Tablet 5 MG Oral	1				
	Fosinopril Sodium Tablet 10 MG Oral	1				
	Fosinopril Sodium Tablet 20 MG Oral	1				
	Fosinopril Sodium Tablet 40 MG Oral	1				
	Lisinopril Tablet 10 MG Oral	1				
	Lisinopril Tablet 2.5 MG Oral	1				
	Lisinopril Tablet 20 MG Oral	1				
	Lisinopril Tablet 30 MG Oral	1				
	Lisinopril Tablet 40 MG Oral	1				
	Lisinopril Tablet 5 MG Oral	1				
	Moexipril HCl Tablet 15 MG Oral	1				
	Moexipril HCl Tablet 7.5 MG Oral	1				
	Perindopril Erbumine Tablet 2 MG Oral	1				
	Perindopril Erbumine Tablet 4 MG Oral	1				
	Perindopril Erbumine Tablet 8 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Qbrelis Solution 1 MG/ML Oral	3				
	Quinapril HCl Tablet 10 MG Oral	1				
	Quinapril HCl Tablet 20 MG Oral	1				
	Quinapril HCl Tablet 40 MG Oral	1				
	Quinapril HCl Tablet 5 MG Oral	1				
	Ramipril Capsule 1.25 MG Oral	1				
	Ramipril Capsule 10 MG Oral	1				
	Ramipril Capsule 2.5 MG Oral	1				
	Ramipril Capsule 5 MG Oral	1				
	Trandolapril Tablet 1 MG Oral	1				
	Trandolapril Tablet 2 MG Oral	1				
	Trandolapril Tablet 4 MG Oral	1				
*Agents for Pheochromocytoma***	metyroSINE Capsule 250 MG Oral	4	PA			Preferred Specialty
	Phenoxybenzamine HCl Capsule 10 MG Oral	4	PA			Preferred Specialty
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***	amLODIPine Besylate-Valsartan Tablet 10-160 MG Oral	1				
	amLODIPine Besylate-Valsartan Tablet 10-320 MG Oral	1				
	amLODIPine Besylate-Valsartan Tablet 5-160 MG Oral	1				
	amLODIPine Besylate-Valsartan Tablet 5-320 MG Oral	1				
	amLODIPine-Olmesartan Tablet 10-20 MG Oral	1				
	amLODIPine-Olmesartan Tablet 10-40 MG Oral	1				
	amLODIPine-Olmesartan Tablet 5-20 MG Oral	1				
	amLODIPine-Olmesartan Tablet 5-40 MG Oral	1				
	Telmisartan-amLODIPine Tablet 40-10 MG Oral	1				
	Telmisartan-amLODIPine Tablet 40-5 MG Oral	1				
	Telmisartan-amLODIPine Tablet 80-10 MG Oral	1				
	Telmisartan-amLODIPine Tablet 80-5 MG Oral	1				
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***	Candesartan Cilexetil-HCTZ Tablet 16-12.5 MG Oral	1		ST		
	Candesartan Cilexetil-HCTZ Tablet 32-12.5 MG Oral	1		ST		
	Candesartan Cilexetil-HCTZ Tablet 32-25 MG Oral	1		ST		
	Irbesartan-hydroCHLOROthiazide Tablet 150-12.5 MG Oral	1				
	Irbesartan-Hydrochlorothiazide Tablet 300-12.5 MG Oral	1				
	Losartan Potassium-HCTZ Tablet 100-12.5 MG Oral	1				
	Losartan Potassium-HCTZ Tablet 100-25 MG Oral	1				
	Losartan Potassium-HCTZ Tablet 50-12.5 MG Oral	1				
	Olmesartan Medoxomil-HCTZ Tablet 20-12.5 MG Oral	1				
	Olmesartan Medoxomil-HCTZ Tablet 40-12.5 MG Oral	1				
	Olmesartan Medoxomil-HCTZ Tablet 40-25 MG Oral	1				
	Valsartan-hydroCHLOROthiazide Tablet 160-12.5 MG Oral	1				
	Valsartan-hydroCHLOROthiazide Tablet 160-25 MG Oral	1				
	Valsartan-hydroCHLOROthiazide Tablet 320-12.5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Valsartan-hydroCHLOROthiazide Tablet 320-25 MG Oral	1				
	Valsartan-hydroCHLOROthiazide Tablet 80-12.5 MG Oral	1				
*Angiotensin II Receptor Antagonists***	Arbli Suspension 10 MG/ML Oral	3	PA			
	Candesartan Cilexetil Tablet 16 MG Oral	1				
	Candesartan Cilexetil Tablet 32 MG Oral	1				
	Candesartan Cilexetil Tablet 4 MG Oral	1				
	Candesartan Cilexetil Tablet 8 MG Oral	1				
	Irbesartan Tablet 150 MG Oral	1				
	Irbesartan Tablet 300 MG Oral	1				
	Irbesartan Tablet 75 MG Oral	1				
	Losartan Potassium Tablet 100 MG Oral	1				
	Losartan Potassium Tablet 25 MG Oral	1				
	Losartan Potassium Tablet 50 MG Oral	1				
	Olmesartan Medoxomil Tablet 20 MG Oral	1				
	Olmesartan Medoxomil Tablet 40 MG Oral	1				
	Olmesartan Medoxomil Tablet 5 MG Oral	1				
	Telmisartan Tablet 20 MG Oral	1				
	Telmisartan Tablet 40 MG Oral	1				
	Telmisartan Tablet 80 MG Oral	1				
	Valsartan Solution 4 MG/ML Oral	1				
		2				
	Valsartan Tablet 160 MG Oral	1				
	Valsartan Tablet 320 MG Oral	1				
	Valsartan Tablet 40 MG Oral	1				
	Valsartan Tablet 80 MG Oral	1				
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***	amLODIPine-Valsartan-HCTZ Tablet 10-160-12.5 MG Oral	1				
	amLODIPine-Valsartan-HCTZ Tablet 10-160-25 MG Oral	1				
	amLODIPine-Valsartan-HCTZ Tablet 10-320-25 MG Oral	1				
	amLODIPine-Valsartan-HCTZ Tablet 5-160-12.5 MG Oral	1				
	amLODIPine-Valsartan-HCTZ Tablet 5-160-25 MG Oral	1				
	Olmesartan-amLODIPine-HCTZ Tablet 20-5-12.5 MG Oral	1				
	Olmesartan-amLODIPine-HCTZ Tablet 40-10-12.5 MG Oral	1				
	Olmesartan-Amlodipine-HCTZ Tablet 40-10-25 MG Oral	1				
	Olmesartan-Amlodipine-HCTZ Tablet 40-5-12.5 MG Oral	1				
	Olmesartan-amLODIPine-HCTZ Tablet 40-5-25 MG Oral	1				
*Antiadrenergics - Centrally Acting***	cloNIDine HCl Tablet 0.1 MG Oral	1				
	cloNIDine HCl Tablet 0.2 MG Oral	1				
	cloNIDine HCl Tablet 0.3 MG Oral	1				
	cloNIDine Patch Weekly 0.1 MG/24HR Transdermal	1				
	cloNIDine Patch Weekly 0.2 MG/24HR Transdermal	1				
	cloNIDine Patch Weekly 0.3 MG/24HR Transdermal	1				
	guanFACINE HCl Tablet 1 MG Oral	1				
	guanFACINE HCl Tablet 2 MG Oral	1				
	Methyldopa Tablet 250 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Methyldopa Tablet 500 MG Oral	1				
		3				
*Antiadrenergics - Peripherally Acting***	Doxazosin Mesylate Tablet 1 MG Oral	1				
	Doxazosin Mesylate Tablet 2 MG Oral	1				
	Doxazosin Mesylate Tablet 4 MG Oral	1				
	Doxazosin Mesylate Tablet 8 MG Oral	1				
	Prazosin HCl Capsule 1 MG Oral	1				
	Prazosin HCl Capsule 2 MG Oral	1				
	Prazosin HCl Capsule 5 MG Oral	1				
	Terazosin HCl Capsule 1 MG Oral	1				
	Terazosin HCl Capsule 10 MG Oral	1				
	Terazosin HCl Capsule 2 MG Oral	1				
	Terazosin HCl Capsule 5 MG Oral	1				
	Tezruly Solution 1 MG/ML Oral	3	PA			
*Antihypertensives - Misc.***	Vecamyl Tablet 2.5 MG Oral	4	PA			Non-Preferred Specialty
*Beta Blocker & Diuretic Combinations***	Atenolol-Chlorthalidone Tablet 100-25 MG Oral	1				
	Atenolol-Chlorthalidone Tablet 50-25 MG Oral	1				
	Bisoprolol-hydroCHLOROthiazide Tablet 10-6.25 MG Oral	1				
	Bisoprolol-hydroCHLOROthiazide Tablet 2.5-6.25 MG Oral	1				
	Bisoprolol-hydroCHLOROthiazide Tablet 5-6.25 MG Oral	1				
	Dutoprol Tablet Extended Release 24 Hour 100-12.5 MG Oral	3				
	Dutoprol Tablet Extended Release 24 Hour 25-12.5 MG Oral	3				
	Dutoprol Tablet Extended Release 24 Hour 50-12.5 MG Oral	3				
	Metoprolol-hydroCHLOROthiazide Tablet 100-25 MG Oral	1				
	Metoprolol-hydroCHLOROthiazide Tablet 100-50 MG Oral	1				
	Metoprolol-hydroCHLOROthiazide Tablet 50-25 MG Oral	1				
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***	Tekturna HCT Tablet 150-12.5 MG Oral	3				
	Tekturna HCT Tablet 150-25 MG Oral	3				
	Tekturna HCT Tablet 300-12.5 MG Oral	3				
	Tekturna HCT Tablet 300-25 MG Oral	3				
*Direct Renin Inhibitors***	Aliskiren Fumarate Tablet 150 MG Oral	1				
	Aliskiren Fumarate Tablet 300 MG Oral	1				
*Endothelin Receptor Antagonists***	Tryvio Tablet 12.5 MG Oral	4	PA		QL	Non-Preferred Specialty
*Selective Aldosterone Receptor Antagonists (SARAs)***	Eplerenone Tablet 25 MG Oral	1				
	Eplerenone Tablet 50 MG Oral	1				
*Vasodilators***	hydrALAZINE HCl Tablet 10 MG Oral	1				
	hydrALAZINE HCl Tablet 100 MG Oral	1				
	hydrALAZINE HCl Tablet 25 MG Oral	1				
	hydrALAZINE HCl Tablet 50 MG Oral	1				
	Minoxidil Tablet 10 MG Oral	1				
	Minoxidil Tablet 2.5 MG Oral	1				
ANTI-INFECTIVE AGENTS - MISC.						
*Anti-infective Agents - Misc.***	Aemcolo Tablet Delayed Release 194 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	First-metroNIDAZOLE Suspension Reconstituted 50 MG/ML Oral	3				
	Impavido CAPSULE 50 MG ORAL	2	PA		QL	
	Likmez Suspension 500 MG/5ML Oral	3				
	metroNIDAZOLE Capsule 375 MG Oral	1				
	metroNIDAZOLE Solution 500 MG/100ML Intravenous	1				
		3				
	metroNIDAZOLE Tablet 250 MG Oral	1				
	metroNIDAZOLE Tablet 500 MG Oral	1				
	Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	1				
	Primsol Solution 50 MG/5ML Oral	3				
	Tinidazole Tablet 250 MG Oral	1				
	Tinidazole Tablet 500 MG Oral	1				
	Trimethoprim Tablet 100 MG Oral	1				
	Xifaxan Tablet 200 MG Oral	3	PA			
	Xifaxan Tablet 550 MG Oral	2	PA			
*Anti-infective Misc. - Combinations***	Sulfamethoxazole-Trimethoprim Suspension 200-40 MG/5ML Oral	1				
	Sulfamethoxazole-Trimethoprim Suspension 800-160 MG/20ML Oral	1				
	Sulfamethoxazole-Trimethoprim Tablet 400-80 MG Oral	1				
	Sulfamethoxazole-Trimethoprim Tablet 800-160 MG Oral	1				
	Sulfatrim Pediatric Suspension 200-40 MG/5ML Oral	1				
*Antiprotozoal Agents***	Alinia Suspension Reconstituted 100 MG/5ML Oral	2				
	Atovaquone Suspension 750 MG/5ML Oral	1				
	Lampit Tablet 120 MG Oral	3				
	Lampit Tablet 30 MG Oral	3				
	Nitazoxanide Tablet 500 MG Oral	1				
*Glycopeptides***	Firvanq Solution Reconstituted 25 MG/ML Oral	3				
	Firvanq Solution Reconstituted 50 MG/ML Oral	3				
	Vancomycin HCl Capsule 125 MG Oral	1				
	Vancomycin HCl Capsule 250 MG Oral	1				
	Vancomycin HCl in Dextrose Solution 1-5 GM/200ML-% Intravenous	3				
	Vancomycin HCl in Dextrose Solution 500-5 MG/100ML-% Intravenous	3				
	Vancomycin HCl in Dextrose Solution 750-5 MG/150ML-% Intravenous	3				
	Vancomycin HCl in NaCl Solution 1-0.9 GM/200ML-% Intravenous	3				
	Vancomycin HCl in NaCl Solution 500-0.9 MG/100ML-% Intravenous	3				
	Vancomycin HCl in NaCl Solution 750-0.9 MG/150ML-% Intravenous	3				
	Vancomycin HCl Solution 1000 MG/200ML Intravenous	3				
	Vancomycin HCl Solution 1250 MG/250ML Intravenous	3				
	Vancomycin HCl Solution 1500 MG/300ML Intravenous	3				
	Vancomycin HCl Solution 1750 MG/350ML Intravenous	3				
	Vancomycin HCl Solution 2000 MG/400ML Intravenous	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Vancomycin HCl Solution 500 MG/100ML Intravenous	3				
	Vancomycin HCl Solution 750 MG/150ML Intravenous	3				
	Vancomycin HCl Solution Reconstituted 1 GM Intravenous	1				
	Vancomycin HCl Solution Reconstituted 1.25 GM Intravenous	1				
		3				
	Vancomycin HCl Solution Reconstituted 1.5 GM Intravenous	1				
	Vancomycin HCl Solution Reconstituted 1.75 GM Intravenous	2				
	Vancomycin HCl Solution Reconstituted 10 GM Intravenous	1				
	Vancomycin HCl Solution Reconstituted 100 GM Intravenous	2				
	Vancomycin HCl Solution Reconstituted 2 GM Intravenous	2				
	Vancomycin HCl Solution Reconstituted 25 MG/ML Oral	1				
	Vancomycin HCl Solution Reconstituted 250 MG Intravenous	3				
	Vancomycin HCl Solution Reconstituted 250 MG/5ML Oral	1				
	Vancomycin HCl Solution Reconstituted 5 GM Intravenous	1				
	Vancomycin HCl Solution Reconstituted 50 MG/ML Oral	1				
	Vancomycin HCl Solution Reconstituted 500 MG Intravenous	1				
		2				
	Vancomycin HCl Solution Reconstituted 750 MG Intravenous	1				
*Leprostatics***	Dapsone Tablet 100 MG Oral	1				
	Dapsone Tablet 25 MG Oral	1				
*Lincosamides***	Clindamycin HCl Capsule 150 MG Oral	1				
	Clindamycin HCl Capsule 300 MG Oral	1				
	Clindamycin HCl Capsule 75 MG Oral	1				
	Clindamycin Palmitate HCl Solution Reconstituted 75 MG/5ML Oral	1				
*Monobactams***	Cayston Solution Reconstituted 75 MG Inhalation	4	PA		QL	Non-Preferred Specialty
*Oxazolidinones***	Linezolid Suspension Reconstituted 100 MG/5ML Oral	1				
	Linezolid Tablet 600 MG Oral	1				
	Sivextro Tablet 200 MG Oral	3	PA		QL	
*Penem Combinations**	Orlynvah Tablet 500-500 MG Oral	3	PA		QL	
*Pleuromutilins***	Xenleta Solution 150 MG/15ML Intravenous	3			QL	
	Xenleta Tablet 600 MG Oral	3			QL	
*Urinary Anti-infectives***	Fosfomycin Tromethamine Packet 3 GM Oral	1				
	Methenamine Hippurate Tablet 1 GM Oral	1				
	Nitrofurantoin Macrocrystal Capsule 100 MG Oral	1				
	Nitrofurantoin Macrocrystal Capsule 25 MG Oral	1				
	Nitrofurantoin Macrocrystal Capsule 50 MG Oral	1				
	Nitrofurantoin Monohyd Macro Capsule 100 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Nitrofurantoin Suspension 25 MG/5ML Oral	1				
	Nitrofurantoin Suspension 50 MG/10ML Oral	1				
	Nitrofurantoin Suspension 50 MG/5ML Oral	3				
*Urinary Antiseptic-Antispasmodic &/or Analgesics***	Phosphasal Tablet 81.6 MG Oral	1				
	Urelle Tablet 81 MG Oral	1				
	Uretron D/S Tablet 81.6 MG Oral	1				
	Urin DS Tablet 81.6 MG Oral	1				
	Uro-458 Tablet 81 MG Oral	1				
	Urogesic-Blue Tablet 81.6 MG Oral	3				
	Uro-MP Capsule 118 MG Oral	1				
	Utira-C Tablet 81.6 MG Oral	1				
ANTIMALARIALS						
*Antimalarial Combinations***	Atovaquone-Proguanil HCl Tablet 250-100 MG Oral	1				
	Atovaquone-Proguanil HCl TABLET 62.5-25 MG Oral	1				
	Coartem Tablet 20-120 MG Oral	3				
*Antimalarials***	Arakoda Tablet 100 MG Oral	3				
	Chloroquine Phosphate Tablet 250 MG Oral	1				
	Chloroquine Phosphate Tablet 500 MG Oral	1				
	Hydroxychloroquine Sulfate Tablet 100 MG Oral	1				
	Hydroxychloroquine Sulfate Tablet 200 MG Oral	1				
	Hydroxychloroquine Sulfate Tablet 300 MG Oral	1				
	Hydroxychloroquine Sulfate Tablet 400 MG Oral	1				
	Krintafel Tablet 150 MG Oral	3				
	Mefloquine HCl Tablet 250 MG Oral	1				
	Primaquine Phosphate Tablet 26.3 (15 Base) MG Oral	1				
	Pyrimethamine Tablet 25 MG Oral	4	PA			Preferred Specialty
	QuiNINE Sulfate Capsule 324 MG Oral	1				
ANTIMYASTHENIC/CHOLINERGIC AGENTS						
*Antimyasthenic/Cholinergic Agents***	Firdapse Tablet 10 MG Oral	4	PA			Non-Preferred Specialty
	Guanidine HCl Tablet 125 MG Oral	3				
	Pyridostigmine Bromide ER Tablet Extended Release 180 MG Oral	1				
	pyRIDostigmine Bromide Solution 60 MG/5ML Oral	1				
	Pyridostigmine Bromide Tablet 30 MG Oral	3				
	pyRIDostigmine Bromide Tablet 60 MG Oral	1				
ANTIMYCOBACTERIAL AGENTS						
*Antimycobacterial Agents***	cycloSERINE Capsule 250 MG Oral	1				
	Ethambutol HCl Tablet 100 MG Oral	1				
	Ethambutol HCl Tablet 400 MG Oral	1				
	Isoniazid Syrup 50 MG/5ML Oral	1				
	Isoniazid Tablet 100 MG Oral	1				
	Isoniazid Tablet 300 MG Oral	1				
	Paser Packet 4 GM Oral	3				
	Pretomanid Tablet 200 MG Oral	3			QL	
	Priftin Tablet 150 MG Oral	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Pyrazinamide Tablet 500 MG Oral	1				
	Rifabutin Capsule 150 MG Oral	1				
	rifAMPin Capsule 150 MG Oral	1				
	rifAMPin Capsule 300 MG Oral	1				
	Sirturo TABLET 100 MG ORAL	4	PA			Non-Preferred Specialty
	Sirturo Tablet 20 MG Oral	4	PA			Non-Preferred Specialty
	Trecator Tablet 250 MG Oral	3				
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES						
*Alkylating Agents***	Myleran Tablet 2 MG Oral	4	PA			Preferred Specialty
*Androgen Biosynthesis Inhibitors***	Abiraterone Acetate Tablet 250 MG Oral	4	PA			Preferred Specialty
	Abiraterone Acetate Tablet 500 MG Oral	4	PA			Preferred Specialty
	Abirtega Tablet 250 MG Oral	4	PA			Preferred Specialty
	Yonsa Tablet 125 MG Oral	4	PA			Preferred Specialty
*Antiadrenals***	Lysodren Tablet 500 MG Oral	4	PA			Preferred Specialty
*Antiandrogens***	Bicalutamide Tablet 50 MG Oral	1				
	Erleada Tablet 240 MG Oral	4	PA			Preferred Specialty
	Erleada TABLET 60 MG Oral	4	PA			Preferred Specialty
	Eulexin Capsule 125 MG Oral	3				
	Flutamide Capsule 125 MG Oral	1				
	Nilutamide Tablet 150 MG Oral	4	PA			Preferred Specialty
	Nubeqa Tablet 300 MG Oral	4	PA			Preferred Specialty
	Xtandi CAPSULE 40 MG ORAL	4	PA			Preferred Specialty
	Xtandi Tablet 40 MG Oral	4	PA			Preferred Specialty
	Xtandi Tablet 80 MG Oral	4	PA			Preferred Specialty
*Antiestrogens***	Soltamox Solution 10 MG/5ML Oral	2				
	Tamoxifen Citrate Tablet 10 MG Oral	1				
	Tamoxifen Citrate Tablet 20 MG Oral	1				
	Toremifene Citrate Tablet 60 MG Oral	1				
*Antimetabolites***	Capecitabine Tablet 150 MG Oral	4	PA			Preferred Specialty
	Capecitabine Tablet 500 MG Oral	4	PA			Preferred Specialty
	Jylamvo Solution 2 MG/ML Oral	3				
	Mercaptopurine Suspension 2000 MG/100ML Oral	4		ST		Preferred Specialty
	Mercaptopurine Tablet 50 MG Oral	1				
	Methotrexate Sodium (PF) Solution 1 GM/40ML Injection	1				
	Methotrexate Sodium (PF) Solution 1000 MG/40ML Injection	1				
	Methotrexate Sodium (PF) Solution 250 MG/10ML Injection	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Methotrexate Sodium (PF) Solution 50 MG/2ML Injection	1				
	Methotrexate Sodium SOLUTION 250 MG/10ML INJECTION	1				
	Methotrexate Sodium Solution 50 MG/2ML Injection	1				
		3				
	Methotrexate Sodium Solution Reconstituted 1 GM Injection	1				
	Methotrexate Sodium Tablet 2.5 MG Oral	1				
	Onureg Tablet 200 MG Oral	4	PA			Non-Preferred Specialty
	Onureg Tablet 300 MG Oral	4	PA			Non-Preferred Specialty
	Tabloid Tablet 40 MG Oral	4	PA			Preferred Specialty
	Trexall TABLET 10 MG ORAL	3				
	Trexall TABLET 15 MG ORAL	3				
	Trexall TABLET 5 MG ORAL	3				
	Trexall TABLET 7.5 MG ORAL	3				
	Xatmep Solution 2.5 MG/ML Oral	3				
*Antineoplastic - AKT Inhibitors***	Truqap Tablet 160 MG Oral	4	PA			Non-Preferred Specialty
	Truqap Tablet 200 MG Oral	4	PA			Non-Preferred Specialty
	Truqap Tablet Therapy Pack 160 MG Oral	4	PA			Non-Preferred Specialty
	Truqap Tablet Therapy Pack 200 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - ALK Inhibitors***	Alecensa Capsule 150 MG Oral	4	PA			Preferred Specialty
	Alunbrig Tablet 180 MG Oral	4	PA			Preferred Specialty
	Alunbrig Tablet 30 MG Oral	4	PA			Preferred Specialty
	Alunbrig Tablet 90 MG Oral	4	PA			Preferred Specialty
	Alunbrig Tablet Therapy Pack 90 & 180 MG Oral	4	PA			Preferred Specialty
	Lorbrena Tablet 100 MG Oral	4	PA			Non-Preferred Specialty
	Lorbrena Tablet 25 MG Oral	4	PA			Non-Preferred Specialty
	Xalkori Capsule 200 MG Oral	4	PA			Preferred Specialty
	Xalkori Capsule 250 MG Oral	4	PA			Preferred Specialty
	Xalkori Capsule Sprinkle 150 MG Oral	4	PA			Preferred Specialty
	Xalkori Capsule Sprinkle 20 MG Oral	4	PA			Preferred Specialty
	Xalkori Capsule Sprinkle 50 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Zykadia Tablet 150 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - Anti-CD20 Antibodies***	Riabni Solution 100 MG/10ML Intravenous	4	PA			Non-Preferred Specialty
	Riabni Solution 500 MG/50ML Intravenous	4	PA			Non-Preferred Specialty
	Rituxan Solution 100 MG/10ML Intravenous	4	PA			Non-Preferred Specialty
	Rituxan Solution 500 MG/50ML Intravenous	4	PA			Non-Preferred Specialty
*Antineoplastic - Anti-CTLA-4 Antibodies***	Yervoy Solution 200 MG/40ML Intravenous	4	PA			Non-Preferred Specialty
	Yervoy Solution 50 MG/10ML Intravenous	4	PA			Non-Preferred Specialty
*Antineoplastic - Anti-HER2 Agents***	Hernexeos Tablet 60 MG Oral	4	PA		QL	Non-Preferred Specialty
	Tukysa Tablet 150 MG Oral	4	PA			Non-Preferred Specialty
	Tukysa Tablet 50 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - Anti-PD-1 Antibodies***	Opdivo Solution 100 MG/10ML Intravenous	4	PA			Non-Preferred Specialty
	Opdivo Solution 120 MG/12ML Intravenous	4	PA			Non-Preferred Specialty
	Opdivo Solution 240 MG/24ML Intravenous	4	PA			Non-Preferred Specialty
	Opdivo Solution 40 MG/4ML Intravenous	4	PA			Non-Preferred Specialty
*Antineoplastic - BCL-2 Inhibitors***	Venclexta Starting Pack Tablet Therapy Pack 10 & 50 & 100 MG Oral	4	PA			Preferred Specialty
	Venclexta TABLET 10 MG ORAL	4	PA			Preferred Specialty
	Venclexta Tablet 100 MG Oral	4	PA			Preferred Specialty
	Venclexta TABLET 50 MG ORAL	4	PA			Preferred Specialty
*Antineoplastic - BCR-ABL Kinase Inhibitors***	Bosulif Capsule 100 MG Oral	4	PA			Preferred Specialty
	Bosulif Capsule 50 MG Oral	4	PA			Preferred Specialty
	Bosulif Tablet 100 MG Oral	4	PA			Preferred Specialty
	Bosulif Tablet 400 MG Oral	4	PA			Preferred Specialty
	Bosulif Tablet 500 MG Oral	4	PA			Preferred Specialty
	Danziten Tablet 71 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Danziten Tablet 95 MG Oral	4	PA			Preferred Specialty
	Dasatinib Tablet 100 MG Oral	4	PA			Preferred Specialty
	Dasatinib Tablet 140 MG Oral	4	PA			Preferred Specialty
	Dasatinib Tablet 20 MG Oral	4	PA			Preferred Specialty
	Dasatinib Tablet 50 MG Oral	4	PA			Preferred Specialty
	Dasatinib Tablet 70 MG Oral	4	PA			Preferred Specialty
	Dasatinib Tablet 80 MG Oral	4	PA			Preferred Specialty
	Iclusig Tablet 10 MG Oral	4	PA			Preferred Specialty
	Iclusig Tablet 15 MG Oral	4	PA			Preferred Specialty
	Iclusig Tablet 30 MG Oral	4	PA			Preferred Specialty
	Iclusig Tablet 45 MG Oral	4	PA			Preferred Specialty
	Imatinib Mesylate Tablet 100 MG Oral	4	PA			Preferred Specialty
	Imatinib Mesylate Tablet 400 MG Oral	4	PA			Preferred Specialty
	Imkeldi Solution 80 MG/ML Oral	4	PA			Non-Preferred Specialty
	Nilotinib HCl Capsule 150 MG Oral	4	PA			Preferred Specialty
	Nilotinib HCl Capsule 200 MG Oral	4	PA			Preferred Specialty
	Nilotinib HCl Capsule 50 MG Oral	4	PA			Preferred Specialty
	Scemblix Tablet 100 MG Oral	4	PA			Preferred Specialty
	Scemblix Tablet 20 MG Oral	4	PA			Preferred Specialty
	Scemblix Tablet 40 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - BRAF Kinase Inhibitors***	Braftovi Capsule 75 MG Oral	4	PA			Non-Preferred Specialty
	Ojemda Suspension Reconstituted 25 MG/ML Oral	4	PA			Non-Preferred Specialty
	Ojemda Tablet 100 MG Oral	4	PA			Non-Preferred Specialty
	Tafinlar Capsule 50 MG Oral	4	PA			Preferred Specialty
	Tafinlar Capsule 75 MG Oral	4	PA			Preferred Specialty
	Tafinlar Tablet Soluble 10 MG Oral	4	PA			Preferred Specialty
	Zelboraf Tablet 240 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - BTK Inhibitors***	Brukinsa Capsule 80 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Brukinsa Tablet 160 MG Oral	4	PA			Preferred Specialty
	Calquence Capsule 100 MG Oral	4	PA			Preferred Specialty
	Calquence Tablet 100 MG Oral	4	PA			Preferred Specialty
	Imbruvica Capsule 140 MG Oral	4	PA			Preferred Specialty
	Imbruvica Capsule 70 MG Oral	4	PA			Preferred Specialty
	Imbruvica Suspension 70 MG/ML Oral	4	PA			Preferred Specialty
	Imbruvica Tablet 140 MG Oral	4	PA			Preferred Specialty
	Imbruvica Tablet 280 MG Oral	4	PA			Preferred Specialty
	Imbruvica Tablet 420 MG Oral	4	PA			Preferred Specialty
	Imbruvica Tablet 560 MG Oral	4	PA			Preferred Specialty
	Jaypirca Tablet 100 MG Oral	4	PA			Non-Preferred Specialty
	Jaypirca Tablet 50 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - CSF1R Kinase Inhibitors***	Romvimza Capsule 14 MG Oral	4	PA		QL	Non-Preferred Specialty
	Romvimza Capsule 20 MG Oral	4	PA		QL	Non-Preferred Specialty
	Romvimza Capsule 30 MG Oral	4	PA		QL	Non-Preferred Specialty
*Antineoplastic - EGFR Inhibitors***	Erlotinib HCl Tablet 100 MG Oral	4	PA			Preferred Specialty
	Erlotinib HCl Tablet 150 MG Oral	4	PA			Preferred Specialty
	Erlotinib HCl Tablet 25 MG Oral	4	PA			Preferred Specialty
	Gefitinib Tablet 250 MG Oral	4	PA			Preferred Specialty
	Gilotrif Tablet 20 MG Oral	4	PA			Preferred Specialty
	Gilotrif Tablet 30 MG Oral	4	PA			Preferred Specialty
	Gilotrif Tablet 40 MG Oral	4	PA			Preferred Specialty
	Iressa Tablet 250 MG Oral	4	PA			Preferred Specialty
	Lazcluze Tablet 240 MG Oral	4	PA			Non-Preferred Specialty
	Lazcluze Tablet 80 MG Oral	4	PA			Non-Preferred Specialty
	Tagrisso Tablet 40 MG Oral	4	PA			Preferred Specialty
	Tagrisso Tablet 80 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Vizimpro Tablet 15 MG Oral	4	PA			Non-Preferred Specialty
	Vizimpro Tablet 30 MG Oral	4	PA			Non-Preferred Specialty
	Vizimpro Tablet 45 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - FGFR Kinase Inhibitors***	Balversa Tablet 3 MG Oral	4	PA			Non-Preferred Specialty
	Balversa Tablet 4 MG Oral	4	PA			Non-Preferred Specialty
	Balversa Tablet 5 MG Oral	4	PA			Non-Preferred Specialty
	Lytgobi (12 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	4	PA			Non-Preferred Specialty
	Lytgobi (16 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	4	PA			Non-Preferred Specialty
	Lytgobi (20 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	4	PA			Non-Preferred Specialty
	Pemazyre Tablet 13.5 MG Oral	4	PA			Non-Preferred Specialty
	Pemazyre Tablet 4.5 MG Oral	4	PA			Non-Preferred Specialty
	Pemazyre Tablet 9 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - Gamma Secretase Inhibitors***	Ogsiveo Tablet 100 MG Oral	4	PA			Non-Preferred Specialty
	Ogsiveo Tablet 150 MG Oral	4	PA			Non-Preferred Specialty
	Ogsiveo Tablet 50 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - Hedgehog Pathway Inhibitors***	Daurismo Tablet 100 MG Oral	4	PA			Non-Preferred Specialty
	Daurismo Tablet 25 MG Oral	4	PA			Non-Preferred Specialty
	Erivedge CAPSULE 150 MG ORAL	4	PA			Preferred Specialty
	Odomzo Capsule 200 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - HIF-2-alpha Inhibitors***	Welireg Tablet 40 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - Histone Deacetylase Inhibitors***	Zolinza CAPSULE 100 MG ORAL	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Antineoplastic - Immunomodulators***	Pomalyst CAPSULE 1 MG ORAL	4	PA			Preferred Specialty
	Pomalyst CAPSULE 2 MG ORAL	4	PA			Preferred Specialty
	Pomalyst CAPSULE 3 MG ORAL	4	PA			Preferred Specialty
	Pomalyst CAPSULE 4 MG ORAL	4	PA			Preferred Specialty
*Antineoplastic - KRAS Inhibitors***	Krazati Tablet 200 MG Oral	4	PA			Preferred Specialty
	Lumakras Tablet 120 MG Oral	4	PA			Preferred Specialty
	Lumakras Tablet 240 MG Oral	4	PA			Preferred Specialty
	Lumakras Tablet 320 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - MEK Inhibitors***	Cotellic TABLET 20 MG ORAL	4	PA			Preferred Specialty
	Gomekli Capsule 1 MG Oral	4	PA			Non-Preferred Specialty
	Gomekli Capsule 2 MG Oral	4	PA			Non-Preferred Specialty
	Gomekli Tablet Soluble 1 MG Oral	4	PA			Non-Preferred Specialty
	Koselugo Capsule 10 MG Oral	4	PA			Non-Preferred Specialty
	Koselugo Capsule 25 MG Oral	4	PA			Non-Preferred Specialty
	Mekinist Solution Reconstituted 0.05 MG/ML Oral	4	PA			Preferred Specialty
	Mekinist Tablet 0.5 MG Oral	4	PA			Preferred Specialty
	Mekinist Tablet 2 MG Oral	4	PA			Preferred Specialty
	Mektovi Tablet 15 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - Menin Inhibitors***	Revuforj Tablet 110 MG Oral	4	PA			Non-Preferred Specialty
	Revuforj Tablet 160 MG Oral	4	PA			Non-Preferred Specialty
	Revuforj Tablet 25 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - MET Inhibitors***	Tabrecta Tablet 150 MG Oral	4	PA			Preferred Specialty
	Tabrecta Tablet 200 MG Oral	4	PA			Preferred Specialty
	Tepmetko Tablet 225 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - Methyltransferase Inhibitors***	Tazverik Tablet 200 MG Oral	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Antineoplastic - mTOR Kinase Inhibitors***	Everolimus Tablet 10 MG Oral	4	PA			Preferred Specialty
	Everolimus Tablet 2.5 MG Oral	4	PA			Preferred Specialty
	Everolimus Tablet 5 MG Oral	4	PA			Preferred Specialty
	Everolimus Tablet 7.5 MG Oral	4	PA			Preferred Specialty
	Everolimus Tablet Soluble 2 MG Oral	4	PA			Preferred Specialty
	Everolimus Tablet Soluble 3 MG Oral	4	PA			Preferred Specialty
	Everolimus Tablet Soluble 5 MG Oral	4	PA			Preferred Specialty
	Torpenz Tablet 10 MG Oral	4	PA			Preferred Specialty
	Torpenz Tablet 2.5 MG Oral	4	PA			Preferred Specialty
	Torpenz Tablet 5 MG Oral	4	PA			Preferred Specialty
	Torpenz Tablet 7.5 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - Multikinase Inhibitors***	Cabometyx Tablet 20 MG Oral	4	PA			Preferred Specialty
	Cabometyx Tablet 40 MG Oral	4	PA			Preferred Specialty
	Cabometyx Tablet 60 MG Oral	4	PA			Preferred Specialty
	Caprelsa Tablet 100 MG Oral	4	PA			Preferred Specialty
	Caprelsa Tablet 300 MG Oral	4	PA			Preferred Specialty
	Cometriq (100 MG Daily Dose) Kit 80 & 20 MG Oral	4	PA			Preferred Specialty
	Cometriq (140 MG Daily Dose) Kit 3 x 20 MG & 80 MG Oral	4	PA			Preferred Specialty
	Cometriq (60 MG Daily Dose) Kit 20 MG Oral	4	PA			Preferred Specialty
	Ensacove Capsule 100 MG Oral	4	PA			Non-Preferred Specialty
	Ensacove Capsule 25 MG Oral	4	PA			Non-Preferred Specialty
	Fotivda Capsule 0.89 MG Oral	4	PA			Non-Preferred Specialty
	Fotivda Capsule 1.34 MG Oral	4	PA			Non-Preferred Specialty
	Lapatinib Ditosylate Tablet 250 MG Oral	4	PA			Preferred Specialty
	Nerlynx Tablet 40 MG Oral	4	PA			Non-Preferred Specialty
	PAZOPanib HCl Tablet 200 MG Oral	4	PA			Preferred Specialty
	Qinlock Tablet 50 MG Oral	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Rydapt CAPSULE 25 MG Oral	4	PA			Preferred Specialty
	SORAfenib Tosylate Tablet 200 MG Oral	4	PA			Preferred Specialty
	Stivarga Tablet 40 MG Oral	4	PA			Preferred Specialty
	SUNItinib Malate Capsule 12.5 MG Oral	4	PA			Preferred Specialty
	SUNItinib Malate Capsule 25 MG Oral	4	PA			Preferred Specialty
	SUNItinib Malate Capsule 37.5 MG Oral	4	PA			Preferred Specialty
	SUNItinib Malate Capsule 50 MG Oral	4	PA			Preferred Specialty
	Turalio Capsule 125 MG Oral	4	PA		QL	Non-Preferred Specialty
	Turalio Capsule 200 MG Oral	4	PA		QL	Non-Preferred Specialty
	Vanflyta Tablet 17.7 MG Oral	4	PA			Non-Preferred Specialty
	Vanflyta Tablet 26.5 MG Oral	4	PA			Non-Preferred Specialty
	Xospata Tablet 40 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic - PDGFR-alpha Inhibitors***	Ayvakit Tablet 100 MG Oral	4	PA			Preferred Specialty
	Ayvakit Tablet 200 MG Oral	4	PA			Preferred Specialty
	Ayvakit Tablet 25 MG Oral	4	PA			Preferred Specialty
	Ayvakit Tablet 300 MG Oral	4	PA			Preferred Specialty
	Ayvakit Tablet 50 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - Protease Activators***	Modeyso Capsule 125 MG Oral	4	PA		QL	Non-Preferred Specialty
*Antineoplastic - Proteasome Inhibitors***	Ninlaro Capsule 2.3 MG Oral	4	PA			Preferred Specialty
	Ninlaro Capsule 3 MG Oral	4	PA			Preferred Specialty
	Ninlaro Capsule 4 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - RET Inhibitors***	Gavreto Capsule 100 MG Oral	4	PA			Non-Preferred Specialty
	Retevmo Capsule 40 MG Oral	4	PA			Preferred Specialty
	Retevmo Capsule 80 MG Oral	4	PA			Preferred Specialty
	Retevmo Tablet 120 MG Oral	4	PA			Preferred Specialty
	Retevmo Tablet 160 MG Oral	4	PA			Preferred Specialty
	Retevmo Tablet 40 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Retevmo Tablet 80 MG Oral	4	PA			Preferred Specialty
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***	Augtyro Capsule 160 MG Oral	4	PA			Preferred Specialty
	Augtyro Capsule 40 MG Oral	4	PA			Preferred Specialty
	Ibtrozi Capsule 200 MG Oral	3	PA			
	Rozlytrek Capsule 100 MG Oral	4	PA			Preferred Specialty
	Rozlytrek Capsule 200 MG Oral	4	PA			Preferred Specialty
	Rozlytrek Packet 50 MG Oral	4	PA			Preferred Specialty
	Vitrakvi Capsule 100 MG Oral	4	PA			Preferred Specialty
	Vitrakvi Capsule 25 MG Oral	4	PA			Preferred Specialty
	Vitrakvi Solution 20 MG/ML Oral	4	PA			Preferred Specialty
*Antineoplastic - XPO1 Inhibitors***	Xpovio (100 MG Once Weekly) Tablet Therapy Pack 50 MG Oral	4	PA			Non-Preferred Specialty
	Xpovio (40 MG Once Weekly) Tablet Therapy Pack 10 MG Oral	4	PA			Non-Preferred Specialty
	Xpovio (40 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	4	PA			Non-Preferred Specialty
	Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral	4	PA			Non-Preferred Specialty
	Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral	4	PA			Non-Preferred Specialty
	Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	4	PA			Non-Preferred Specialty
	Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	4	PA			Non-Preferred Specialty
	Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	4	PA			Non-Preferred Specialty
*Antineoplastic Combinations***	Avmapki Fakzynja Co-Pack Therapy Pack 0.8 & 200 MG Oral	4	PA			Non-Preferred Specialty
	Inqovi Tablet 35-100 MG Oral	4	PA			Non-Preferred Specialty
	Kisqali Femara (200 MG Dose) Tablet Therapy Pack 200 & 2.5 MG Oral	4	PA			Preferred Specialty
	Kisqali Femara (400 MG Dose) Tablet Therapy Pack 200 & 2.5 MG Oral	4	PA			Preferred Specialty
	Kisqali Femara (600 MG Dose) Tablet Therapy Pack 200 & 2.5 MG Oral	4	PA			Preferred Specialty
	Lonsurf TABLET 15-6.14 MG ORAL	4	PA			Preferred Specialty
	Lonsurf TABLET 20-8.19 MG ORAL	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Rituxan Hycela SOLUTION 1400-23400 MG - UT/11.7ML Subcutaneous	4	PA			Non-Preferred Specialty
	Rituxan Hycela SOLUTION 1600-26800 MG - UT/13.4ML Subcutaneous	4	PA			Non-Preferred Specialty
*Antineoplastics - Photoactivated Agents***	Uvadex Solution 20 MCG/ML Extracorporeal	3	PA			
*Antineoplastics Misc.***	Actimmune Solution 100 MCG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hydroxyurea Capsule 500 MG Oral	1				
	Intron A Solution 10000000 UNIT/ML Injection	4	PA			Preferred Specialty
	Intron A Solution 6000000 UNIT/ML Injection	4	PA			Preferred Specialty
	Intron A Solution Reconstituted 10000000 UNIT Injection	4	PA			Preferred Specialty
	Intron A Solution Reconstituted 18000000 UNIT Injection	4	PA			Preferred Specialty
	Intron A Solution Reconstituted 50000000 UNIT Injection	4	PA			Preferred Specialty
	Matulane Capsule 50 MG Oral	4	PA			Preferred Specialty
	Synribo Solution Reconstituted 3.5 MG Subcutaneous	4	PA			Preferred Specialty
*Aromatase Inhibitors***	Anastrozole Tablet 1 MG Oral	1				
	Exemestane Tablet 25 MG Oral	1				
	Letrozole Tablet 2.5 MG Oral	1				
*Cyclin-Dependent Kinases (CDK) Inhibitors***	Ibrance CAPSULE 100 MG ORAL	4	PA			Preferred Specialty
	Ibrance CAPSULE 125 MG ORAL	4	PA			Preferred Specialty
	Ibrance CAPSULE 75 MG ORAL	4	PA			Preferred Specialty
	Ibrance Tablet 100 MG Oral	4	PA			Preferred Specialty
	Ibrance Tablet 125 MG Oral	4	PA			Preferred Specialty
	Ibrance Tablet 75 MG Oral	4	PA			Preferred Specialty
	Kisqali (200 MG Dose) Tablet Therapy Pack 200 MG Oral	4	PA			Preferred Specialty
	Kisqali (400 MG Dose) Tablet Therapy Pack 200 MG Oral	4	PA			Preferred Specialty
	Kisqali (600 MG Dose) Tablet Therapy Pack 200 MG Oral	4	PA			Preferred Specialty
	Verzenio TABLET 100 MG Oral	4	PA			Preferred Specialty
	Verzenio TABLET 150 MG Oral	4	PA			Preferred Specialty
	Verzenio TABLET 200 MG Oral	4	PA			Preferred Specialty
	Verzenio TABLET 50 MG Oral	4	PA			Preferred Specialty
*Estrogen Receptor Antagonist***	Faslodex Solution Prefilled Syringe 250 MG/5ML Intramuscular	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Fulvestrant Solution Prefilled Syringe 250 MG/5ML Intramuscular	4	PA			Preferred Specialty
		4	PA			Preferred Specialty
*Estrogens-Antineoplastic***	Emcyt Capsule 140 MG Oral	4	PA			Preferred Specialty
*Folic Acid Antagonists Rescue Agents***	Leucovorin Calcium Tablet 15 MG Oral	1				
	Leucovorin Calcium Tablet 25 MG Oral	1				
	Leucovorin Calcium Tablet 5 MG Oral	1				
*Gonadotropin Releasing Hormone (GnRH) Antagonists***	Firmagon (240 MG Dose) Solution Reconstituted 120 MG/VIAL Subcutaneous	4	PA			Non-Preferred Specialty
	Firmagon Solution Reconstituted 80 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Orgovyx Tablet 120 MG Oral	4	PA		QL	Non-Preferred Specialty
*Imidazotetrazines***	Temozolomide Capsule 100 MG Oral	4	PA			Preferred Specialty
	Temozolomide Capsule 140 MG Oral	4	PA			Preferred Specialty
	Temozolomide Capsule 180 MG Oral	4	PA			Preferred Specialty
	Temozolomide Capsule 20 MG Oral	4	PA			Preferred Specialty
	Temozolomide Capsule 250 MG Oral	4	PA			Preferred Specialty
	Temozolomide Capsule 5 MG Oral	4	PA			Preferred Specialty
*Isocitrate Dehydrogenase 1 & 2 (IDH1 & IDH2) Inhibitors***	Voranigo Tablet 10 MG Oral	4	PA			Non-Preferred Specialty
	Voranigo Tablet 40 MG Oral	4	PA			Non-Preferred Specialty
*Isocitrate Dehydrogenase-1 (IDH1) Inhibitors***	Rezlidhia Capsule 150 MG Oral	4	PA			Non-Preferred Specialty
	Tibsovo Tablet 250 MG Oral	4	PA			Non-Preferred Specialty
*Isocitrate Dehydrogenase-2 (IDH2) Inhibitors***	IDHIFA Tablet 100 MG Oral	4	PA			Non-Preferred Specialty
	IDHIFA Tablet 50 MG Oral	4	PA			Non-Preferred Specialty
*Janus Associated Kinase (JAK) Inhibitors***	Inrebic Capsule 100 MG Oral	4	PA			Non-Preferred Specialty
	Jakafi TABLET 10 MG ORAL	4	PA			Preferred Specialty
	Jakafi TABLET 15 MG ORAL	4	PA			Preferred Specialty
	Jakafi TABLET 20 MG ORAL	4	PA			Preferred Specialty
	Jakafi TABLET 25 MG ORAL	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Jakafi TABLET 5 MG ORAL	4	PA			Preferred Specialty
	Ojjaara Tablet 100 MG Oral	4	PA			Non-Preferred Specialty
	Ojjaara Tablet 150 MG Oral	4	PA			Non-Preferred Specialty
	Ojjaara Tablet 200 MG Oral	4	PA			Non-Preferred Specialty
	Vonjo Capsule 100 MG Oral	4	PA			Non-Preferred Specialty
*LHRH Analogs***	Eligard Kit 22.5 MG Subcutaneous	4	PA		QL	Preferred Specialty
	Eligard Kit 30 MG Subcutaneous	4	PA		QL	Preferred Specialty
	Eligard Kit 45 MG Subcutaneous	4	PA		QL	Preferred Specialty
	Eligard Kit 7.5 MG Subcutaneous	4	PA		QL	Preferred Specialty
	Leuprolide Acetate (3 Month) Injectable 22.5 MG Intramuscular	4	PA		QL	Preferred Specialty
	Leuprolide Acetate Kit 1 MG/0.2ML Injection	4	PA		QL	Preferred Specialty
	Lupron Depot (1-Month) KIT 3.75 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot (1-Month) KIT 7.5 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot (3-Month) KIT 11.25 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot (3-Month) KIT 22.5 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot (4-Month) KIT 30 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot (6-Month) KIT 45 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lutrate Depot Injectable 22.5 MG Intramuscular	4	PA		QL	Preferred Specialty
	Trelstar Mixject Suspension Reconstituted 11.25 MG Intramuscular	4	PA			Non-Preferred Specialty
	Trelstar Mixject Suspension Reconstituted 22.5 MG Intramuscular	4	PA			Non-Preferred Specialty
	Trelstar Mixject Suspension Reconstituted 3.75 MG Intramuscular	4	PA			Non-Preferred Specialty
	Vantas Kit 50 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Zoladex Implant 10.8 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Zoladex Implant 3.6 MG Subcutaneous	4	PA			Non-Preferred Specialty
*Mitotic Inhibitors***	Etoposide Capsule 50 MG Oral	2	PA			
*Nitrogen Mustards and Related Analogues***	Cyclophosphamide Capsule 25 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Cyclophosphamide Capsule 50 MG Oral	1				
	cycloPHOSphamide Solution 1 GM/5ML Intravenous	4	PA			Non-Preferred Specialty
	cycloPHOSphamide Solution 1000 MG/10ML Intravenous	4	PA			Non-Preferred Specialty
	cycloPHOSphamide Solution 2 GM/10ML Intravenous	4	PA			Non-Preferred Specialty
	cycloPHOSphamide Solution 2000 MG/20ML Intravenous	4	PA			Non-Preferred Specialty
	cycloPHOSphamide Solution 500 MG/2.5ML Intravenous	4	PA			Non-Preferred Specialty
	cycloPHOSphamide Solution 500 MG/5ML Intravenous	4	PA			Non-Preferred Specialty
	Cyclophosphamide Solution Reconstituted 1 GM Injection	4	PA			Preferred Specialty
	Cyclophosphamide Solution Reconstituted 2 GM Injection	4	PA			Preferred Specialty
	Cyclophosphamide Solution Reconstituted 500 MG Injection	4	PA			Preferred Specialty
	cycloPHOSphamide Tablet 25 MG Oral	2				
	Cyclophosphamide Tablet 50 MG Oral	2				
	Leukeran Tablet 2 MG Oral	4	PA			Preferred Specialty
	Melphalan Tablet 2 MG Oral	1	PA			
*Nitrosoureas***	Gleostine CAPSULE 10 MG ORAL	4	PA			Preferred Specialty
	Gleostine CAPSULE 100 MG ORAL	4	PA			Preferred Specialty
	Gleostine CAPSULE 40 MG ORAL	4	PA			Preferred Specialty
*Ornithine Decarboxylase (ODC) Inhibitors***	Iwilfin Tablet 192 MG Oral	4	PA			Non-Preferred Specialty
*Phosphatidylinositol 3-Kinase (PI3K) Inhibitors***	Copiktra Capsule 15 MG Oral	4	PA			Non-Preferred Specialty
	Copiktra Capsule 25 MG Oral	4	PA			Non-Preferred Specialty
	Itovebi Tablet 3 MG Oral	4	PA			Preferred Specialty
	Itovebi Tablet 9 MG Oral	4	PA			Preferred Specialty
	Piqray (200 MG Daily Dose) Tablet Therapy Pack 200 MG Oral	4	PA			Preferred Specialty
	Piqray (250 MG Daily Dose) Tablet Therapy Pack 200 & 50 MG Oral	4	PA			Preferred Specialty
	Piqray (300 MG Daily Dose) Tablet Therapy Pack 2 x 150 MG Oral	4	PA			Preferred Specialty
	Zydelig TABLET 100 MG ORAL	4	PA			Preferred Specialty
	Zydelig TABLET 150 MG ORAL	4	PA			Preferred Specialty
*Poly (ADP-ribose) Polymerase (PARP) Inhibitors***	Lynparza Tablet 100 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Lynparza Tablet 150 MG Oral	4	PA			Preferred Specialty
	Rubraca Tablet 200 MG Oral	4	PA			Preferred Specialty
	Rubraca Tablet 250 MG Oral	4	PA			Preferred Specialty
	Rubraca Tablet 300 MG Oral	4	PA			Preferred Specialty
	Talzenna Capsule 0.1 MG Oral	4	PA			Preferred Specialty
	Talzenna Capsule 0.25 MG Oral	4	PA			Preferred Specialty
	Talzenna Capsule 0.35 MG Oral	4	PA			Preferred Specialty
	Talzenna Capsule 0.5 MG Oral	4	PA			Preferred Specialty
	Talzenna Capsule 0.75 MG Oral	4	PA			Preferred Specialty
	Talzenna Capsule 1 MG Oral	4	PA			Preferred Specialty
	Zejula Capsule 100 MG Oral	4	PA			Preferred Specialty
	Zejula Tablet 100 MG Oral	4	PA			Preferred Specialty
	Zejula Tablet 200 MG Oral	4	PA			Preferred Specialty
	Zejula Tablet 300 MG Oral	4	PA			Preferred Specialty
*Progestins-Antineoplastic***	HYDROXYprogesterone Caproate Solution 1.25 GM/5ML Intramuscular	4	PA			Preferred Specialty
	Megestrol Acetate Suspension 40 MG/ML Oral	1				
	Megestrol Acetate Suspension 400 MG/10ML Oral	1				
	Megestrol Acetate Suspension 800 MG/20ML Oral	1				
	Megestrol Acetate Tablet 20 MG Oral	1				
	Megestrol Acetate Tablet 40 MG Oral	1				
*Retinoids***	Tretinoin Capsule 10 MG Oral	4	PA			Preferred Specialty
*Selective Estrogen Receptor Degraders***	Orserdu Tablet 345 MG Oral	4	PA			Non-Preferred Specialty
	Orserdu Tablet 86 MG Oral	4	PA			Non-Preferred Specialty
*Selective Retinoid X Receptor Agonists***	Bexarotene Capsule 75 MG Oral	4	PA			Preferred Specialty
*Topoisomerase I Inhibitors***	Hycamtin Capsule 0.25 MG Oral	4	PA			Preferred Specialty
	Hycamtin Capsule 1 MG Oral	4	PA			Preferred Specialty
*Urinary Tract Protective Agents***	Mesna Tablet 400 MG Oral	1				
*Vascular Endothelial Growth Factor (VEGF) Inhibitors***	Fruzaqla Capsule 1 MG Oral	4	PA			Non-Preferred Specialty
	Fruzaqla Capsule 5 MG Oral	4	PA			Non-Preferred Specialty
	Inlyta Tablet 1 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Inlyta Tablet 5 MG Oral	4	PA			Preferred Specialty
	Lenvima (10 MG Daily Dose) Capsule Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
	Lenvima (12 MG Daily Dose) Capsule Therapy Pack 3 x 4 MG Oral	4	PA			Preferred Specialty
	Lenvima (14 MG Daily Dose) Capsule Therapy Pack 10 & 4 MG Oral	4	PA			Preferred Specialty
	Lenvima (18 MG Daily Dose) Capsule Therapy Pack 10 MG & 2 x 4 MG Oral	4	PA			Preferred Specialty
	Lenvima (20 MG Daily Dose) Capsule Therapy Pack 2 x 10 MG Oral	4	PA			Preferred Specialty
	Lenvima (24 MG Daily Dose) Capsule Therapy Pack 2 x 10 MG & 4 MG Oral	4	PA			Preferred Specialty
	Lenvima (4 MG Daily Dose) Capsule Therapy Pack 4 MG Oral	4	PA			Preferred Specialty
	Lenvima (8 MG Daily Dose) Capsule Therapy Pack 2 x 4 MG Oral	4	PA			Preferred Specialty
ANTIPARKINSON AND RELATED THERAPY AGENTS						
*Adenosine Receptor Antagonist***	Nourianz Tablet 20 MG Oral	3			QL	
	Nourianz Tablet 40 MG Oral	3			QL	
*Antiparkinson Anticholinergics***	Benztropine Mesylate Tablet 0.5 MG Oral	1				
	Benztropine Mesylate Tablet 1 MG Oral	1				
	Benztropine Mesylate Tablet 2 MG Oral	1				
	Trihexyphenidyl HCl Solution 0.4 MG/ML Oral	1				
	Trihexyphenidyl HCl Tablet 2 MG Oral	1				
	Trihexyphenidyl HCl Tablet 5 MG Oral	1				
*Antiparkinson Dopaminergics***	Amantadine HCl Capsule 100 MG Oral	1				
	Amantadine HCl Solution 50 MG/5ML Oral	1				
	Amantadine HCl Tablet 100 MG Oral	1				
	Bromocriptine Mesylate Capsule 5 MG Oral	1				
	Bromocriptine Mesylate Tablet 2.5 MG Oral	1				
	Gocovri Capsule Extended Release 24 Hour 137 MG Oral	3			QL	
	Gocovri Capsule Extended Release 24 Hour 68.5 MG Oral	3			QL	
	Inbrija Capsule 42 MG Inhalation	4	PA		QL	Preferred Specialty
	Osmolex ER Tablet ER 24 Hour Therapy Pack 129 & 193 MG Oral	3			QL	
	Osmolex ER Tablet Extended Release 24 Hour 129 MG Oral	3			QL	
	Osmolex ER Tablet Extended Release 24 Hour 193 MG Oral	3			QL	
	Osmolex ER Tablet Extended Release 24 Hour 258 MG Oral	3			QL	
*Antiparkinson Monoamine Oxidase Inhibitors***	Rasagiline Mesylate Tablet 0.5 MG Oral	1				
	Rasagiline Mesylate Tablet 1 MG Oral	1				
	Selegiline HCl Capsule 5 MG Oral	1				
	Selegiline HCl Tablet 5 MG Oral	1				
	Xadago Tablet 100 MG Oral	3				
	Xadago Tablet 50 MG Oral	3				
	Zelapar Tablet Dispersible 1.25 MG Oral	3				
*Central/Peripheral COMT Inhibitors***	Tolcapone Tablet 100 MG Oral	1	PA			
*Decarboxylase Inhibitors***	Carbidopa Tablet 25 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Levodopa Combinations***	Carbidopa-Levodopa ER Tablet Extended Release 25-100 MG Oral	1				
	Carbidopa-Levodopa ER Tablet Extended Release 50-200 MG Oral	1				
	Carbidopa-Levodopa Tablet 10-100 MG Oral	1				
	Carbidopa-Levodopa Tablet 25-100 MG Oral	1				
	Carbidopa-Levodopa Tablet 25-250 MG Oral	1				
	Carbidopa-Levodopa Tablet Dispersible 10-100 MG Oral	1				
	Carbidopa-Levodopa Tablet Dispersible 25-100 MG Oral	1				
	Carbidopa-Levodopa Tablet Dispersible 25-250 MG Oral	1				
	Carbidopa-Levodopa-Entacapone Tablet 12.5-50-200 MG Oral	1				
		3				
	Carbidopa-Levodopa-Entacapone Tablet 18.75-75-200 MG Oral	1				
		3				
	Carbidopa-Levodopa-Entacapone Tablet 25-100-200 MG Oral	1				
	Carbidopa-Levodopa-Entacapone Tablet 31.25-125-200 MG Oral	1				
	Carbidopa-Levodopa-Entacapone Tablet 37.5-150-200 MG Oral	1				
		3				
	Carbidopa-Levodopa-Entacapone Tablet 50-200-200 MG Oral	1				
	Duopa SUSPENSION 4.63-20 MG/ML Enteral	3	PA			
	Rytary Capsule Extended Release 23.75-95 MG Oral	3		ST		
	Rytary Capsule Extended Release 36.25-145 MG Oral	3		ST		
	Rytary Capsule Extended Release 48.75-195 MG Oral	3		ST		
	Rytary Capsule Extended Release 61.25-245 MG Oral	3		ST		
	Stalevo 125 Tablet 31.25-125-200 MG Oral	3				
	Stalevo 150 Tablet 37.5-150-200 MG Oral	3				
	Stalevo 200 Tablet 50-200-200 MG Oral	3				
	Stalevo 50 Tablet 12.5-50-200 MG Oral	3				
	Stalevo 75 Tablet 18.75-75-200 MG Oral	3				
	Vyalev Solution 12-240 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
*Nonergoline Dopamine Receptor Agonists***	Apokyn Solution Cartridge 30 MG/3ML Subcutaneous	4	PA			Non-Preferred Specialty
	Apomorphine HCl Solution Cartridge 30 MG/3ML Subcutaneous	4	PA			Preferred Specialty
	Kynmobi Film 10 MG Sublingual	2				
	Kynmobi Film 15 MG Sublingual	2				
	Kynmobi Film 20 MG Sublingual	2				
	Kynmobi Film 25 MG Sublingual	2				
	Kynmobi Film 30 MG Sublingual	2				
	Neupro Patch 24 Hour 1 MG/24HR Transdermal	3				
	Neupro Patch 24 Hour 2 MG/24HR Transdermal	3				
	Neupro Patch 24 Hour 3 MG/24HR Transdermal	3				
	Neupro Patch 24 Hour 4 MG/24HR Transdermal	3				
	Neupro Patch 24 Hour 6 MG/24HR Transdermal	3				
	Neupro Patch 24 Hour 8 MG/24HR Transdermal	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Onapgo Solution Cartridge 98 MG/20ML Subcutaneous	4	PA			Non-Preferred Specialty
	Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.375 MG Oral	1				
	Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 0.75 MG Oral	1				
	Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 1.5 MG Oral	1				
	Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 2.25 MG Oral	1				
	Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3 MG Oral	1				
	Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 3.75 MG Oral	1				
	Pramipexole Dihydrochloride ER Tablet Extended Release 24 Hour 4.5 MG Oral	1				
	Pramipexole Dihydrochloride Tablet 0.125 MG Oral	1				
	Pramipexole Dihydrochloride Tablet 0.25 MG Oral	1				
	Pramipexole Dihydrochloride Tablet 0.5 MG Oral	1				
	Pramipexole Dihydrochloride Tablet 0.75 MG Oral	1				
	Pramipexole Dihydrochloride Tablet 1 MG Oral	1				
	Pramipexole Dihydrochloride Tablet 1.5 MG Oral	1				
	rOPINIRole HCl ER Tablet Extended Release 24 Hour 12 MG Oral	1				
	rOPINIRole HCl ER Tablet Extended Release 24 Hour 2 MG Oral	1				
	rOPINIRole HCl ER Tablet Extended Release 24 Hour 4 MG Oral	1				
	rOPINIRole HCl ER Tablet Extended Release 24 Hour 6 MG Oral	1				
	rOPINIRole HCl ER Tablet Extended Release 24 Hour 8 MG Oral	1				
	rOPINIRole HCl Tablet 0.25 MG Oral	1				
	rOPINIRole HCl Tablet 0.5 MG Oral	1				
	rOPINIRole HCl Tablet 1 MG Oral	1				
	rOPINIRole HCl Tablet 2 MG Oral	1				
	rOPINIRole HCl Tablet 2 MG Oral	1				
	rOPINIRole HCl Tablet 3 MG Oral	1				
	rOPINIRole HCl Tablet 4 MG Oral	1				
	rOPINIRole HCl Tablet 5 MG Oral	1				
*Peripheral COMT Inhibitors***	Entacapone Tablet 200 MG Oral	1				
	Ongentys Capsule 25 MG Oral	3			QL	
	Ongentys Capsule 50 MG Oral	3			QL	
ANTIPSYCHOTICS/ANTIMANIC AGENTS						
*Antimanic Agents***	Lithium Carbonate Capsule 150 MG Oral	1				
	Lithium Carbonate Capsule 300 MG Oral	1				
	Lithium Carbonate Capsule 600 MG Oral	1				
	Lithium Carbonate ER Tablet Extended Release 300 MG Oral	1				
	Lithium Carbonate ER Tablet Extended Release 450 MG Oral	1				
	Lithium Carbonate Tablet 300 MG Oral	1				
	Lithium Solution 8 MEQ/5ML Oral	1				
	Lithobid Tablet Extended Release 300 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Antipsychotics - Misc.***	Equetro Capsule Extended Release 12 Hour 100 MG Oral	3				
	Equetro Capsule Extended Release 12 Hour 200 MG Oral	3				
	Equetro Capsule Extended Release 12 Hour 300 MG Oral	3				
	Geodon Solution Reconstituted 20 MG Intramuscular	3				
	Lurasidone HCl Tablet 120 MG Oral	1				
	Lurasidone HCl Tablet 20 MG Oral	1				
	Lurasidone HCl Tablet 40 MG Oral	1				
	Lurasidone HCl Tablet 60 MG Oral	1				
	Lurasidone HCl Tablet 80 MG Oral	1				
	Nuplazid Capsule 34 MG Oral	4	PA			Non-Preferred Specialty
	Nuplazid Tablet 10 MG Oral	4	PA			Non-Preferred Specialty
	Vraylar CAPSULE 1.5 MG Oral	3		ST		
	Vraylar CAPSULE 3 MG Oral	3		ST		
	Vraylar CAPSULE 4.5 MG Oral	3		ST		
	Vraylar CAPSULE 6 MG Oral	3		ST		
	Vraylar Capsule Therapy Pack 1.5 & 3 MG Oral	3		ST		
	Ziprasidone HCl Capsule 20 MG Oral	1				
	Ziprasidone HCl Capsule 40 MG Oral	1				
	Ziprasidone HCl Capsule 60 MG Oral	1				
	Ziprasidone HCl Capsule 80 MG Oral	1				
	Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	1				
*Benzisoxazoles***	Erzofri Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	3			QL	
	Erzofri Suspension Prefilled Syringe 156 MG/ML Intramuscular	3			QL	
	Erzofri Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	3			QL	
	Erzofri Suspension Prefilled Syringe 351 MG/2.25ML Intramuscular	3			QL	
	Erzofri Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	3			QL	
	Erzofri Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	3			QL	
	Fanapt Tablet 1 MG Oral	3		ST		
	Fanapt Tablet 10 MG Oral	3		ST		
	Fanapt Tablet 12 MG Oral	3		ST		
	Fanapt Tablet 2 MG Oral	3		ST		
	Fanapt Tablet 4 MG Oral	3		ST		
	Fanapt Tablet 6 MG Oral	3		ST		
	Fanapt Tablet 8 MG Oral	3		ST		
	Fanapt Titration Pack A Tablet 1 & 2 & 4 & 6 MG Oral	3		ST		
	Fanapt Titration Pack B Tablet 1 & 2 & 6 & 8 MG Oral	3		ST	QL	
	Fanapt Titration Pack C Tablet 1 & 2 & 6 MG Oral	3		ST	QL	
	Invega Hafyera Suspension Prefilled Syringe 1092 MG/3.5ML Intramuscular	2				
	Invega Hafyera Suspension Prefilled Syringe 1560 MG/5ML Intramuscular	2				
	Invega Sustenna Suspension Prefilled Syringe 117 MG/0.75ML Intramuscular	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Invega Sustenna Suspension Prefilled Syringe 156 MG/ML Intramuscular	2				
	Invega Sustenna Suspension Prefilled Syringe 234 MG/1.5ML Intramuscular	2				
	Invega Sustenna Suspension Prefilled Syringe 39 MG/0.25ML Intramuscular	2				
	Invega Sustenna Suspension Prefilled Syringe 78 MG/0.5ML Intramuscular	2				
	Invega Trinza Suspension Prefilled Syringe 273 MG/0.88ML Intramuscular	2				
	Invega Trinza Suspension Prefilled Syringe 410 MG/1.32ML Intramuscular	2				
	Invega Trinza Suspension Prefilled Syringe 546 MG/1.75ML Intramuscular	2				
	Invega Trinza Suspension Prefilled Syringe 819 MG/2.63ML Intramuscular	2				
	Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral	1				
	Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral	1				
	Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral	1				
	Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral	1				
	Perseris Prefilled Syringe 120 MG Subcutaneous	2				
	Perseris Prefilled Syringe 90 MG Subcutaneous	2				
	risperiDONE Microspheres ER Suspension Reconstituted ER 12.5 MG Intramuscular	1				
	risperiDONE Microspheres ER Suspension Reconstituted ER 25 MG Intramuscular	1				
	risperiDONE Microspheres ER Suspension Reconstituted ER 37.5 MG Intramuscular	1				
	risperiDONE Microspheres ER Suspension Reconstituted ER 50 MG Intramuscular	1				
	risperiDONE Solution 1 MG/ML Oral	1				
	risperiDONE Tablet 0.25 MG Oral	1				
	risperiDONE Tablet 0.5 MG Oral	1				
	risperiDONE Tablet 1 MG Oral	1				
	risperiDONE Tablet 2 MG Oral	1				
	risperiDONE Tablet 3 MG Oral	1				
	risperiDONE Tablet 4 MG Oral	1				
	risperiDONE Tablet Dispersible 0.25 MG Oral	1		ST		
	RisperiDONE Tablet Dispersible 0.5 MG Oral	1				
	risperiDONE Tablet Dispersible 1 MG Oral	1				
	risperiDONE Tablet Dispersible 2 MG Oral	1				
	risperiDONE Tablet Dispersible 3 MG Oral	1				
	RisperiDONE Tablet Dispersible 4 MG Oral	1				
	Rykindo Suspension Reconstituted ER 25 MG Intramuscular	2				
	Rykindo Suspension Reconstituted ER 37.5 MG Intramuscular	2				
	Rykindo Suspension Reconstituted ER 50 MG Intramuscular	2				
	Uzedy Suspension Prefilled Syringe 100 MG/0.28ML Subcutaneous	2				
	Uzedy Suspension Prefilled Syringe 125 MG/0.35ML Subcutaneous	2				
	Uzedy Suspension Prefilled Syringe 150 MG/0.42ML Subcutaneous	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Uzedy Suspension Prefilled Syringe 200 MG/0.56ML Subcutaneous	2				
	Uzedy Suspension Prefilled Syringe 250 MG/0.7ML Subcutaneous	2				
	Uzedy Suspension Prefilled Syringe 50 MG/0.14ML Subcutaneous	2				
	Uzedy Suspension Prefilled Syringe 75 MG/0.21ML Subcutaneous	2				
*Butyrophenones***	Haldol Decanoate SOLUTION 100 MG/ML Intramuscular	3				
	Haldol Decanoate Solution 50 MG/ML Intramuscular	3				
	Haldol Solution 5 MG/ML Injection	3				
	Haloperidol Decanoate Solution 100 MG/ML Intramuscular	1				
	Haloperidol Decanoate Solution 50 MG/ML Intramuscular	1				
	Haloperidol Lactate Concentrate 2 MG/ML Oral	1				
	Haloperidol Lactate Solution 5 MG/ML Injection	1				
	Haloperidol Tablet 0.5 MG Oral	1				
	Haloperidol Tablet 1 MG Oral	1				
	Haloperidol Tablet 10 MG Oral	1				
	Haloperidol Tablet 2 MG Oral	1				
	Haloperidol Tablet 20 MG Oral	1				
	Haloperidol Tablet 5 MG Oral	1				
*Dibenzodiazepines***	cloZAPine Tablet 100 MG Oral	1				
	cloZAPine Tablet 200 MG Oral	1				
	cloZAPine Tablet 25 MG Oral	1				
	cloZAPine Tablet 50 MG Oral	1				
	CloZAPine Tablet Dispersible 100 MG Oral	1				
	cloZAPine Tablet Dispersible 12.5 MG Oral	1		ST		
	cloZAPine Tablet Dispersible 150 MG Oral	1				
		3		ST		
	cloZAPine Tablet Dispersible 200 MG Oral	1				
	CloZAPine Tablet Dispersible 25 MG Oral	1				
	Versacloz Suspension 50 MG/ML Oral	3		ST		
*Dibenzo-oxepino Pyrroles***	Asenapine Maleate Tablet Sublingual 10 MG Sublingual	1				
	Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual	1				
	Asenapine Maleate Tablet Sublingual 5 MG Sublingual	1				
	Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	3		ST	QL	
	Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	3		ST	QL	
	Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	3		ST	QL	
*Dibenzothiazepines***	QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 150 MG Oral	1				
	QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 200 MG Oral	1				
	QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 300 MG Oral	1				
	QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 400 MG Oral	1				
	QUEtiapine Fumarate ER Tablet Extended Release 24 Hour 50 MG Oral	1				
	QUEtiapine Fumarate Tablet 100 MG Oral	1				
	QUEtiapine Fumarate Tablet 200 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	QUEtiapine Fumarate Tablet 25 MG Oral	1				
	QUEtiapine Fumarate Tablet 300 MG Oral	1				
	QUEtiapine Fumarate Tablet 400 MG Oral	1				
	QUEtiapine Fumarate Tablet 50 MG Oral	1				
*Dibenzoxazepines***	Loxapine Succinate Capsule 10 MG Oral	1				
	Loxapine Succinate Capsule 25 MG Oral	1				
	Loxapine Succinate Capsule 5 MG Oral	1				
	Loxapine Succinate Capsule 50 MG Oral	1				
*Dihydroindolones***	Molindone HCl Tablet 10 MG Oral	3				
	Molindone HCl Tablet 25 MG Oral	3				
	Molindone HCl Tablet 5 MG Oral	3				
*Muscarinic Agent - Combinations***	Cobenfy Capsule 100-20 MG Oral	3		ST		
	Cobenfy Capsule 125-30 MG Oral	3		ST		
	Cobenfy Capsule 50-20 MG Oral	3		ST		
	Cobenfy Starter Pack Capsule Therapy Pack 50-20 & 100-20 MG Oral	3		ST		
*Phenothiazines***	chlorproMAZINE HCl Concentrate 100 MG/ML Oral	1				
	chlorproMAZINE HCl Concentrate 30 MG/ML Oral	1				
	chlorproMAZINE HCl Solution 25 MG/ML Injection	1				
	chlorproMAZINE HCl Solution 50 MG/2ML Injection	1				
		2				
	chlorproMAZINE HCl Tablet 10 MG Oral	1				
	chlorproMAZINE HCl Tablet 100 MG Oral	1				
	chlorproMAZINE HCl Tablet 200 MG Oral	1				
	chlorproMAZINE HCl Tablet 25 MG Oral	1				
	chlorproMAZINE HCl Tablet 50 MG Oral	1				
	Compro Suppository 25 MG Rectal	1				
	fluPHENAZine Decanoate Solution 25 MG/ML Injection	1				
	FluPHENAZine HCl Concentrate 5 MG/ML Oral	3				
	FluPHENAZine HCl Elixir 2.5 MG/5ML Oral	3				
	FluPHENAZine HCl SOLUTION 2.5 MG/ML INJECTION	2				
	fluPHENAZine HCl Tablet 1 MG Oral	1				
	fluPHENAZine HCl Tablet 10 MG Oral	1				
	fluPHENAZine HCl Tablet 2.5 MG Oral	1				
	fluPHENAZine HCl Tablet 5 MG Oral	1				
	fluPHENAZine HCl Tablet 5 MG Oral	1				
	Perphenazine Tablet 16 MG Oral	1				
	Perphenazine Tablet 2 MG Oral	1				
	Perphenazine Tablet 4 MG Oral	1				
	Perphenazine Tablet 8 MG Oral	1				
	Prochlorperazine Edisylate Solution 10 MG/2ML Injection	1				
	Prochlorperazine Edisylate Solution 50 MG/10ML Injection	2				
	Prochlorperazine Maleate Tablet 10 MG Oral	1				
	Prochlorperazine Maleate Tablet 5 MG Oral	1				
	Prochlorperazine Suppository 25 MG Rectal	1				
	Trifluoperazine HCl Tablet 1 MG Oral	1				
	Trifluoperazine HCl Tablet 10 MG Oral	1				
	Trifluoperazine HCl Tablet 2 MG Oral	1				
	Trifluoperazine HCl Tablet 5 MG Oral	1				
*Quinolinone Derivatives***	Abilify Asimtufii Prefilled Syringe 720 MG/2.4ML Intramuscular	2				
	Abilify Asimtufii Prefilled Syringe 960 MG/3.2ML Intramuscular	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Abilify Maintena Prefilled Syringe 300 MG Intramuscular	2				
	Abilify Maintena Prefilled Syringe 400 MG Intramuscular	2				
	Abilify Maintena Suspension Reconstituted ER 300 MG Intramuscular	2				
	Abilify Maintena Suspension Reconstituted ER 400 MG Intramuscular	2				
	ARIPiprazole Solution 1 MG/ML Oral	1				
	ARIPiprazole Tablet 10 MG Oral	1				
	ARIPiprazole Tablet 15 MG Oral	1				
	ARIPiprazole Tablet 2 MG Oral	1				
	ARIPiprazole Tablet 20 MG Oral	1				
	ARIPiprazole Tablet 30 MG Oral	1				
	ARIPiprazole Tablet 5 MG Oral	1				
	ARIPiprazole Tablet Dispersible 10 MG Oral	1				
	ARIPiprazole Tablet Dispersible 15 MG Oral	1				
	Aristada Initio Prefilled Syringe 675 MG/2.4ML Intramuscular	2				
	Aristada Prefilled Syringe 1064 MG/3.9ML Intramuscular	2				
	Aristada Prefilled Syringe 441 MG/1.6ML Intramuscular	2				
	Aristada Prefilled Syringe 662 MG/2.4ML Intramuscular	2				
	Aristada Prefilled Syringe 882 MG/3.2ML Intramuscular	2				
	Opipza Film 10 MG Oral	3		ST		
	Opipza Film 2 MG Oral	3		ST		
	Opipza Film 5 MG Oral	3		ST		
	Rexulti TABLET 0.25 MG ORAL	2				
	Rexulti TABLET 0.5 MG ORAL	2				
	Rexulti TABLET 1 MG ORAL	2				
	Rexulti TABLET 2 MG ORAL	2				
	Rexulti TABLET 3 MG ORAL	2				
	Rexulti TABLET 4 MG ORAL	2				
*Thienbenzodiazepines***	OLANZapine Solution Reconstituted 10 MG Intramuscular	1				
	OLANZapine Tablet 10 MG Oral	1				
	OLANZapine Tablet 15 MG Oral	1				
	OLANZapine Tablet 2.5 MG Oral	1				
	OLANZapine Tablet 20 MG Oral	1				
	OLANZapine Tablet 5 MG Oral	1				
	OLANZapine Tablet 7.5 MG Oral	1				
	OLANZapine Tablet Dispersible 10 MG Oral	1				
	OLANZapine Tablet Dispersible 15 MG Oral	1				
	OLANZapine Tablet Dispersible 20 MG Oral	1				
	OLANZapine Tablet Dispersible 5 MG Oral	1				
	ZyPREXA Relprevv Suspension Reconstituted 210 MG Intramuscular	3				
	ZyPREXA Relprevv Suspension Reconstituted 300 MG Intramuscular	3				
	ZyPREXA Relprevv Suspension Reconstituted 405 MG Intramuscular	3				
	ZyPREXA SOLUTION RECONSTITUTED 10 MG Intramuscular	3				
*Thioxanthenes***	Thiothixene Capsule 1 MG Oral	1				
	Thiothixene Capsule 10 MG Oral	1				
	Thiothixene Capsule 2 MG Oral	1				
	Thiothixene Capsule 5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
ANTIVIRALS						
*Antiretroviral Combinations***	Abacavir Sulfate-lamiVUDine Tablet 600-300 MG Oral	1			QL	
	Abacavir-lamiVUDine-Zidovudine Tablet 300-150-300 MG Oral	1			QL	
	Biktarvy Tablet 30-120-15 MG Oral	2			QL	
	Biktarvy Tablet 50-200-25 MG Oral	2			QL	
	Cabenuva Suspension Extended Release 400 & 600 MG/2ML Intramuscular	3				
	Cabenuva Suspension Extended Release 600 & 900 MG/3ML Intramuscular	3				
	Cimduo Tablet 300-300 MG Oral	2			QL	
	Delstrigo Tablet 100-300-300 MG Oral	2			QL	
	Descovy Tablet 120-15 MG Oral	2			QL	
	Descovy Tablet 200-25 MG Oral	2			QL	
	Dovato Tablet 50-300 MG Oral	2			QL	
	Efavirenz-Emtricitab-Tenofo DF Tablet 600-200-300 MG Oral	1			QL	
	Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	1			QL	
	Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	1			QL	
	Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral	1			QL	
	Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral	1			QL	
	Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral	1			QL	
	Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	1			QL	
	Emtricitab-Rilpivir-Tenofov DF Tablet 200-25-300 MG Oral	1			QL	
	Evotaz Tablet 300-150 MG Oral	2			QL	
	Genvoya Tablet 150-150-200-10 MG Oral	2			QL	
	Juluca TABLET 50-25 MG Oral	2			QL	
	lamiVUDine-Zidovudine Tablet 150-300 MG Oral	1			QL	
	Lopinavir-Ritonavir Solution 400-100 MG/5ML Oral	1				
	Lopinavir-Ritonavir Tablet 100-25 MG Oral	1			QL	
	Lopinavir-Ritonavir Tablet 200-50 MG Oral	1			QL	
	Odefsey Tablet 200-25-25 MG Oral	2			QL	
	Prezcobix Tablet 675-150 MG Oral	2			QL	
	Prezcobix Tablet 800-150 MG Oral	2			QL	
	Stribild Tablet 150-150-200-300 MG Oral	3			QL	
	Symtuza Tablet 800-150-200-10 MG Oral	2			QL	
	Temixys Tablet 300-300 MG Oral	2			QL	
	Triumeq PD Tablet Soluble 60-5-30 MG Oral	2			QL	
	Triumeq Tablet 600-50-300 MG Oral	2			QL	
	Trizivir Tablet 300-150-300 MG Oral	3			QL	
*Antiretrovirals - Capsid Inhibitors***	Sunlenca Solution 463.5 MG/1.5ML Subcutaneous	3	PA			
	Sunlenca Tablet 300 MG Oral	3	PA			
	Sunlenca Tablet Therapy Pack 4 x 300 MG Oral	3	PA			
	Sunlenca Tablet Therapy Pack 5 x 300 MG Oral	3	PA			
	Yeztugo Solution 463.5 MG/1.5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Yeztugo Tablet 300 MG Oral	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Antiretrovirals - CCR5 Antagonists (Entry Inhibitor)***	Maraviroc Tablet 150 MG Oral	1			QL	
	Maraviroc Tablet 300 MG Oral	1			QL	
	Selzentry Solution 20 MG/ML Oral	3				
	Selzentry Tablet 25 MG Oral	3			QL	
	Selzentry Tablet 75 MG Oral	3			QL	
*Antiretrovirals - Fusion Inhibitors***	Fuzeon SOLUTION RECONSTITUTED 90 MG Subcutaneous	3			QL	
*Antiretrovirals - gp120-Directed Attachment Inhibitor***	Rukobia Tablet Extended Release 12 Hour 600 MG Oral	3	PA		QL	
*Antiretrovirals - Integrase Inhibitors***	Apretude Suspension Extended Release 600 MG/3ML Intramuscular	3			QL	
	Isentress HD TABLET 600 MG Oral	2			QL	
	Isentress Packet 100 MG Oral	2			QL	
	Isentress Tablet 400 MG Oral	2			QL	
	Isentress TABLET CHEWABLE 100 MG ORAL	2			QL	
	Isentress TABLET CHEWABLE 25 MG ORAL	2			QL	
	Tivicay PD Tablet Soluble 5 MG Oral	2			QL	
	Tivicay Tablet 10 MG Oral	2			QL	
	Tivicay Tablet 25 MG Oral	2			QL	
	Tivicay Tablet 50 MG Oral	2			QL	
*Antiretrovirals - Protease Inhibitors***	Aptivus Capsule 250 MG Oral	3			QL	
	Atazanavir Sulfate Capsule 150 MG Oral	1			QL	
	Atazanavir Sulfate Capsule 200 MG Oral	1			QL	
	Atazanavir Sulfate Capsule 300 MG Oral	1			QL	
	Crixivan Capsule 400 MG Oral	3			QL	
	Darunavir Tablet 600 MG Oral	1			QL	
	Darunavir Tablet 800 MG Oral	1			QL	
	Fosamprenavir Calcium Tablet 700 MG Oral	1			QL	
	Invirase Tablet 500 MG Oral	3			QL	
	Lexiva Suspension 50 MG/ML Oral	3				
	Norvir Packet 100 MG Oral	3				
	Norvir Solution 80 MG/ML Oral	2				
	Prezista Suspension 100 MG/ML Oral	2				
	Prezista Tablet 150 MG Oral	2			QL	
	Prezista Tablet 600 MG Oral	2			QL	
	Prezista Tablet 75 MG Oral	2			QL	
	Prezista Tablet 800 MG Oral	2			QL	
	Reyataz PACKET 50 MG ORAL	3			QL	
	Ritonavir Tablet 100 MG Oral	1			QL	
	Viracept Tablet 250 MG Oral	3			QL	
	Viracept Tablet 625 MG Oral	3			QL	
*Antiretrovirals - RTI-Non-Nucleoside Analogues***	Edurant PED Tablet Soluble 2.5 MG Oral	2			QL	
	Edurant Tablet 25 MG Oral	2			QL	
	Efavirenz Capsule 200 MG Oral	1			QL	
	Efavirenz Capsule 50 MG Oral	1			QL	
	Efavirenz Tablet 600 MG Oral	1			QL	
	Etravirine Tablet 100 MG Oral	1			QL	
	Etravirine Tablet 200 MG Oral	1			QL	
	Intelence TABLET 25 MG ORAL	2			QL	
	Nevirapine ER Tablet Extended Release 24 Hour 100 MG Oral	1			QL	
	Nevirapine ER Tablet Extended Release 24 Hour 400 MG Oral	1			QL	
	Nevirapine Suspension 50 MG/5ML Oral	1				
	Nevirapine Tablet 200 MG Oral	1			QL	
	Pifeltro Tablet 100 MG Oral	3			QL	
*Antiretrovirals - RTI-Nucleoside Analogues-Purines***	Abacavir Sulfate Solution 20 MG/ML Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Abacavir Sulfate Tablet 300 MG Oral	1			QL	
*Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines***	Emtricitabine Capsule 200 MG Oral	1			QL	
	Emtriva SOLUTION 10 MG/ML ORAL	3				
	lamiVUDine Solution 10 MG/ML Oral	1				
	lamiVUDine Solution 300 MG/30ML Oral	1				
	lamiVUDine Tablet 150 MG Oral	1			QL	
	LamiVUDine Tablet 300 MG Oral	1			QL	
*Antiretrovirals - RTI-Nucleoside Analogues-Thymidines***	Stavudine Capsule 15 MG Oral	1			QL	
	Stavudine Capsule 20 MG Oral	1			QL	
	Stavudine Capsule 30 MG Oral	1			QL	
	Stavudine Capsule 40 MG Oral	1			QL	
	Zidovudine Capsule 100 MG Oral	1			QL	
	Zidovudine Syrup 50 MG/5ML Oral	1				
	Zidovudine Tablet 300 MG Oral	1			QL	
*Antiretrovirals - RTI-Nucleotide Analogues***	Tenofovir Disoproxil Fumarate Tablet 300 MG Oral	1			QL	
	Viread POWDER 40 MG/GM ORAL	2			QL	
	Viread TABLET 150 MG ORAL	2			QL	
	Viread TABLET 200 MG ORAL	2			QL	
	Viread TABLET 250 MG ORAL	2			QL	
*Antiretrovirals Adjuvants***	Tybost TABLET 150 MG ORAL	3			QL	
*Antiviral Combinations***	Paxlovid (150/100) Tablet Therapy Pack 10 x 150 MG & 10 x 100MG Oral	2			QL	
	Paxlovid (300/100 & 150/100) Tablet Therapy Pack 6 x 150 MG & 5 x 100MG Oral	2			QL	
	Paxlovid (300/100) Tablet Therapy Pack 20 x 150 MG & 10 x 100MG Oral	2			QL	
*CMV Agents***	Livtencity Tablet 200 MG Oral	4	PA			Non-Preferred Specialty
	Prevymis Tablet 240 MG Oral	3	PA		QL	
	Prevymis Tablet 480 MG Oral	3	PA		QL	
	valGANciclovir HCl Solution Reconstituted 50 MG/ML Oral	1				
	valGANciclovir HCl Tablet 450 MG Oral	1				
*Hepatitis B Agents***	Adefovir Dipivoxil Tablet 10 MG Oral	1			QL	
	Baraclude SOLUTION 0.05 MG/ML ORAL	2				
	Entecavir Tablet 0.5 MG Oral	1			QL	
	Entecavir Tablet 1 MG Oral	1			QL	
	Epivir HBV Solution 5 MG/ML Oral	3				
	lamiVUDine Tablet 100 MG Oral	1			QL	
	Vemlidy TABLET 25 MG ORAL	2				
*Hepatitis C Agent - Combinations***	Epclusa Packet 150-37.5 MG Oral	4	PA		QL	Preferred Specialty
	Epclusa Packet 200-50 MG Oral	4	PA		QL	Preferred Specialty
	Epclusa Tablet 200-50 MG Oral	4	PA		QL	Preferred Specialty
	Epclusa Tablet 400-100 MG Oral	4	PA		QL	Preferred Specialty
	Harvoni Packet 33.75-150 MG Oral	4	PA		QL	Preferred Specialty
	Harvoni Packet 45-200 MG Oral	4	PA		QL	Preferred Specialty
	Harvoni Tablet 45-200 MG Oral	4	PA		QL	Preferred Specialty
	Harvoni Tablet 90-400 MG Oral	4	PA		QL	Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Mavyret Packet 50-20 MG Oral	4	PA		QL	Preferred Specialty
	Mavyret Tablet 100-40 MG Oral	4	PA		QL	Preferred Specialty
	Vosevi TABLET 400-100-100 MG Oral	4	PA		QL	Preferred Specialty
*Hepatitis C Agents***	Pegasys Solution 180 MCG/ML Subcutaneous	4	PA			Preferred Specialty
	Pegasys Solution Prefilled Syringe 180 MCG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Ribavirin Capsule 200 MG Oral	1	PA			
	Ribavirin Tablet 200 MG Oral	1	PA			
	Sovaldi Packet 150 MG Oral	4	PA		QL	Preferred Specialty
	Sovaldi Packet 200 MG Oral	4	PA		QL	Preferred Specialty
	Sovaldi Tablet 200 MG Oral	4	PA		QL	Preferred Specialty
	Sovaldi Tablet 400 MG Oral	4	PA		QL	Preferred Specialty
*Herpes Agents - Purine Analogues***	Acyclovir Capsule 200 MG Oral	1				
	Acyclovir Suspension 200 MG/5ML Oral	1				
	Acyclovir Suspension 800 MG/20ML Oral	1				
	Acyclovir Tablet 400 MG Oral	1				
	Acyclovir Tablet 800 MG Oral	1				
	Sitavig Tablet 50 MG Buccal	3				
	valACYclovir HCl Tablet 1 GM Oral	1				
	valACYclovir HCl Tablet 500 MG Oral	1				
*Herpes Agents - Thymidine Analogues***	Famciclovir Tablet 125 MG Oral	1				
	Famciclovir Tablet 250 MG Oral	1				
	Famciclovir Tablet 500 MG Oral	1				
*Misc. Antivirals***	Lagevrio Capsule 200 MG Oral	3			QL	
	Tembexa Suspension 10 MG/ML Oral	3				
	Tembexa Tablet 100 MG Oral	3				
	Tpoxx Capsule 200 MG Oral	2	PA			
*Neuraminidase Inhibitors***	Oseltamivir Phosphate Capsule 30 MG Oral	1			QL	
	Oseltamivir Phosphate Capsule 45 MG Oral	1			QL	
	Oseltamivir Phosphate Capsule 75 MG Oral	1			QL	
	Oseltamivir Phosphate Suspension Reconstituted 6 MG/ML Oral	1				
	Relenza Diskhaler Aerosol Powder Breath Activated 5 MG/ACT Inhalation	3			QL	
*PA Endonuclease Inhibitors***	Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral	3			QL	
	Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	3			QL	
BETA BLOCKERS						
*Alpha-Beta Blockers***	Carvedilol Phosphate ER Capsule Extended Release 24 Hour 10 MG Oral	1				
	Carvedilol Phosphate ER Capsule Extended Release 24 Hour 20 MG Oral	1				
	Carvedilol Phosphate ER Capsule Extended Release 24 Hour 40 MG Oral	1				
	Carvedilol Phosphate ER Capsule Extended Release 24 Hour 80 MG Oral	1				
	Carvedilol Tablet 12.5 MG Oral	1				
	Carvedilol Tablet 25 MG Oral	1				
	Carvedilol Tablet 3.125 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Carvedilol Tablet 6.25 MG Oral	1				
	Labetalol HCl Tablet 100 MG Oral	1				
	Labetalol HCl Tablet 200 MG Oral	1				
	Labetalol HCl Tablet 300 MG Oral	1				
	Labetalol HCl Tablet 400 MG Oral	3				
*Beta Blockers Cardio-Selective***	Acebutolol HCl Capsule 200 MG Oral	1				
	Acebutolol HCl Capsule 400 MG Oral	1				
	Atenolol Tablet 100 MG Oral	1				
	Atenolol Tablet 25 MG Oral	1				
	Atenolol Tablet 50 MG Oral	1				
	Betaxolol HCl Tablet 10 MG Oral	1				
	Betaxolol HCl Tablet 20 MG Oral	1				
	Bisoprolol Fumarate Tablet 10 MG Oral	1				
	Bisoprolol Fumarate Tablet 2.5 MG Oral	2				
	Bisoprolol Fumarate Tablet 5 MG Oral	1				
	Kapspargo Sprinkle Capsule ER 24 Hour Sprinkle 100 MG Oral	3				
	Kapspargo Sprinkle Capsule ER 24 Hour Sprinkle 200 MG Oral	3				
	Kapspargo Sprinkle Capsule ER 24 Hour Sprinkle 25 MG Oral	3				
	Kapspargo Sprinkle Capsule ER 24 Hour Sprinkle 50 MG Oral	3				
	Lopressor Solution 10 MG/ML Oral	3	PA			
	Metoprolol Succinate ER Tablet Extended Release 24 Hour 100 MG Oral	1				
	Metoprolol Succinate ER Tablet Extended Release 24 Hour 200 MG Oral	1				
	Metoprolol Succinate ER Tablet Extended Release 24 Hour 25 MG Oral	1				
	Metoprolol Succinate ER Tablet Extended Release 24 Hour 50 MG Oral	1				
	Metoprolol Tartrate Tablet 100 MG Oral	1				
	Metoprolol Tartrate Tablet 25 MG Oral	1				
	Metoprolol Tartrate Tablet 37.5 MG Oral	1				
	Metoprolol Tartrate Tablet 50 MG Oral	1				
	Metoprolol Tartrate Tablet 75 MG Oral	1				
	Nebivolol HCl Tablet 10 MG Oral	1				
	Nebivolol HCl Tablet 2.5 MG Oral	1				
	Nebivolol HCl Tablet 20 MG Oral	1				
	Nebivolol HCl Tablet 5 MG Oral	1				
*Beta Blockers Non-Selective***	Hemangeol SOLUTION 4.28 MG/ML ORAL	2				
	Inderal XL Capsule Extended Release 24 Hour 120 MG Oral	3				
	Inderal XL Capsule Extended Release 24 Hour 80 MG Oral	3				
	InnoPran XL Capsule Extended Release 24 Hour 120 MG Oral	3				
	InnoPran XL Capsule Extended Release 24 Hour 80 MG Oral	3				
	Nadolol Tablet 20 MG Oral	1				
	Nadolol Tablet 40 MG Oral	1				
	Nadolol Tablet 80 MG Oral	1				
	Pindolol Tablet 10 MG Oral	1				
	Pindolol Tablet 5 MG Oral	1				
	Propranolol HCl ER Capsule Extended Release 24 Hour 120 MG Oral	1				
	Propranolol HCl ER Capsule Extended Release 24 Hour 160 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Propranolol HCl ER Capsule Extended Release 24 Hour 60 MG Oral	1				
	Propranolol HCl ER Capsule Extended Release 24 Hour 80 MG Oral	1				
	Propranolol HCl Solution 20 MG/5ML Oral	1				
	Propranolol HCl Solution 40 MG/5ML Oral	2				
	Propranolol HCl Tablet 10 MG Oral	1				
	Propranolol HCl Tablet 20 MG Oral	1				
	Propranolol HCl Tablet 40 MG Oral	1				
	Propranolol HCl Tablet 60 MG Oral	1				
	Propranolol HCl Tablet 80 MG Oral	1				
	Sorine Tablet 120 MG Oral	1				
	Sorine Tablet 160 MG Oral	1				
	Sorine Tablet 240 MG Oral	1				
	Sorine Tablet 80 MG Oral	1				
	Sotalol HCl (AF) Tablet 120 MG Oral	1				
	Sotalol HCl (AF) Tablet 160 MG Oral	1				
	Sotalol HCl (AF) Tablet 80 MG Oral	1				
	Sotalol HCl Tablet 120 MG Oral	1				
	Sotalol HCl Tablet 160 MG Oral	1				
	Sotalol HCl Tablet 240 MG Oral	1				
	Sotalol HCl Tablet 80 MG Oral	1				
	Sotylize SOLUTION 5 MG/ML ORAL	3				
	Timolol Maleate Tablet 10 MG Oral	1				
	Timolol Maleate Tablet 20 MG Oral	1				
	Timolol Maleate Tablet 5 MG Oral	1				
CALCIUM CHANNEL BLOCKERS						
*Calcium Channel Blocker-NSAID Combinations***	Consensi Tablet 10-200 MG Oral	3				
	Consensi Tablet 2.5-200 MG Oral	3				
	Consensi Tablet 5-200 MG Oral	3				
*Calcium Channel Blockers***	amLODIPine Besylate Tablet 10 MG Oral	1				
	amLODIPine Besylate Tablet 2.5 MG Oral	1				
	amLODIPine Besylate Tablet 5 MG Oral	1				
	Cartia XT Capsule Extended Release 24 Hour 120 MG Oral	1				
	Cartia XT Capsule Extended Release 24 Hour 180 MG Oral	1				
	Cartia XT Capsule Extended Release 24 Hour 240 MG Oral	1				
	Cartia XT Capsule Extended Release 24 Hour 300 MG Oral	1				
	Conjupri Tablet 2.5 MG Oral	3				
	Conjupri Tablet 5 MG Oral	3				
	Diltiazem HCl ER Beads Capsule Extended Release 24 Hour 120 MG Oral	1				
	dilTIAZem HCl ER Beads Capsule Extended Release 24 Hour 180 MG Oral	1				
	dilTIAZem HCl ER Beads Capsule Extended Release 24 Hour 240 MG Oral	1				
	Diltiazem HCl ER Beads Capsule Extended Release 24 Hour 300 MG Oral	1				
	dilTIAZem HCl ER Beads Capsule Extended Release 24 Hour 360 MG Oral	1				
	Diltiazem HCl ER Beads Capsule Extended Release 24 Hour 420 MG Oral	1				
	dilTIAZem HCl ER Capsule Extended Release 12 Hour 120 MG Oral	1				
	dilTIAZem HCl ER Capsule Extended Release 12 Hour 60 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	dilTIAZem HCl ER Capsule Extended Release 12 Hour 90 MG Oral	1				
	dilTIAZem HCl ER Capsule Extended Release 24 Hour 120 MG Oral	1				
	dilTIAZem HCl ER Capsule Extended Release 24 Hour 180 MG Oral	1				
	dilTIAZem HCl ER Capsule Extended Release 24 Hour 240 MG Oral	1				
	dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 120 MG Oral	1				
	dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 180 MG Oral	1				
	dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 240 MG Oral	1				
	dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 300 MG Oral	1				
	dilTIAZem HCl ER Coated Beads Capsule Extended Release 24 Hour 360 MG Oral	1				
	dilTIAZem HCl ER Tablet Extended Release 24 Hour 120 MG Oral	1				
	dilTIAZem HCl Tablet 120 MG Oral	1				
	dilTIAZem HCl Tablet 30 MG Oral	1				
	dilTIAZem HCl Tablet 60 MG Oral	1				
	dilTIAZem HCl Tablet 90 MG Oral	1				
	Dilt-XR Capsule Extended Release 24 Hour 120 MG Oral	1				
	Dilt-XR Capsule Extended Release 24 Hour 180 MG Oral	1				
	Dilt-XR Capsule Extended Release 24 Hour 240 MG Oral	1				
	Felodipine ER Tablet Extended Release 24 Hour 10 MG Oral	1				
	Felodipine ER Tablet Extended Release 24 Hour 2.5 MG Oral	1				
	Felodipine ER Tablet Extended Release 24 Hour 5 MG Oral	1				
	Katerzia Suspension 1 MG/ML Oral	3				
	Levamlodipine Maleate Tablet 2.5 MG Oral	3				
	Levamlodipine Maleate Tablet 5 MG Oral	3				
	NIFEdipine Capsule 10 MG Oral	1				
	NIFEdipine Capsule 20 MG Oral	1				
	NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 30 MG Oral	1				
	NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 60 MG Oral	1				
	NIFEdipine ER Osmotic Release Tablet Extended Release 24 Hour 90 MG Oral	1				
	NIFEdipine ER Tablet Extended Release 24 Hour 30 MG Oral	1				
	NIFEdipine ER Tablet Extended Release 24 Hour 60 MG Oral	1				
	NIFEdipine ER Tablet Extended Release 24 Hour 90 MG Oral	1				
	niMODipine Capsule 30 MG Oral	1				
	niMODipine Solution 60 MG/20ML Oral	3				
	Nisoldipine ER Tablet Extended Release 24 Hour 17 MG Oral	1				
	Nisoldipine ER Tablet Extended Release 24 Hour 34 MG Oral	1				
	Nisoldipine ER Tablet Extended Release 24 Hour 8.5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Nymalize Solution 6 MG/ML Oral	3				
	Taztia XT Capsule Extended Release 24 Hour 120 MG Oral	1				
	Taztia XT Capsule Extended Release 24 Hour 180 MG Oral	1				
	Taztia XT Capsule Extended Release 24 Hour 240 MG Oral	1				
	Taztia XT Capsule Extended Release 24 Hour 300 MG Oral	1				
	Taztia XT Capsule Extended Release 24 Hour 360 MG Oral	1				
	Tiadylt ER Capsule Extended Release 24 Hour 120 MG Oral	1				
	Tiadylt ER Capsule Extended Release 24 Hour 180 MG Oral	1				
	Tiadylt ER Capsule Extended Release 24 Hour 240 MG Oral	1				
	Tiadylt ER Capsule Extended Release 24 Hour 300 MG Oral	1				
	Tiadylt ER Capsule Extended Release 24 Hour 360 MG Oral	1				
	Tiadylt ER Capsule Extended Release 24 Hour 420 MG Oral	1				
	Verapamil HCl ER Capsule Extended Release 24 Hour 120 MG Oral	1				
	Verapamil HCl ER Capsule Extended Release 24 Hour 180 MG Oral	1				
	Verapamil HCl ER Capsule Extended Release 24 Hour 240 MG Oral	1				
	Verapamil HCl ER Tablet Extended Release 120 MG Oral	1				
	Verapamil HCl ER Tablet Extended Release 180 MG Oral	1				
	Verapamil HCl ER Tablet Extended Release 240 MG Oral	1				
	Verapamil HCl Tablet 120 MG Oral	1				
	Verapamil HCl Tablet 40 MG Oral	1				
	Verapamil HCl Tablet 80 MG Oral	1				
CARDIOTONICS						
*Cardiac Glycosides***	Digitek Tablet 125 MCG Oral	1				
	Digitek Tablet 250 MCG Oral	1				
	Digox Tablet 125 MCG Oral	1				
	Digox Tablet 250 MCG Oral	1				
	Digoxin Solution 0.05 MG/ML Oral	1				
	Digoxin Tablet 125 MCG Oral	1				
	Digoxin Tablet 250 MCG Oral	1				
	Digoxin Tablet 62.5 MCG Oral	1				
	Lanoxin Tablet 125 MCG Oral	3				
	Lanoxin Tablet 250 MCG Oral	1				
	Lanoxin Tablet 62.5 MCG Oral	3				
CARDIOVASCULAR AGENTS - MISC.						
*Calcium Channel Blocker & HMG CoA Reductase Inhibit Comb***	amLODIPine-Atorvastatin Tablet 10-10 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 10-20 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 10-40 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	amLODIPine-Atorvastatin Tablet 10-80 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 2.5-10 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 2.5-20 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 2.5-40 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 5-10 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 5-20 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 5-40 MG Oral	1				
	amLODIPine-Atorvastatin Tablet 5-80 MG Oral	1				
*Cardiac Myosin Inhibitors***	Camzyos Capsule 10 MG Oral	4	PA		QL	Non-Preferred Specialty
	Camzyos Capsule 15 MG Oral	4	PA		QL	Non-Preferred Specialty
	Camzyos Capsule 2.5 MG Oral	4	PA		QL	Non-Preferred Specialty
	Camzyos Capsule 5 MG Oral	4	PA		QL	Non-Preferred Specialty
*Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb***	Entresto Capsule Sprinkle 15-16 MG Oral	2			QL	
	Entresto Capsule Sprinkle 6-6 MG Oral	2			QL	
	Sacubitril-Valsartan Tablet 24-26 MG Oral	1			QL	
	Sacubitril-Valsartan Tablet 49-51 MG Oral	1			QL	
	Sacubitril-Valsartan Tablet 97-103 MG Oral	1			QL	
*Nitrate & Vasodilator Combinations***	Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral	1				
*PDE Inhibitor-Endothelin Recptor Antagonist Combinations***	Opsynvi Tablet 10-20 MG Oral	4	PA		QL	Preferred Specialty
	Opsynvi Tablet 10-40 MG Oral	4	PA		QL	Preferred Specialty
*Prostaglandin - Impotence Agents***	Caverject Impulse Kit 10 MCG Intracavernosal	3			QL	
	Caverject Impulse Kit 20 MCG Intracavernosal	3			QL	
	Caverject Solution Reconstituted 20 MCG Intracavernosal	3			QL	
	Caverject SOLUTION RECONSTITUTED 40 MCG Intracavernosal	3			QL	
	Edex KIT 10 MCG Intracavernosal	3			QL	
	Edex KIT 20 MCG Intracavernosal	3			QL	
	Edex KIT 40 MCG Intracavernosal	3			QL	
	Muse Pellet 1000 MCG Urethral	3			QL	
	Muse Pellet 250 MCG Urethral	3			QL	
	Muse Pellet 500 MCG Urethral	3			QL	
*Prostaglandin Vasodilators***	Alprostadil Solution 500 MCG/ML Injection	1				
	Epoprostenol Sodium Solution Reconstituted 0.5 MG Intravenous	4	PA			Preferred Specialty
	Epoprostenol Sodium Solution Reconstituted 1.5 MG Intravenous	4	PA			Preferred Specialty
	Flolan SOLUTION RECONSTITUTED 0.5 MG Intravenous	4	PA			Non-Preferred Specialty
	Flolan SOLUTION RECONSTITUTED 1.5 MG Intravenous	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Orenitram Month 1 Tablet Extended Release Therapy Pack 0.125 & 0.25 MG Oral	4	PA		QL	Preferred Specialty
	Orenitram Month 2 Tablet Extended Release Therapy Pack 0.125 & 0.25 MG Oral	4	PA		QL	Preferred Specialty
	Orenitram Month 3 Tablet Extended Release Therapy Pack 0.125 & 0.25 &1 MG Oral	4	PA		QL	Preferred Specialty
	Orenitram Tablet Extended Release 0.125 MG Oral	4	PA		QL	Preferred Specialty
	Orenitram Tablet Extended Release 0.25 MG Oral	4	PA		QL	Preferred Specialty
	Orenitram Tablet Extended Release 1 MG Oral	4	PA		QL	Preferred Specialty
	Orenitram Tablet Extended Release 2.5 MG Oral	4	PA		QL	Preferred Specialty
	Orenitram Tablet Extended Release 5 MG Oral	4	PA		QL	Preferred Specialty
	Remodulin Solution 100 MG/20ML Injection	4	PA			Non-Preferred Specialty
	Remodulin Solution 20 MG/20ML Injection	4	PA			Non-Preferred Specialty
	Remodulin Solution 200 MG/20ML Injection	4	PA			Non-Preferred Specialty
	Remodulin Solution 50 MG/20ML Injection	4	PA			Non-Preferred Specialty
	Remodulin Solution 8 MG/20ML Injection	4	PA			Non-Preferred Specialty
	Treprostinil Solution 100 MG/20ML Injection	4	PA			Preferred Specialty
	Treprostinil Solution 20 MG/20ML Injection	4	PA			Preferred Specialty
	Treprostinil Solution 200 MG/20ML Injection	4	PA			Preferred Specialty
	Treprostinil Solution 50 MG/20ML Injection	4	PA			Preferred Specialty
	Tyvaso DPI Institutional Kit Powder 16 MCG Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso DPI Institutional Kit Powder 32 MCG Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso DPI Institutional Kit Powder 48 MCG Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso DPI Institutional Kit Powder 64 MCG Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso DPI Maintenance Kit Powder 112 x 32MCG & 112 x48MCG Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso DPI Maintenance Kit Powder 16 MCG Inhalation	4	PA		QL	Non-Preferred Specialty
	Tyvaso DPI Maintenance Kit Powder 32 MCG Inhalation	4	PA		QL	Non-Preferred Specialty
	Tyvaso DPI Maintenance Kit Powder 48 MCG Inhalation	4	PA		QL	Non-Preferred Specialty
	Tyvaso DPI Maintenance Kit Powder 64 MCG Inhalation	4	PA		QL	Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Tyvaso DPI Titration Kit Powder 112 x 16MCG & 84 x 32MCG Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso DPI Titration Kit Powder 16 & 32 & 48 MCG Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso Refill Kit Solution 0.6 MG/ML Inhalation	4	PA		QL	Preferred Specialty
	Tyvaso SOLUTION 0.6 MG/ML INHALATION	4	PA		QL	Preferred Specialty
	Tyvaso Starter Kit Solution 0.6 MG/ML Inhalation	4	PA		QL	Preferred Specialty
	Veletri Solution Reconstituted 0.5 MG Intravenous	4	PA			Non-Preferred Specialty
	Veletri Solution Reconstituted 1.5 MG Intravenous	4	PA			Non-Preferred Specialty
	Ventavis SOLUTION 10 MCG/ML INHALATION	4	PA		QL	Non-Preferred Specialty
	Ventavis SOLUTION 20 MCG/ML INHALATION	4	PA		QL	Non-Preferred Specialty
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC)***	Adempas Tablet 0.5 MG Oral	4	PA		QL	Non-Preferred Specialty
	Adempas Tablet 1 MG Oral	4	PA		QL	Non-Preferred Specialty
	Adempas Tablet 1.5 MG Oral	4	PA		QL	Non-Preferred Specialty
	Adempas Tablet 2 MG Oral	4	PA		QL	Non-Preferred Specialty
	Adempas Tablet 2.5 MG Oral	4	PA		QL	Non-Preferred Specialty
*Pulmonary Hypertension - Activin Signaling Inhibitor***	Winrevair Kit 2 x 45 MG Subcutaneous	4	PA			Preferred Specialty
	Winrevair Kit 2 x 60 MG Subcutaneous	4	PA			Preferred Specialty
	Winrevair Kit 45 MG Subcutaneous	4	PA			Preferred Specialty
	Winrevair Kit 60 MG Subcutaneous	4	PA			Preferred Specialty
*Pulmonary Hypertension - Endothelin Receptor Antagonists***	Ambrisentan Tablet 10 MG Oral	4	PA		QL	Preferred Specialty
	Ambrisentan Tablet 5 MG Oral	4	PA		QL	Preferred Specialty
	Bosentan Tablet 125 MG Oral	4	PA		QL	Preferred Specialty
	Bosentan Tablet 62.5 MG Oral	4	PA		QL	Preferred Specialty
	Bosentan Tablet Soluble 32 MG Oral	4	PA		QL	Preferred Specialty
	Opsumit TABLET 10 MG ORAL	4	PA		QL	Preferred Specialty
	Tracleer Tablet Soluble 32 MG Oral	4	PA		QL	Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***	Alyq Tablet 20 MG Oral	4	PA		QL	Preferred Specialty
	Sildenafil Citrate Suspension Reconstituted 10 MG/ML Oral	1	PA			
	Sildenafil Citrate Tablet 20 MG Oral	1	PA		QL	
	Tadalafil (PAH) Tablet 20 MG Oral	4	PA		QL	Preferred Specialty
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***	Uptravi TABLET 1000 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi TABLET 1200 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi TABLET 1400 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi TABLET 1600 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi TABLET 200 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi TABLET 400 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi TABLET 600 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi TABLET 800 MCG ORAL	4	PA		QL	Preferred Specialty
	Uptravi Titration Tablet Therapy Pack 200 & 800 MCG Oral	4	PA		QL	Preferred Specialty
*Selective cGMP Phosphodiesterase Type 5 Inhibitors***	Avanafil Tablet 100 MG Oral	1			QL	
	Avanafil Tablet 200 MG Oral	1			QL	
	Avanafil Tablet 50 MG Oral	1			QL	
	Sildenafil Citrate Tablet 100 MG Oral	1			QL	
	Sildenafil Citrate Tablet 25 MG Oral	1			QL	
	Sildenafil Citrate Tablet 50 MG Oral	1			QL	
	Stendra Tablet 100 MG Oral	3			QL	
	Stendra Tablet 50 MG Oral	3			QL	
	Tadalafil Tablet 10 MG Oral	1			QL	
	Tadalafil Tablet 2.5 MG Oral	1	PA		QL	
	Tadalafil Tablet 20 MG Oral	1			QL	
	Tadalafil Tablet 5 MG Oral	1	PA		QL	
	Vardenafil HCl Tablet 10 MG Oral	1			QL	
	Vardenafil HCl Tablet 2.5 MG Oral	1			QL	
	Vardenafil HCl Tablet 20 MG Oral	1			QL	
	Vardenafil HCl Tablet 5 MG Oral	1			QL	
	Vardenafil HCl Tablet Dispersible 10 MG Oral	1			QL	
*Sinus Node Inhibitors**	Corlanor Solution 5 MG/5ML Oral	2			QL	
	Ivabradine HCl Tablet 5 MG Oral	1			QL	
	Ivabradine HCl Tablet 7.5 MG Oral	1			QL	
*Transthyretin Stabilizers***	Attruby Tablet Therapy Pack 356 MG Oral	4	PA		QL	Non-Preferred Specialty
	Vyndamax Capsule 61 MG Oral	4	PA		QL	Preferred Specialty
	Vyndaqel Capsule 20 MG Oral	4	PA		QL	Preferred Specialty
*Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)***	Verquvo Tablet 10 MG Oral	2	PA			
	Verquvo Tablet 2.5 MG Oral	2	PA			
	Verquvo Tablet 5 MG Oral	2	PA			
CEPHALOSPORINS						

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Cephalosporins - 1st Generation***	Cefadroxil Capsule 500 MG Oral	1				
	Cefadroxil Suspension Reconstituted 250 MG/5ML Oral	1				
	Cefadroxil Suspension Reconstituted 500 MG/5ML Oral	1				
	Cefadroxil Tablet 1 GM Oral	1				
	Cephalexin Capsule 250 MG Oral	1				
	Cephalexin Capsule 500 MG Oral	1				
	Cephalexin Capsule 750 MG Oral	1				
	Cephalexin Suspension Reconstituted 125 MG/5ML Oral	1				
	Cephalexin Suspension Reconstituted 250 MG/5ML Oral	1				
	Cephalexin Tablet 250 MG Oral	1				
	Cephalexin Tablet 500 MG Oral	1				
*Cephalosporins - 2nd Generation***	Cefaclor Capsule 250 MG Oral	1				
	Cefaclor Capsule 500 MG Oral	1				
	Cefaclor ER Tablet Extended Release 12 Hour 500 MG Oral	3				
	Cefaclor Suspension Reconstituted 125 MG/5ML Oral	3				
	Cefaclor Suspension Reconstituted 250 MG/5ML Oral	3				
	Cefaclor Suspension Reconstituted 375 MG/5ML Oral	3				
	Cefprozil Suspension Reconstituted 125 MG/5ML Oral	1				
	Cefprozil Suspension Reconstituted 250 MG/5ML Oral	1				
	Cefprozil Tablet 250 MG Oral	1				
	Cefprozil Tablet 500 MG Oral	1				
	Cefuroxime Axetil Tablet 250 MG Oral	1				
	Cefuroxime Axetil Tablet 500 MG Oral	1				
*Cephalosporins - 3rd Generation***	Cefdinir Capsule 300 MG Oral	1				
	Cefdinir Suspension Reconstituted 125 MG/5ML Oral	1				
	Cefdinir Suspension Reconstituted 250 MG/5ML Oral	1				
	Cefixime Capsule 400 MG Oral	1				
	Cefixime Suspension Reconstituted 100 MG/5ML Oral	1				
	Cefixime Suspension Reconstituted 200 MG/5ML Oral	1				
	Cefpodoxime Proxetil Suspension Reconstituted 100 MG/5ML Oral	1				
	Cefpodoxime Proxetil Suspension Reconstituted 50 MG/5ML Oral	1				
	Cefpodoxime Proxetil Tablet 100 MG Oral	1				
	Cefpodoxime Proxetil Tablet 200 MG Oral	1				
	Suprax Suspension Reconstituted 500 MG/5ML Oral	2				
	Suprax Tablet Chewable 100 MG Oral	2				
	Suprax Tablet Chewable 200 MG Oral	2				
CONTRACEPTIVES						
*Biphasic Contraceptives - Oral***	Azurette Tablet 0.15-0.02/0.01 MG (21/5) Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Desogestrel-Ethinyl Estradiol Tablet 0.15-0.02/0.01 MG (21/5) Oral	1				
	Kariva Tablet 0.15-0.02/0.01 MG (21/5) Oral	1				
	Lo Loestrin Fe Tablet 1 MG-10 MCG / 10 MCG Oral	2				
	Pimtrea TABLET 0.15-0.02/0.01 MG (21/5) ORAL	1				
	Simliya Tablet 0.15-0.02/0.01 MG (21/5) Oral	1				
	Viorele Tablet 0.15-0.02/0.01 MG (21/5) Oral	1				
	Volnea Tablet 0.15-0.02/0.01 MG (21/5) Oral	1				
*Combination Contraceptives - Oral***	Afirmelle Tablet 0.1-20 MG-MCG Oral	1				
	Altavera Tablet 0.15-30 MG-MCG Oral	1				
	Alyacen 1/35 Tablet 1-35 MG-MCG Oral	1				
	Apri Tablet 0.15-30 MG-MCG Oral	1				
	Aubra EQ Tablet 0.1-20 MG-MCG Oral	1				
	Aubra Tablet 0.1-20 MG-MCG Oral	1				
	Aurovela 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Aurovela 1/20 Tablet 1-20 MG-MCG Oral	1				
	Aurovela 24 FE Tablet 1-20 MG-MCG(24) Oral	1				
	Aurovela Fe 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Aurovela FE 1/20 Tablet 1-20 MG-MCG Oral	1				
	Averi Tablet 0.15-0.03 MG Oral	3				
	Aviane TABLET 0.1-20 MG-MCG Oral	1				
	Ayuna Tablet 0.15-30 MG-MCG Oral	1				
	Balziva TABLET 0.4-35 MG-MCG Oral	1				
	Blisovi 24 Fe Tablet 1-20 MG-MCG(24) Oral	1				
	Blisovi Fe 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Blisovi FE 1/20 Tablet 1-20 MG-MCG Oral	1				
	Briellyn Tablet 0.4-35 MG-MCG Oral	1				
	Charlotte 24 Fe Tablet Chewable 1-20 MG-MCG(24) Oral	1				
	Chateal EQ Tablet 0.15-30 MG-MCG Oral	1				
	Chateal Tablet 0.15-30 MG-MCG Oral	1				
	Cryselle-28 Tablet 0.3-30 MG-MCG Oral	1				
	Cyclafem 1/35 Tablet 1-35 MG-MCG Oral	1				
	Cyred EQ Tablet 0.15-30 MG-MCG Oral	1				
	Cyred Tablet 0.15-30 MG-MCG Oral	1				
	Dasetta 1/35 (28) Tablet 1-35 MG-MCG Oral	1				
	Delyla Tablet 0.1-20 MG-MCG Oral	1				
	Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1				
	Drospiren-Eth Estrad-Levomefol Tablet 3-0.02-0.451 MG Oral	1				
	Drospiren-Eth Estrad-Levomefol Tablet 3-0.03-0.451 MG Oral	1				
	Drospirenone-Ethinyl Estradiol Tablet 3-0.02 MG Oral	1				
	Drospirenone-Ethinyl Estradiol Tablet 3-0.03 MG Oral	1				
	Elinest TABLET 0.3-30 MG-MCG ORAL	1				
	Emoquette Tablet 0.15-30 MG-MCG Oral	1				
	Enskyce Tablet 0.15-30 MG-MCG Oral	1				
	Estarylla Tablet 0.25-35 MG-MCG Oral	1				
	Ethynodiol Diac-Eth Estradiol Tablet 1-35 MG-MCG Oral	1				
	Ethynodiol Diac-Eth Estradiol Tablet 1-50 MG-MCG Oral	1				
	Falmina TABLET 0.1-20 MG-MCG ORAL	1				
	Feirza 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Feirza 1/20 Tablet 1-20 MG-MCG Oral	1				
	Femlyv Tablet Dispersible 1-0.02 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Femynor Tablet 0.25-35 MG-MCG Oral	1				
	Finzala Tablet Chewable 1-20 MG-MCG(24) Oral	1				
	Galbriela Tablet Chewable 0.8-25 MG-MCG Oral	1				
	Gemmily Capsule 1-20 MG-MCG(24) Oral	1				
	Hailey 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Hailey 24 Fe Tablet 1-20 MG-MCG(24) Oral	1				
	Hailey FE 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Hailey FE 1/20 Tablet 1-20 MG-MCG Oral	1				
	Isibloom Tablet 0.15-30 MG-MCG Oral	1				
	Jasmiel Tablet 3-0.02 MG Oral	1				
	Joyeaux Tablet 0.1-20 MG-MCG(21) Oral	1				
	Juleber TABLET 0.15-30 MG-MCG ORAL	1				
	Junel 1.5/30 TABLET 1.5-30 MG-MCG ORAL	1				
	Junel 1/20 Tablet 1-20 MG-MCG Oral	1				
	Junel FE 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Junel FE 1/20 Tablet 1-20 MG-MCG Oral	1				
	Junel Fe 24 TABLET 1-20 MG-MCG(24) ORAL	1				
	Kaitlib Fe Tablet Chewable 0.8-25 MG-MCG Oral	1				
	Kalliga Tablet 0.15-30 MG-MCG Oral	1				
	Kelnor 1/35 Tablet 1-35 MG-MCG Oral	1				
	Kelnor 1/50 Tablet 1-50 MG-MCG Oral	1				
	Kurvelo Tablet 0.15-30 MG-MCG Oral	1				
	Larin 1.5/30 TABLET 1.5-30 MG-MCG ORAL	1				
	Larin 1/20 TABLET 1-20 MG-MCG ORAL	1				
	Larin 24 FE TABLET 1-20 MG-MCG(24) ORAL	1				
	Larin Fe 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Larin Fe 1/20 Tablet 1-20 MG-MCG Oral	1				
	Larissia Tablet 0.1-20 MG-MCG Oral	1				
	Layolis FE Tablet Chewable 0.8-25 MG-MCG Oral	1				
	Lessina TABLET 0.1-20 MG-MCG Oral	1				
	Levonorgest-Eth Estradiol-Iron Tablet 0.1-20 MG-MCG(21) Oral	1				
	Levonorgestrel-Ethinyl Estrad Tablet 0.1-20 MG-MCG Oral	1				
	Levonorgestrel-Ethinyl Estrad Tablet 0.15-30 MG-MCG Oral	1				
	Levora 0.15/30 (28) Tablet 0.15-30 MG-MCG Oral	1				
	Lillow Tablet 0.15-30 MG-MCG Oral	1				
	Loestrin 1.5/30 (21) Tablet 1.5-30 MG-MCG Oral	1				
	Loestrin 1/20 (21) Tablet 1-20 MG-MCG Oral	1				
	Loestrin Fe 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Loestrin Fe 1/20 Tablet 1-20 MG-MCG Oral	1				
	Loryna Tablet 3-0.02 MG Oral	1				
	Low-Ogestrel Tablet 0.3-30 MG-MCG Oral	1				
	Lo-Zumandimine Tablet 3-0.02 MG Oral	1				
	Lutera Tablet 0.1-20 MG-MCG Oral	1				
	Marlissa Tablet 0.15-30 MG-MCG Oral	1				
	Merzee Capsule 1-20 MG-MCG(24) Oral	1				
	Mibelas 24 Fe Tablet Chewable 1-20 MG-MCG(24) Oral	1				
	Microgestin 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				
	Microgestin 1/20 Tablet 1-20 MG-MCG Oral	1				
	Microgestin 24 Fe Tablet 1-20 MG-MCG Oral	1				
	Microgestin FE 1.5/30 Tablet 1.5-30 MG-MCG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Microgestin FE 1/20 Tablet 1-20 MG-MCG Oral	1				
	Mili Tablet 0.25-35 MG-MCG Oral	1				
	Minzoya Tablet 0.1-20 MG-MCG(21) Oral	1				
	Mono-Linyah Tablet 0.25-35 MG-MCG Oral	1				
	Necon 0.5/35 (28) Tablet 0.5-35 MG-MCG Oral	1				
	Nextstellis Tablet 3-14.2 MG Oral	3				
	Nikki Tablet 3-0.02 MG Oral	1				
	Norethin Ace-Eth Estrad-FE Capsule 1-20 MG-MCG(24) Oral	1				
	Norethin Ace-Eth Estrad-FE Tablet 1.5-30 MG-MCG Oral	1				
	Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG Oral	1				
	Norethin Ace-Eth Estrad-FE Tablet Chewable 1-20 MG-MCG(24) Oral	1				
	Norethindrone Acet-Ethinyl Est Tablet 1.5-30 MG-MCG Oral	1				
	Norethindrone Acet-Ethinyl Est Tablet 1-20 MG-MCG Oral	1				
	Norethin-Eth Estradiol-Fe Tablet Chewable 0.4-35 MG-MCG Oral	1				
	Norethin-Eth Estradiol-Fe Tablet Chewable 0.8-25 MG-MCG Oral	1				
	Norgestimate-Eth Estradiol Tablet 0.25-35 MG-MCG Oral	1				
	Nortrel 0.5/35 (28) Tablet 0.5-35 MG-MCG Oral	1				
	Nortrel 1/35 (21) TABLET 1-35 MG-MCG Oral	1				
	Nortrel 1/35 (28) Tablet 1-35 MG-MCG Oral	1				
	Nylia 1/35 Tablet 1-35 MG-MCG Oral	1				
	Nymyo Tablet 0.25-35 MG-MCG Oral	1				
	Ocella Tablet 3-0.03 MG Oral	1				
	Orsythia Tablet 0.1-20 MG-MCG Oral	1				
	Philith TABLET 0.4-35 MG-MCG ORAL	1				
	Pirmella 1/35 Tablet 1-35 MG-MCG Oral	1				
	Portia-28 TABLET 0.15-30 MG-MCG Oral	1				
	Previfem Tablet 0.25-35 MG-MCG Oral	1				
	Reclipsen Tablet 0.15-30 MG-MCG Oral	1				
	Sprintec 28 Tablet 0.25-35 MG-MCG Oral	1				
	Sronyx TABLET 0.1-20 MG-MCG Oral	1				
	Syeda Tablet 3-0.03 MG Oral	1				
	Tarina 24 Fe Tablet 1-20 MG-MCG(24) Oral	1				
	Tarina FE 1/20 EQ Tablet 1-20 MG-MCG Oral	1				
	Tarina FE 1/20 Tablet 1-20 MG-MCG Oral	1				
	Taysofy Capsule 1-20 MG-MCG(24) Oral	1				
	Turqoz Tablet 0.3-30 MG-MCG Oral	1				
	Tyblume Tablet Chewable 0.1-20 MG-MCG Oral	1				
	Tydemy Tablet 3-0.03-0.451 MG Oral	1				
	Valtya 1/50 Tablet 1-50 MG-MCG Oral	1				
	Vestura Tablet 3-0.02 MG Oral	1				
	Vienva Tablet 0.1-20 MG-MCG Oral	1				
	Vyfemla Tablet 0.4-35 MG-MCG Oral	1				
	VyLibra TABLET 0.25-35 MG-MCG Oral	1				
	Wera Tablet 0.5-35 MG-MCG Oral	1				
	Wymzya Fe Tablet Chewable 0.4-35 MG-MCG Oral	1				
	Xelria Fe Tablet Chewable 0.4-35 MG-MCG Oral	1				
	Zovia 1/35 (28) Tablet 1-35 MG-MCG Oral	1				
	Zovia 1/35E (28) Tablet 1-35 MG-MCG Oral	1				
	Zumandimine Tablet 3-0.03 MG Oral	1				
*Combination Contraceptives - Transdermal***	Norelgestromin-Eth Estradiol Patch Weekly 150-35 MCG/24HR Transdermal	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Twirla Patch Weekly 120-30 MCG/24HR Transdermal	3				
	Xulane Patch Weekly 150-35 MCG/24HR Transdermal	1				
	Zafemy Patch Weekly 150-35 MCG/24HR Transdermal	1				
*Combination Contraceptives - Vaginal***	Annovera Ring 0.013-0.15 MG/24HR Vaginal	3			QL	
	EluRyng Ring 0.12-0.015 MG/24HR Vaginal	1				
	EnilloRing Ring 0.12-0.015 MG/24HR Vaginal	1				
	Etonogestrel-Ethinyl Estradiol Ring 0.12-0.015 MG/24HR Vaginal	1				
	Haloette Ring 0.12-0.015 MG/24HR Vaginal	1				
*Continuous Contraceptives - Oral***	Amethyst Tablet 90-20 MCG Oral	1				
	Dolishale Tablet 90-20 MCG Oral	1				
	Levonorgestrel-Ethinyl Estrad Tablet 90-20 MCG Oral	1				
*Copper Contraceptives - IUD***	Miudella Intrauterine Copper Intrauterine Device Intrauterine	3				
	Paragard Intrauterine Copper Intrauterine Device Intrauterine	3				
*Emergency Contraceptives***	Aftera Tablet 1.5 MG Oral	1				
	AfterPill Tablet 1.5 MG Oral	1				
	Curae Tablet 1.5 MG Oral	1				
	EContra EZ Tablet 1.5 MG Oral	1				
	EContra One-Step Tablet 1.5 MG Oral	1				
	Ella Tablet 30 MG Oral	2				
	Her Style Tablet 1.5 MG Oral	1				
	Levonorgestrel Tablet 1.5 MG Oral	1				
	My Choice Tablet 1.5 MG Oral	1				
	My Way Tablet 1.5 MG Oral	1				
	New Day Tablet 1.5 MG Oral	1				
	Opcicon One-Step Tablet 1.5 MG Oral	1				
	Option 2 Tablet 1.5 MG Oral	1				
	React Tablet 1.5 MG Oral	1				
	Take Action Tablet 1.5 MG Oral	1				
*Extended-Cycle Contraceptives - Oral***	Amethia Tablet 0.15-0.03 &0.01 MG Oral	1				
	Ashlyna Tablet 0.15-0.03 &0.01 MG Oral	1				
	Camrese Lo TABLET 0.1-0.02 & 0.01 MG ORAL	1				
	Camrese TABLET 0.15-0.03 &0.01 MG ORAL	1				
	Camrese TABLET 0.15-0.03 &0.01 MG ORAL	1				
	Daysee TABLET 0.15-0.03 &0.01 MG ORAL	1				
	Fayosim Tablet 42-21-21-7 DAYS Oral	1				
	Iclevia Tablet 0.15-0.03 MG Oral	1				
	Introvale Tablet 0.15-0.03 MG Oral	1				
	Jaimiess Tablet 0.15-0.03 &0.01 MG Oral	1				
	Jolessa Tablet 0.15-0.03 MG Oral	1				
	Levonorgest-Eth Est & Eth Est Tablet 42-21-21-7 DAYS Oral	1				
	Levonorgest-Eth Estrad 91-Day Tablet 0.1-0.02 & 0.01 MG Oral	1				
	Levonorgest-Eth Estrad 91-Day Tablet 0.15-0.03 &0.01 MG Oral	1				
	Levonorgest-Eth Estrad 91-Day Tablet 0.15-0.03 MG Oral	1				
	LoJaimiess Tablet 0.1-0.02 & 0.01 MG Oral	1				
	Rivelsa TABLET 42-21-21-7 DAYS Oral	1				
	Rosyrah Tablet 42-21-21-7 DAYS Oral	1				
	Setlakin TABLET 0.15-0.03 MG ORAL	1				
	Simpesse Tablet 0.15-0.03 &0.01 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Four Phase Contraceptives - Oral***	Natazia TABLET 3/2-2/2-3/1 MG ORAL	3				
*Progestin Contraceptives - Implants***	Nexplanon Implant 68 MG Subcutaneous	3				
*Progestin Contraceptives - Injectable***	Depo-SubQ Provera 104 Suspension Prefilled Syringe 104 MG/0.65ML Subcutaneous	3				
	medroxyPROGESTERone Acetate Suspension 150 MG/ML Intramuscular	1				
	medroxyPROGESTERone Acetate Suspension Prefilled Syringe 150 MG/ML Intramuscular	1				
*Progestin Contraceptives - IUD***	Kyleena INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE	2				
	Liletta (52 MG) Intrauterine Device 20.1 MCG/DAY Intrauterine	3				
	Mirena (52 MG) Intrauterine Device 20 MCG/DAY Intrauterine	2				
	Skyla INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE	2				
*Progestin Contraceptives - Oral***	Camila Tablet 0.35 MG Oral	1				
	Deblitane TABLET 0.35 MG ORAL	1				
	Emzahh Tablet 0.35 MG Oral	1				
	Errin Tablet 0.35 MG Oral	1				
	Heather Tablet 0.35 MG Oral	1				
	Incassia Tablet 0.35 MG Oral	1				
	Jencycla Tablet 0.35 MG Oral	1				
	Lyleq Tablet 0.35 MG Oral	1				
	Lyza TABLET 0.35 MG Oral	1				
	Meleya Tablet 0.35 MG Oral	1				
	Nora-BE Tablet 0.35 MG Oral	1				
	Norethindrone Tablet 0.35 MG Oral	1				
	Norlyda Tablet 0.35 MG Oral	1				
	Norlyroc Tablet 0.35 MG Oral	1				
	Orquidea Tablet 0.35 MG Oral	1				
	Sharobel TABLET 0.35 MG ORAL	1				
	Slynd Tablet 4 MG Oral	3				
	Tulana Tablet 0.35 MG Oral	1				
*Triphasic Contraceptives - Oral***	Alyacen 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1				
	Aranelle TABLET 0.5/1/0.5-35 MG-MCG Oral	1				
	Caziant Tablet 0.1/0.125/0.15 -0.025 MG Oral	1				
	Cyclafem 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1				
	Dasetta 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	1				
	Enpresse-28 Tablet 50-30/75-40/ 125-30 MCG Oral	1				
	Leena TABLET 0.5/1/0.5-35 MG-MCG Oral	1				
	Levonest Tablet 50-30/75-40/ 125-30 MCG Oral	1				
	Levonorg-Eth Estrad Triphasic Tablet 50-30/75-40/ 125-30 MCG Oral	1				
	Norethindron-Ethinyl Estrad-Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	1				
	Norgestim-Eth Estrad Triphasic Tablet 0.18/0.215/0.25 MG-25 MCG Oral	1				
	Norgestim-Eth Estrad Triphasic Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Nortrel 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG Oral	1				
	Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Pirmella 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1				
	Tilia Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	1				
	Tri Femynor Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Tri-Legest Fe TABLET 1-20/1-30/1-35 MG-MCG ORAL	1				
	Tri-Linyah TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	1				
	Tri-Lo-Estarylla Tablet 0.18/0.215/0.25 MG-25 MCG Oral	1				
	Tri-Lo-Marzia Tablet 0.18/0.215/0.25 MG-25 MCG Oral	1				
	Tri-Lo-Mili Tablet 0.18/0.215/0.25 MG-25 MCG Oral	1				
	Tri-Lo-Sprintec Tablet 0.18/0.215/0.25 MG-25 MCG Oral	1				
	Tri-Mili Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Tri-Previfem Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Tri-Sprintec Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Trivora (28) Tablet 50-30/75-40/ 125-30 MCG Oral	1				
	Tri-VyLibra Lo Tablet 0.18/0.215/0.25 MG-25 MCG Oral	1				
	Tri-VyLibra TABLET 0.18/0.215/0.25 MG-35 MCG Oral	1				
	Velivet Tablet 0.1/0.125/0.15 -0.025 MG Oral	1				
	Xarah Fe Tablet 1-20/1-30/1-35 MG-MCG Oral	1				
CORTICOSTEROIDS						
*Glucocorticosteroids***	Agamree Suspension 40 MG/ML Oral	4	PA			Non-Preferred Specialty
	Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	3	PA			
	Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	3	PA			
	Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	3	PA			
	Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	3	PA			
	Budesonide Capsule Delayed Release Particles 3 MG Oral	1				
	Budesonide ER Tablet Extended Release 24 Hour 9 MG Oral	1				
	Cortisone Acetate Tablet 25 MG Oral	3				
	Decadron Tablet 0.5 MG Oral	1				
	Decadron Tablet 0.75 MG Oral	1				
	Decadron Tablet 4 MG Oral	1				
	Decadron Tablet 6 MG Oral	1				
	Deflazacort Suspension 22.75 MG/ML Oral	4	PA			Preferred Specialty
	Deflazacort Tablet 18 MG Oral	4	PA			Preferred Specialty
	Deflazacort Tablet 30 MG Oral	4	PA			Preferred Specialty
	Deflazacort Tablet 36 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Deflazacort Tablet 6 MG Oral	4	PA			Preferred Specialty
	Depo-Medrol SUSPENSION 20 MG/ML INJECTION	3				
	Depo-Medrol Suspension 40 MG/ML Injection	3				
	DEPO-Medrol Suspension 80 MG/ML Injection	3				
	Dexabliss Tablet Therapy Pack 1.5 MG (39) Oral	3				
	Dexamethasone Elixir 0.5 MG/5ML Oral	1				
	Dexamethasone Intensol Concentrate 1 MG/ML Oral	3				
	dexAMETHasone Sod Phos +RFID Solution Prefilled Syringe 4 MG/ML Injection	2				
	Dexamethasone Sod Phosphate PF Solution 10 MG/ML Injection	1				
	Dexamethasone Sodium Phosphate Solution 10 MG/ML Injection	1				
	Dexamethasone Sodium Phosphate Solution 100 MG/10ML Injection	1				
	Dexamethasone Sodium Phosphate Solution 120 MG/30ML Injection	1				
	dexAMETHasone Sodium Phosphate Solution 20 MG/5ML Injection	1				
	Dexamethasone Sodium Phosphate Solution 4 MG/ML Injection	1				
	dexAMETHasone Sodium Phosphate Solution Prefilled Syringe 4 MG/ML Injection	1				
	Dexamethasone SOLUTION 0.5 MG/5ML ORAL	3				
	dexAMETHasone Tablet 0.5 MG Oral	1				
	dexAMETHasone Tablet 0.75 MG Oral	1				
	dexAMETHasone Tablet 1 MG Oral	1				
	Dexamethasone Tablet 1.5 MG Oral	1				
	Dexamethasone Tablet 2 MG Oral	1				
	Dexamethasone Tablet 4 MG Oral	1				
	Dexamethasone Tablet 6 MG Oral	1				
	dexAMETHasone Tablet Therapy Pack 1.5 MG (21) Oral	1				
	Dexamethasone Tablet Therapy Pack 1.5 MG (35) Oral	1				
	Dexamethasone Tablet Therapy Pack 1.5 MG (51) Oral	1				
	Dxevo 11-Day Tablet Therapy Pack 1.5 MG Oral	3				
	Hemady Tablet 20 MG Oral	3				
	HiDex 6-Day Tablet Therapy Pack 1.5 MG (21) Oral	1				
	Hydrocortisone Sod Suc (PF) Solution Reconstituted 100 MG Injection	1				
	Hydrocortisone Tablet 10 MG Oral	1				
	Hydrocortisone Tablet 20 MG Oral	1				
	Hydrocortisone Tablet 5 MG Oral	1				
	Jaythari Tablet 18 MG Oral	4	PA			Preferred Specialty
	Jaythari Tablet 30 MG Oral	4	PA			Preferred Specialty
	Jaythari Tablet 36 MG Oral	4	PA			Preferred Specialty
	Jaythari Tablet 6 MG Oral	4	PA			Preferred Specialty
	Kenalog-40 Suspension 40 MG/ML Injection	3				
	Kenalog-80 Suspension 80 MG/ML Injection	3				
	Medrol TABLET 2 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	MethylPREDNISolone Acetate Suspension 40 MG/ML Injection	1				
	MethylPREDNISolone Acetate Suspension 80 MG/ML Injection	1				
	methylPREDNISolone Sodium Succ Solution Reconstituted 1000 MG Injection	1				
	methylPREDNISolone Sodium Succ Solution Reconstituted 125 MG Injection	1				
	methylPREDNISolone Sodium Succ Solution Reconstituted 40 MG Injection	1				
	methylPREDNISolone Sodium Succ Solution Reconstituted 500 MG Injection	1				
	methylPREDNISolone Tablet 16 MG Oral	1				
	methylPREDNISolone Tablet 32 MG Oral	1				
	methylPREDNISolone Tablet 4 MG Oral	1				
	methylPREDNISolone Tablet 8 MG Oral	1				
	methylPREDNISolone Tablet Therapy Pack 4 MG Oral	1				
	Millipred Tablet 5 MG Oral	1				
		3				
	Orapred ODT Tablet Dispersible 10 MG Oral	3				
	Orapred ODT Tablet Dispersible 15 MG Oral	3				
	Orapred ODT Tablet Dispersible 30 MG Oral	3				
	Ortikos Capsule Extended Release 24 Hour 6 MG Oral	3				
	Ortikos Capsule Extended Release 24 Hour 9 MG Oral	3				
	PrednisoLONE Sodium Phosphate Solution 10 MG/5ML Oral	1				
	prednisoLONE Sodium Phosphate Solution 15 MG/5ML Oral	1				
	PrednisoLONE Sodium Phosphate Solution 20 MG/5ML Oral	1				
	prednisoLONE Sodium Phosphate Solution 25 MG/5ML Oral	1				
	prednisoLONE Sodium Phosphate Solution 5 MG/5ML Oral	1				
	prednisoLONE Sodium Phosphate Tablet Dispersible 10 MG Oral	1				
	prednisoLONE Sodium Phosphate Tablet Dispersible 15 MG Oral	1				
	prednisoLONE Sodium Phosphate Tablet Dispersible 30 MG Oral	1				
	prednisoLONE Solution 15 MG/5ML Oral	1				
	prednisoLONE Tablet 5 MG Oral	1				
	PredniSONE SOLUTION 5 MG/5ML ORAL	1				
	predniSONE Tablet 1 MG Oral	1				
	predniSONE Tablet 10 MG Oral	1				
	predniSONE Tablet 2.5 MG Oral	1				
	predniSONE Tablet 20 MG Oral	1				
	predniSONE Tablet 5 MG Oral	1				
	predniSONE Tablet 50 MG Oral	1				
	predniSONE Tablet Therapy Pack 10 MG (21) Oral	1				
	predniSONE Tablet Therapy Pack 10 MG (48) Oral	1				
	predniSONE Tablet Therapy Pack 5 MG (21) Oral	1				
	predniSONE Tablet Therapy Pack 5 MG (48) Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Solu-CORTEF Solution Reconstituted 1000 MG Injection	3				
	Solu-CORTEF Solution Reconstituted 250 MG Injection	3				
	Solu-CORTEF Solution Reconstituted 500 MG Injection	3				
	SOLU-Medrol (PF) Solution Reconstituted 1000 MG Injection	3				
	SOLU-Medrol (PF) Solution Reconstituted 125 MG Injection	3				
	SOLU-Medrol (PF) Solution Reconstituted 40 MG Injection	3				
	SOLU-Medrol (PF) Solution Reconstituted 500 MG Injection	3				
	SOLU-Medrol Solution Reconstituted 1000 MG Injection	3				
	SOLU-Medrol Solution Reconstituted 2 GM Injection	3				
	SOLU-Medrol Solution Reconstituted 500 MG Injection	3				
	TaperDex 12-Day Tablet Therapy Pack 1.5 MG (49) Oral	3				
	TaperDex 6-Day Tablet Therapy Pack 1.5 MG (21) Oral	1				
	TaperDex 6-Day Tablet Therapy Pack 1.5 MG Oral	1				
	TaperDex 7-Day Tablet Therapy Pack 1.5 MG (27) Oral	3				
	Triamcinolone Acetonide Suspension 10 MG/ML Injection	1				
	Triamcinolone Acetonide Suspension 40 MG/ML Injection	1				
	ZCORT 7-Day Tablet Therapy Pack 1.5 MG (25) Oral	3				
*Mineralocorticoids***	Fludrocortisone Acetate Tablet 0.1 MG Oral	1				
*Steroid Combinations***	Betamethasone Sod Phos & Acet Suspension 6 (3-3) MG/ML Injection	1				
	Celestone Soluspan Suspension 6 (3-3) MG/ML Injection	3				
COUGH/COLD/ALLERGY						
*Antitussive - Nonnarcotic***	Benzonatate Capsule 100 MG Oral	1				
	Benzonatate Capsule 150 MG Oral	1				
	Benzonatate Capsule 200 MG Oral	1				
*Antitussive - Opioid***	HYDROcodone Bit-Homatrop MBr Solution 5-1.5 MG/5ML Oral	1				
	HYDROcodone Bit-Homatrop MBr Tablet 5-1.5 MG Oral	1				
	Hydromet Solution 5-1.5 MG/5ML Oral	1				
*Antitussive-Expectorant***	Dextromethorphan-guaiFENesin Syrup 10-100 MG/5ML Oral	1				
*Decongestant & Antihistamine***	Clarinex-D 12 Hour Tablet Extended Release 12 Hour 2.5-120 MG Oral	3				
	Promethazine VC Syrup 6.25-5 MG/5ML Oral	1				
	Promethazine-Phenylephrine Syrup 6.25-5 MG/5ML Oral	1				
*Iodine Expectorants***	SSKI Solution 1 GM/ML Oral	3				
*Misc. Respiratory Inhalants***	HyperSal NEBULIZATION SOLUTION 3.5 % INHALATION	3				
	Nebusal Nebulization Solution 3 % Inhalation	1				
	PulmoSal Nebulization Solution 7 % Inhalation	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Sodium Chloride Nebulization Solution 0.9 % Inhalation	1				
	Sodium Chloride NEBULIZATION SOLUTION 10 % INHALATION	1				
	Sodium Chloride Nebulization Solution 3 % Inhalation	1				
	Sodium Chloride Nebulization Solution 7 % Inhalation	1				
*Mucolytics***	Acetylcysteine Solution 10 % Inhalation	1				
	Acetylcysteine Solution 20 % Inhalation	1				
*Non-Narc Antitussive-Antihistamine***	Promethazine-DM Syrup 6.25-15 MG/5ML Oral	1				
*Non-Narc Antitussive-Decongestant-Antihistamine***	Bromfed DM Syrup 2-30-10 MG/5ML Oral	1				
	Bromphen-Pseudoeph-DM Syrup 2-30-10 MG/5ML Oral	1				
	Pseudoeph-Bromphen-DM Syrup 30-2-10 MG/5ML Oral	1				
*Opioid Antitussive-Antihistamine***	Hydrocod Poli-Chlorphe Poli ER Suspension Extended Release 10-8 MG/5ML Oral	1				
	Promethazine-Codeine Solution 6.25-10 MG/5ML Oral	1				
	Promethazine-Codeine Syrup 6.25-10 MG/5ML Oral	1				
	TussiCaps Capsule Extended Release 12 Hour 10-8 MG Oral	3				
	Tuxarin ER Tablet Extended Release 12 Hour 54.3-8 MG Oral	3				
	Tuzistra XR Suspension Extended Release 14.7-2.8 MG/5ML Oral	3				
*Opioid Antitussive-Decongestant-Antihistamine***	Promethazine VC/Codeine Syrup 6.25-5-10 MG/5ML Oral	1				
	Promethazine-Phenyleph-Codeine Syrup 6.25-5-10 MG/5ML Oral	1				
DERMATOLOGICALS						
*Acne Antibiotics***	Amzeeq Foam 4 % External	3		ST		
	Clindacin ETZ Swab 1 % External	1				
	Clindacin Foam 1 % External	1				
	Clindacin-P Swab 1 % External	1				
	Clindamycin Phos (Once-Daily) Gel 1 % External	1				
	Clindamycin Phos (Twice-Daily) Gel 1 % External	1				
	Clindamycin Phosphate Foam 1 % External	1				
	Clindamycin Phosphate Lotion 1 % External	1				
	Clindamycin Phosphate Solution 1 % External	1				
	Clindamycin Phosphate Swab 1 % External	1				
	Dapsone Gel 5 % External	1				
	Dapsone Gel 7.5 % External	1				
	Ery Pad 2 % External	1		ST		
	Erythromycin Gel 2 % External	1				
	Erythromycin Solution 2 % External	1				
	Sulfacetamide Sodium (Acne) Lotion 10 % External	1				
*Acne Combinations***	Adapalene-Benzoyl Peroxide Gel 0.1-2.5 % External	1				
	Benzoyl Peroxide-Erythromycin Gel 5-3 % External	1				
	Cabtreo Gel 0.15-3.1-1.2 % External	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Clindamycin Phos-Benzoyl Perox Gel 1.2-2.5 % External	1				
	Clindamycin Phos-Benzoyl Perox Gel 1.2-3.75 % External	1				
	Clindamycin Phos-Benzoyl Perox Gel 1.2-5 % External	1				
	Clindamycin Phos-Benzoyl Perox Gel 1-5 % External	1				
	Clindamycin-Tretinoin Gel 1.2-0.025 % External	1				
	Neuac GEL 1.2-5 % EXTERNAL	1				
	Onexton Gel 1.2-3.75 % External	2		ST		
	Sulfacetamide Sodium-Sulfur Cream 9.8-4.8 % External	1				
	Sulfacetamide Sodium-Sulfur Liquid 10-2 % External	1				
	Sulfacetamide Sodium-Sulfur Liquid 10-5 % External	1				
	Sulfacetamide Sodium-Sulfur Liquid 9-4 % External	1				
	Sulfacetamide Sodium-Sulfur Liquid 9-4.5 % External	1				
	Sulfacetamide Sodium-Sulfur Suspension 8-4 % External	1				
	Sulfacetamide Sod-Sulfur Wash Liquid 9-4.5 % External	1				
	SulfaCleanse 8/4 SUSPENSION 8-4 % EXTERNAL	1				
*Acne Products***	Absorica LD Capsule 16 MG Oral	2				
	Absorica LD Capsule 24 MG Oral	2				
	Absorica LD Capsule 32 MG Oral	2				
	Absorica LD Capsule 8 MG Oral	2				
	Accutane Capsule 10 MG Oral	1				
	Accutane Capsule 20 MG Oral	1				
	Accutane Capsule 30 MG Oral	1				
	Accutane Capsule 40 MG Oral	1				
	Adapalene Cream 0.1 % External	1				
	Adapalene Gel 0.1 % External	1				
	Adapalene Gel 0.3 % External	1				
	Adapalene Pad 0.1 % External	3		ST		
	Adapalene Solution 0.1 % External	3		ST		
	Aklief Cream 0.005 % External	3		ST		
	Altreno Lotion 0.05 % External	3		ST		
	Amnesteem CAPSULE 10 MG Oral	1				
	Amnesteem CAPSULE 20 MG Oral	1				
	Amnesteem Capsule 30 MG Oral	1				
	Amnesteem CAPSULE 40 MG Oral	1				
	Avita Cream 0.025 % External	1				
	Avita Gel 0.025 % External	1				
	Azelex Cream 20 % External	3		ST		
	Claravis CAPSULE 10 MG ORAL	1				
	Claravis Capsule 20 MG Oral	1				
	Claravis Capsule 30 MG Oral	1				
	Claravis Capsule 40 MG Oral	1				
	Differin Lotion 0.1 % External	3		ST		
	ISOtretinoin Capsule 10 MG Oral	1				
	ISOtretinoin Capsule 20 MG Oral	1				
	ISOtretinoin Capsule 30 MG Oral	1				
	ISOtretinoin Capsule 40 MG Oral	1				
	Myorisan Capsule 10 MG Oral	1				
	Myorisan Capsule 20 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Myorisan Capsule 30 MG Oral	1				
	Myorisan Capsule 40 MG Oral	1				
	Tretinoin Cream 0.025 % External	1				
	Tretinoin Cream 0.05 % External	1				
	Tretinoin Cream 0.1 % External	1				
	Tretinoin Gel 0.01 % External	1				
	Tretinoin Gel 0.025 % External	1				
	Tretinoin Gel 0.05 % External	1				
	Tretinoin Microsphere Gel 0.04 % External	1				
				ST		
	Tretinoin Microsphere Gel 0.08 % External	1				
	Tretinoin Microsphere Gel 0.1 % External	1				
				ST		
	Tretinoin Microsphere Pump Gel 0.04 % External	1		ST		
	Tretinoin Microsphere Pump Gel 0.08 % External	1				
	Tretinoin Microsphere Pump Gel 0.1 % External	1		ST		
	Winlevi Cream 1 % External	3				
	Zenatane CAPSULE 10 MG ORAL	1				
	Zenatane CAPSULE 20 MG ORAL	1				
	Zenatane CAPSULE 30 MG ORAL	1				
	Zenatane CAPSULE 40 MG ORAL	1				
*Agents for External Genital and Perianal Warts***	Veregen Ointment 15 % External	3				
*Alopecia Agents - Janus Kinus (JAK) Inhibitors***	Litfulo Capsule 50 MG Oral	4	PA		QL	Non-Preferred Specialty
*Antibiotic Steroid Combinations - Topical***	Neo-Synalar CREAM 0.5-0.025 % EXTERNAL	3				
*Antibiotics - Topical***	Altabax Ointment 1 % External	3				
	Centany Ointment 2 % External	1				
	Gentamicin Sulfate Cream 0.1 % External	1				
	Gentamicin Sulfate Ointment 0.1 % External	1				
	Mupirocin Calcium Cream 2 % External	1				
	Mupirocin Ointment 2 % External	1				
	Xepi Cream 1 % External	3				
*Antifungals - Topical Combinations***	Clotrimazole-Betamethasone Cream 1-0.05 % External	1				
	Clotrimazole-Betamethasone Lotion 1-0.05 % External	1				
	Miconazole-Zinc Oxide-Petrolat Ointment 0.25-15-81.35 % External	3				
	Nystatin-Triamcinolone Cream 100000-0.1 UNIT/GM-% External	1				
	Nystatin-Triamcinolone Ointment 100000-0.1 UNIT/GM-% External	1				
	Vusion Ointment 0.25-15-81.35 % External	3				
*Antifungals - Topical***	Ciclodan SOLUTION 8 % EXTERNAL	1				
	Ciclopirox Gel 0.77 % External	1				
	Ciclopirox Olamine Cream 0.77 % External	1				
	Ciclopirox Shampoo 1 % External	1				
	Ciclopirox Solution 8 % External	1				
	Klayesta Powder 100000 UNIT/GM External	1				
	Mentax Cream 1 % External	3				
	Naftifine HCl Cream 1 % External	1				
	Naftifine HCl Gel 2 % External	1				
	Naftin Gel 1 % External	3				
	Nyamyc Powder 100000 UNIT/GM External	1				
	Nystatin Cream 100000 UNIT/GM External	1				
	Nystatin Ointment 100000 UNIT/GM External	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Nystatin Powder 100000 UNIT/GM External	1				
	Nystop Powder 100000 UNIT/GM External	1				
*Anti-inflammatory Agents - Topical***	Diclofenac Epolamine Patch 1.3 % External	1				
		3				
	Diclofenac Sodium Gel 1 % External	1			QL	
	Diclofenac Sodium Solution 1.5 % External	1			QL	
	Flector Patch 1.3 % External	3				
	Licart Patch 24 Hour 1.3 % External	3		ST		
*Antineoplastic Alkylating Agents - Topical***	Valchlor Gel 0.016 % External	4	PA		QL	Preferred Specialty
*Antineoplastic Antimetabolites - Topical***	Carac Cream 0.5 % External	2				
	Fluoroplex Cream 1 % External	3				
	Fluorouracil Cream 0.5 % External	1				
		2				
	Fluorouracil Cream 5 % External	1				
	Fluorouracil Cream 5 % External	1				
	Fluorouracil Solution 2 % External	1				
	Fluorouracil Solution 5 % External	1				
*Antineoplastic or Premalignant Lesions - Topical NSAID's***	Diclofenac Sodium Gel 3 % External	1	PA		QL	
*Antineoplastic Retinoids - Topical***	Panretin Gel 0.1 % External	3				
*Antipruritics - Topical***	Doxepin HCl Cream 5 % External	1				
	Prudoxin Cream 5 % External	3				
	Zonalon Cream 5 % External	3				
*Antipsoriatics - Systemic***	Acitretin Capsule 10 MG Oral	1			QL	
	Acitretin Capsule 17.5 MG Oral	1			QL	
	Acitretin Capsule 25 MG Oral	1			QL	
	Bimzelx Solution Auto-Injector 160 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Bimzelx Solution Auto-Injector 320 MG/2ML Subcutaneous	4	PA			Non-Preferred Specialty
	Bimzelx Solution Prefilled Syringe 160 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Bimzelx Solution Prefilled Syringe 320 MG/2ML Subcutaneous	4	PA			Non-Preferred Specialty
	Cosentyx (300 MG Dose) Solution Prefilled Syringe 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Cosentyx Sensoready (300 MG) Solution Auto-Injector 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Cosentyx Sensoready Pen Solution Auto-injector 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Cosentyx Solution 125 MG/5ML Intravenous	4	PA			Preferred Specialty
	Cosentyx Solution Prefilled Syringe 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Cosentyx UnoReady Solution Auto-Injector 300 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Methoxsalen Rapid Capsule 10 MG Oral	1	PA			
	Selarsdi Solution Prefilled Syringe 45 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Selarsdi Solution Prefilled Syringe 90 MG/ML Subcutaneous	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	4	PA			Preferred Specialty
	Skyrizi Pen Solution Auto-Injector 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Skyrizi Solution Prefilled Syringe 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Sotyktu Tablet 6 MG Oral	4	PA		QL	Preferred Specialty
	Spevigo Solution Prefilled Syringe 150 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Spevigo Solution Prefilled Syringe 300 MG/2ML Subcutaneous	4	PA			Non-Preferred Specialty
	Stelara SOLUTION 45 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Stelara Solution Prefilled Syringe 45 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Stelara Solution Prefilled Syringe 90 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Tremfya One-Press Solution Auto-Injector 100 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Tremfya Pen Solution Auto-Injector 100 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Tremfya Solution Prefilled Syringe 100 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Yesintek Solution 45 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Yesintek Solution Prefilled Syringe 45 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Yesintek Solution Prefilled Syringe 90 MG/ML Subcutaneous	4	PA			Preferred Specialty
*Antipsoriatics***	Calcipotriene Cream 0.005 % External	1				
	Calcipotriene Foam 0.005 % External	1				
	Calcipotriene Ointment 0.005 % External	1				
	Calcipotriene Solution 0.005 % External	1				
	Calcitrene Ointment 0.005 % External	1				
	Calcitriol Ointment 3 MCG/GM External	1				
		3				
	Sorilux Foam 0.005 % External	3				
	Tazarotene Cream 0.05 % External	1				
	Tazarotene Cream 0.1 % External	1				
	Tazarotene Cream 0.1 % External	1				
	Tazarotene Gel 0.05 % External	1				
	Tazarotene Gel 0.1 % External	1				
	Vectical OINTMENT 3 MCG/GM EXTERNAL	3				
	Vtama Cream 1 % External	3	PA			
*Antiseborrheic Products***	Selenium Sulfide Lotion 2.5 % External	1				
	Sodium Sulfacetamide Wash Liquid 10 % External	1				
*Antiviral Topical Combinations***	Xerese Cream 5-1 % External	3				
*Antivirals - Topical***	Acyclovir Cream 5 % External	1				
	Acyclovir Ointment 5 % External	1				
	Penciclovir Cream 1 % External	1				
	Zelsuvmi Gel 10.3 % External	3	PA			
*Atopic Dermatitis - Janus Kinase (JAK) Inhibitors***	Opzelura Cream 1.5 % External	2	PA		QL	
*Atopic Dermatitis - Monoclonal Antibodies***	Adbry Solution Auto-Injector 300 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Adbry Solution Prefilled Syringe 150 MG/ML Subcutaneous	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Dupixent Solution Auto-Injector 200 MG/1.14ML Subcutaneous	4	PA			Preferred Specialty
	Dupixent Solution Auto-Injector 300 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Dupixent Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous	4	PA			Preferred Specialty
	Dupixent Solution Prefilled Syringe 200 MG/1.14ML Subcutaneous	4	PA			Preferred Specialty
	Dupixent Solution Prefilled Syringe 300 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Ebglyss Solution Auto-Injector 250 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Ebglyss Solution Prefilled Syringe 250 MG/2ML Subcutaneous	4	PA			Preferred Specialty
*Burn Products***	Silver sulfADIAZINE Cream 1 % External	1				
	SSD Cream 1 % External	1				
	Sulfamylon Cream 85 MG/GM External	3				
*Corticosteroids - Topical***	Ala Scalp Lotion 2 % External	1				
	Ala-Cort Cream 1 % External	1				
	Ala-Cort Cream 2.5 % External	1				
	Alclometasone Dipropionate Cream 0.05 % External	1				
	Alclometasone Dipropionate Ointment 0.05 % External	1				
	Amcinonide Cream 0.1 % External	3				
	Amcinonide Lotion 0.1 % External	3				
	Amcinonide Ointment 0.1 % External	1				
	ApexiCon E Cream 0.05 % External	3				
	Beser Lotion 0.05 % External	1				
	Betamethasone Dipropionate Aug Cream 0.05 % External	1				
	Betamethasone Dipropionate Aug Gel 0.05 % External	1				
	Betamethasone Dipropionate Aug Lotion 0.05 % External	1				
	Betamethasone Dipropionate Aug Ointment 0.05 % External	1				
	Betamethasone Dipropionate Cream 0.05 % External	1				
	Betamethasone Dipropionate Lotion 0.05 % External	1				
	Betamethasone Dipropionate Ointment 0.05 % External	1				
	Betamethasone Valerate Cream 0.1 % External	1				
	Betamethasone Valerate Foam 0.12 % External	1				
	Betamethasone Valerate Lotion 0.1 % External	1				
	Betamethasone Valerate Ointment 0.1 % External	1				
	Bryhali Lotion 0.01 % External	3				
	Capex Shampoo 0.01 % External	3				
	Clobetasol Prop Emollient Base Cream 0.05 % External	1				
	Clobetasol Propionate Cream 0.025 % External	3				
	Clobetasol Propionate Cream 0.05 % External	1				
	Clobetasol Propionate E Cream 0.05 % External	1				
	Clobetasol Propionate Emulsion Foam 0.05 % External	1				
	Clobetasol Propionate Foam 0.05 % External	1				
	Clobetasol Propionate Gel 0.05 % External	1				
	Clobetasol Propionate Liquid 0.05 % External	1				
	Clobetasol Propionate Lotion 0.05 % External	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Clobetasol Propionate Ointment 0.05 % External	1				
	Clobetasol Propionate Shampoo 0.05 % External	1				
	Clobetasol Propionate Solution 0.05 % External	1				
	Clocortolone Pivalate Cream 0.1 % External	1		ST		
	Clodan SHAMPOO 0.05 % EXTERNAL	1				
	Cordran Cream 0.025 % External	3				
	Cordran Ointment 0.05 % External	3				
	Cordran Tape 4 MCG/SQCM External	3				
	Desonide Cream 0.05 % External	1				
	Desonide Gel 0.05 % External	1		ST		
	Desonide Lotion 0.05 % External	1				
	Desonide Ointment 0.05 % External	1				
	Desoximetasone CREAM 0.05 % External	1				
	Desoximetasone Cream 0.25 % External	1				
	Desoximetasone Gel 0.05 % External	1				
	Desoximetasone Liquid 0.25 % External	1				
	Desoximetasone Ointment 0.05 % External	1				
	Desoximetasone Ointment 0.25 % External	1				
	DesRx Gel 0.05 % External	1		ST		
	Diflorasone Diacetate Cream 0.05 % External	3				
	Diflorasone Diacetate Ointment 0.05 % External	1				
	Fluocinolone Acetonide Body Oil 0.01 % External	1				
	Fluocinolone Acetonide Cream 0.01 % External	1				
	Fluocinolone Acetonide Cream 0.025 % External	1				
	Fluocinolone Acetonide Ointment 0.025 % External	1				
	Fluocinolone Acetonide Scalp Oil 0.01 % External	1				
	Fluocinolone Acetonide Solution 0.01 % External	1				
	Fluocinonide Cream 0.05 % External	1				
	Fluocinonide Cream 0.1 % External	1				
	Fluocinonide Emulsified Base Cream 0.05 % External	1				
	Fluocinonide Gel 0.05 % External	1				
	Fluocinonide Ointment 0.05 % External	1				
	Fluocinonide Solution 0.05 % External	1				
	Flurandrenolide Cream 0.05 % External	1		ST		
	Flurandrenolide Lotion 0.05 % External	1				
	Flurandrenolide Ointment 0.05 % External	1				
	Fluticasone Propionate Cream 0.05 % External	1				
	Fluticasone Propionate Lotion 0.05 % External	1				
	Fluticasone Propionate Ointment 0.005 % External	1				
	Halcinonide Cream 0.1 % External	1				
	Halcinonide Solution 0.1 % External	3				
	Halobetasol Propionate Cream 0.05 % External	1				
	Halobetasol Propionate Foam 0.05 % External	1				
	Halobetasol Propionate Ointment 0.05 % External	1				
	Halog Ointment 0.1 % External	3				
	Halog Solution 0.1 % External	3				
	Hydrocortisone Acetate Cream 2.5 % External	3				
	Hydrocortisone Butyr Lipo Base Cream 0.1 % External	1				
	Hydrocortisone Butyrate Cream 0.1 % External	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Hydrocortisone Butyrate Lotion 0.1 % External	1		ST		
	Hydrocortisone Butyrate Ointment 0.1 % External	1		ST		
	Hydrocortisone Butyrate Solution 0.1 % External	1				
	Hydrocortisone Cream 1 % External	1				
	Hydrocortisone Cream 2.5 % External	1				
	Hydrocortisone Lotion 2 % External	1				
	Hydrocortisone Lotion 2.5 % External	1				
	Hydrocortisone Ointment 1 % External	1				
	Hydrocortisone Ointment 2.5 % External	1				
	Hydrocortisone Solution 2.5 % External	3				
	Hydrocortisone Valerate Cream 0.2 % External	1				
	Hydrocortisone Valerate Ointment 0.2 % External	1				
	Impeklo Lotion 0.15 MG/ACT (0.05%) External	3				
	Impoyz Cream 0.025 % External	3				
	MiCort HC Cream 2.5 % External	3				
	Mometasone Furoate Cream 0.1 % External	1				
	Mometasone Furoate Ointment 0.1 % External	1				
	Mometasone Furoate Solution 0.1 % External	1				
	Nolix Cream 0.05 % External	1		ST		
	Nolix Lotion 0.05 % External	1				
	Pandel Cream 0.1 % External	3		ST		
	Prednicarbate Ointment 0.1 % External	1				
	Sernivo Emulsion 0.05 % External	3		ST		
	Texacort Solution 2.5 % External	3				
	Tovet Foam 0.05 % External	1				
	Triamcinolone Acetonide Aerosol Solution 0.147 MG/GM External	1				
	Triamcinolone Acetonide Cream 0.025 % External	1				
	Triamcinolone Acetonide Cream 0.1 % External	1				
	Triamcinolone Acetonide Cream 0.5 % External	1				
	Triamcinolone Acetonide Lotion 0.025 % External	1				
	Triamcinolone Acetonide Lotion 0.1 % External	1				
	Triamcinolone Acetonide Ointment 0.025 % External	1				
	Triamcinolone Acetonide Ointment 0.05 % External	1				
	Triamcinolone Acetonide Ointment 0.1 % External	1				
	Triamcinolone Acetonide Ointment 0.5 % External	1				
	Triamcinolone in Absorbase Ointment 0.05 % External	1				
	Trianex Ointment 0.05 % External	1				
	Triderm Cream 0.1 % External	1				
	Triderm Cream 0.5 % External	1				
	Tritocin Ointment 0.05 % External	1				
	Ultravate Lotion 0.05 % External	3				
	Verdeso Foam 0.05 % External	3				
*Emollients***	Ammonium Lactate Cream 12 % External	1				
	Ammonium Lactate Lotion 12 % External	1				
*Enzymes - Topical***	Santyl Ointment 250 UNIT/GM External	3			QL	
*Imidazole-Related Antifungals - Topical***	Clotrimazole Cream 1 % External	1				
	Clotrimazole Solution 1 % External	1				
	Econazole Nitrate Cream 1 % External	1				
	Ecoza Foam 1 % External	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Ertaczo Cream 2 % External	3				
	Exelderm Cream 1 % External	3				
	Exelderm Solution 1 % External	3				
	Jublia SOLUTION 10 % EXTERNAL	2				
	Ketoconazole Cream 2 % External	1				
	Ketoconazole Foam 2 % External	1				
	Ketoconazole Shampoo 2 % External	1				
	Ketodan Foam 2 % External	1				
	Luliconazole Cream 1 % External	3				
	Luzu Cream 1 % External	3				
	Oxiconazole Nitrate Cream 1 % External	1				
	Oxistat Lotion 1 % External	3				
	Sulconazole Nitrate Cream 1 % External	3				
	Sulconazole Nitrate Solution 1 % External	3				
	Xolegel Gel 2 % External	3				
*Immunomodulators Imidazoquinolinamines - Topical***	Imiquimod Cream 3.75 % External	1				
	Imiquimod Cream 5 % External	1				
	Imiquimod Pump Cream 3.75 % External	1				
	Zyclara Pump Cream 2.5 % External	2				
*Keratolytic/Antimitotic/Vesicant Agents***	Podofilox Gel 0.5 % External	1				
	Podofilox Solution 0.5 % External	1				
*Local Anesthetics - Topical***	DycloPro Solution 0.5 % External	3				
	Lidocaine HCl Solution 4 % External	1			QL	
	Lidocaine Ointment 5 % External	1			QL	
	Lidocaine Patch 5 % External	1			QL	
	Lidocan Patch 5 % External	1			QL	
	Tridacaine II Patch 5 % External	1			QL	
	Tridacaine III Patch 5 % External	1			QL	
	ZTlido Patch 1.8 % External	3				
*Macrolide Immunosuppressants - Topical***	Hyftor Gel 0.2 % External	3	PA			
	Pimecrolimus Cream 1 % External	1		ST		
	Tacrolimus Ointment 0.03 % External	1		ST		
	Tacrolimus Ointment 0.1 % External	1		ST		
*Microtubule Inhibitors - Topical***	Klisyri (250 mg) Ointment 1 % External	3				
	Klisyri (350 mg) Ointment 1 % External	3				
*Misc. Topical***	Qbrexza Pad 2.4 % External	3				
*Phosphodiesterase 4 (PDE4) Inhibitors - Topical***	Eucrisa Ointment 2 % External	2		ST		
*Rosacea Agents***	Azelaic Acid Gel 15 % External	1				
	Brimonidine Tartrate Gel 0.33 % External	1				
	Doxycycline Capsule Delayed Release 40 MG Oral	1	PA			
	Emrosi Capsule Extended Release 24 Hour 40 MG Oral	3	PA		QL	
	Ivermectin Cream 1 % External	1				
	metroNIDAZOLE Cream 0.75 % External	1				
	metroNIDAZOLE Gel 0.75 % External	1				
	metroNIDAZOLE Gel 1 % External	1				
	Oracea Capsule Delayed Release 40 MG Oral	2	PA			
	Rhofade Cream 1 % External	3				
	Rosadan Cream 0.75 % External	1				
	Rosadan Gel 0.75 % External	1				
	Zilxi Foam 1.5 % External	2		ST		
*Scabicides & Pediculicides***	Crotan Lotion 10 % External	1				
	Ivermectin Lotion 0.5 % External	1				
	Lindane Shampoo 1 % External	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Malathion Lotion 0.5 % External	1				
	Natroba SUSPENSION 0.9 % EXTERNAL	3				
	Permethrin Cream 5 % External	1				
	Pruradik Lotion 10 % External	1				
	Spinosad Suspension 0.9 % External	1				
		3				
*Topical Anesthetic Combinations***	Lidocaine-Prilocaine Cream 2.5-2.5 % External	1			QL	
	Lidocaine-Tetracaine Cream 7-7 % External	3			QL	
	Pliaglis Cream 7-7 % External	3			QL	
	Synera Patch 70-70 MG External	3				
*Topical Selective Retinoid X Receptor Agonists***	Bexarotene Gel 1 % External	4	PA		QL	Preferred Specialty
*Topical Steroid Combinations***	Calcipotriene-Betameth Diprop Ointment 0.005-0.064 % External	1				
	Calcipotriene-Betameth Diprop Suspension 0.005-0.064 % External	1				
	Duobrii Lotion 0.01-0.045 % External	3				
	Enstilar FOAM 0.005-0.064 % EXTERNAL	2				
*Wound Care - Growth Factor Agents***	Regranex Gel 0.01 % External	3				
*Wound Dressings***	Filsuvez Gel 10 % External	4	PA			Non-Preferred Specialty
DIAGNOSTIC PRODUCTS						
*Diagnostic Drugs***	Provocholine Kit Inhalation	3				
*Diagnostic Radiopharmaceuticals - Cardiac***	Flyrcado Solution 5-55 MCI/ML Intravenous	3				
*Diagnostic Radiopharmaceuticals - Renal***	DMSA Kit Intravenous	3				
*Diagnostic Tests***	A1CNow + Professional System Kit In Vitro	3				
	FreeStyle InsuLinx Test Strip In Vitro	2			QL	
	FreeStyle Lite Test Strip In Vitro	2			QL	
	FreeStyle Precision Neo Test Strip In Vitro	2			QL	
	FreeStyle Test Strip In Vitro	2			QL	
	OneTouch Ultra Blue Test Strip In Vitro	2			QL	
	OneTouch Ultra Strip In Vitro	2			QL	
	OneTouch Ultra Test Strip In Vitro	2			QL	
	OneTouch Verio Strip In Vitro	2			QL	
	pH Strips Diagnostic Test In Vitro	3				
	Precision Xtra Blood Glucose Strip In Vitro	2			QL	
DIGESTIVE AIDS						
*Digestive Enzymes***	Creon Capsule Delayed Release Particles 12000-38000 UNIT Oral	2				
	Creon Capsule Delayed Release Particles 24000-76000 UNIT Oral	2				
	Creon Capsule Delayed Release Particles 3000-9500 UNIT Oral	2				
	Creon Capsule Delayed Release Particles 36000-114000 UNIT Oral	2				
	Creon Capsule Delayed Release Particles 6000-19000 UNIT Oral	2				
	Sucraid Solution 8500 UNIT/ML Oral	4	PA			Non-Preferred Specialty
	Zenpep Capsule Delayed Release Particles 10000-32000 UNIT Oral	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	2				
	Zenpep Capsule Delayed Release Particles 20000-63000 UNIT Oral	2				
	Zenpep Capsule Delayed Release Particles 25000-79000 UNIT Oral	2				
	Zenpep Capsule Delayed Release Particles 3000-10000 UNIT Oral	2				
	Zenpep Capsule Delayed Release Particles 40000-126000 UNIT Oral	2				
	Zenpep Capsule Delayed Release Particles 5000-24000 UNIT Oral	2				
	Zenpep Capsule Delayed Release Particles 60000-189600 UNIT Oral	2				
DIURETICS						
*Carbonic Anhydrase Inhibitors***	acetaZOLAMIDE ER Capsule Extended Release 12 Hour 500 MG Oral	1				
	acetaZOLAMIDE Tablet 125 MG Oral	1				
	acetaZOLAMIDE Tablet 250 MG Oral	1				
	Dichlorphenamide Tablet 50 MG Oral	4	PA			Preferred Specialty
	methazolAMIDE Tablet 25 MG Oral	1				
	methazolAMIDE Tablet 50 MG Oral	1				
	Ormalvi Tablet 50 MG Oral	4	PA			Preferred Specialty
*Diuretic Combinations***	Aldactazide Tablet 50-50 MG Oral	3				
	aMILoride-hydroCHLOROthiazide Tablet 5-50 MG Oral	1				
	Spironolactone-HCTZ Tablet 25-25 MG Oral	1				
	Triamterene-HCTZ Capsule 37.5-25 MG Oral	1				
	Triamterene-HCTZ Tablet 37.5-25 MG Oral	1				
	Triamterene-HCTZ Tablet 75-50 MG Oral	1				
*Loop Diuretics***	Bumetanide Tablet 0.5 MG Oral	1				
	Bumetanide Tablet 1 MG Oral	1				
	Bumetanide Tablet 2 MG Oral	1				
	Ethacrynic Acid Tablet 25 MG Oral	1				
	Furosemide Solution 10 MG/ML Oral	1				
	Furosemide SOLUTION 8 MG/ML ORAL	3				
	Furosemide Tablet 20 MG Oral	1				
	Furosemide Tablet 40 MG Oral	1				
	Furosemide Tablet 80 MG Oral	1				
	Torsemide Tablet 10 MG Oral	1				
	Torsemide Tablet 100 MG Oral	1				
	Torsemide Tablet 20 MG Oral	1				
		2				
	Torsemide Tablet 5 MG Oral	1				
*Potassium Sparing Diuretics***	aMILoride HCl Tablet 5 MG Oral	1				
	Spironolactone Suspension 25 MG/5ML Oral	1				
	Spironolactone Tablet 100 MG Oral	1				
	Spironolactone Tablet 25 MG Oral	1				
	Spironolactone Tablet 50 MG Oral	1				
	Triamterene Capsule 100 MG Oral	1				
	Triamterene Capsule 50 MG Oral	1				
*Thiazides and Thiazide-Like Diuretics***	Chlorthalidone Tablet 25 MG Oral	1				
	Chlorthalidone Tablet 50 MG Oral	1				
	Diuril Suspension 250 MG/5ML Oral	3				
	Hemiclor Tablet 12.5 MG Oral	3				
	hydroCHLOROthiazide Capsule 12.5 MG Oral	1				
	hydroCHLOROthiazide Tablet 12.5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	hydroCHLOROthiazide Tablet 25 MG Oral	1				
	hydroCHLOROthiazide Tablet 50 MG Oral	1				
	Indapamide Tablet 1.25 MG Oral	1				
	Indapamide Tablet 2.5 MG Oral	1				
	Inzirqo Suspension Reconstituted 10 MG/ML Oral	3	PA			
	metOLazone Tablet 10 MG Oral	1				
	metOLazone Tablet 2.5 MG Oral	1				
	metOLazone Tablet 5 MG Oral	1				
	Thalitone Tablet 15 MG Oral	3				
ENDOCRINE AND METABOLIC AGENTS - MISC.						
*Adenosine Deaminase SCID Treatment - Agents***	Revcovi Solution 2.4 MG/1.5ML Intramuscular	4	PA			Preferred Specialty
*Alkaptonuria (AKU) Treatment - Agents***	Harliku Tablet 2 MG Oral	4	PA			Non-Preferred Specialty
*ATP-Sensitive Potassium Channel Activators***	Vykat XR Tablet Extended Release 24 Hour 150 MG Oral	4	PA			Non-Preferred Specialty
	Vykat XR Tablet Extended Release 24 Hour 25 MG Oral	4	PA			Non-Preferred Specialty
	Vykat XR Tablet Extended Release 24 Hour 75 MG Oral	4	PA			Non-Preferred Specialty
*Bisphosphonates***	Alendronate Sodium Solution 70 MG/75ML Oral	1			QL	
	Alendronate Sodium Tablet 10 MG Oral	1			QL	
	Alendronate Sodium Tablet 35 MG Oral	1			QL	
	Alendronate Sodium Tablet 5 MG Oral	1			QL	
	Alendronate Sodium Tablet 70 MG Oral	1			QL	
	Binosto Tablet Effervescent 70 MG Oral	3			QL	
	Fosamax Plus D Tablet 70-2800 MG-UNIT Oral	3			QL	
	Fosamax Plus D Tablet 70-5600 MG-UNIT Oral	3			QL	
	Ibandronate Sodium Solution 3 MG/3ML Intravenous	1				
	Ibandronate Sodium Tablet 150 MG Oral	1			QL	
	Reclast Solution 5 MG/100ML Intravenous	4	PA		QL	Non-Preferred Specialty
	Risedronate Sodium Tablet 150 MG Oral	1		ST	QL	
	Risedronate Sodium Tablet 30 MG Oral	1		ST	QL	
	Risedronate Sodium Tablet 35 MG Oral	1		ST	QL	
	Risedronate Sodium Tablet 5 MG Oral	1		ST	QL	
	Zoledronic Acid Concentrate 4 MG/5ML Intravenous	4	PA			Preferred Specialty
	Zoledronic Acid Solution 4 MG/100ML Intravenous	4	PA			Non-Preferred Specialty
	Zoledronic Acid Solution 5 MG/100ML Intravenous	4	PA		QL	Preferred Specialty
*Calcimimetic Agents***	Cinacalcet HCl Tablet 30 MG Oral	1			QL	
	Cinacalcet HCl Tablet 60 MG Oral	1			QL	
	Cinacalcet HCl Tablet 90 MG Oral	1			QL	
*Calcitonins***	Calcitonin (Salmon) Solution 200 UNIT/ACT Nasal	1			QL	
	Calcitonin (Salmon) Solution 200 UNIT/ML Injection	1			QL	
*Carnitine Replenisher - Agents***	Carnitor Solution 200 MG/ML Intravenous	3				
	levOCARNitine SF Solution 1 GM/10ML Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	levOCARNitine Solution 1 GM/10ML Oral	1				
	levOCARNitine Solution 200 MG/ML Intravenous	1				
	levOCARNitine Tablet 330 MG Oral	1				
*Corticotropin***	Acthar Gel 80 UNIT/ML Injection	4	PA			Non-Preferred Specialty
	Acthar Gel Pen-Injector 40 UNIT/0.5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Acthar Gel Pen-Injector 80 UNIT/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Cortrophin Gel 80 UNIT/ML Injection	4	PA			Non-Preferred Specialty
	Cortrophin Gel Prefilled Syringe 40 UNIT/0.5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Cortrophin Gel Prefilled Syringe 80 UNIT/ML Subcutaneous	4	PA			Non-Preferred Specialty
Corticotropin-Releasing Factor (CRF) Receptor Type 1 Antag	Crenessity Capsule 100 MG Oral	4	PA		QL	Non-Preferred Specialty
	Crenessity Capsule 25 MG Oral	4	PA		QL	Non-Preferred Specialty
	Crenessity Capsule 50 MG Oral	4	PA		QL	Non-Preferred Specialty
	Crenessity Solution 50 MG/ML Oral	4	PA		QL	Non-Preferred Specialty
*Cortisol Synthesis Inhibitors***	Isturisa Tablet 1 MG Oral	4	PA		QL	Non-Preferred Specialty
	Isturisa Tablet 10 MG Oral	4	PA		QL	Non-Preferred Specialty
	Isturisa Tablet 5 MG Oral	4	PA		QL	Non-Preferred Specialty
*Dopamine Receptor Agonists***	Cabergoline Tablet 0.5 MG Oral	1				
*Fabry Disease - Agents***	Fabrazyme SOLUTION RECONSTITUTED 35 MG Intravenous	4	PA		QL	Non-Preferred Specialty
	Fabrazyme SOLUTION RECONSTITUTED 5 MG Intravenous	4	PA		QL	Non-Preferred Specialty
	Galafold Capsule 123 MG Oral	4	PA		QL	Non-Preferred Specialty
*GAA Deficiency Treatment - Agents***	Lumizyme Solution Reconstituted 50 MG Intravenous	4	PA			Non-Preferred Specialty
*GnRH/LHRH Antagonists***	Cetrorelix Acetate Kit 0.25 MG Subcutaneous	4	PA			Preferred Specialty
	Fyremadel Solution Prefilled Syringe 250 MCG/0.5ML Subcutaneous	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Ganirelix Acetate Solution Prefilled Syringe 250 MCG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Orilissa Tablet 150 MG Oral	2	PA		QL	
	Orilissa Tablet 200 MG Oral	2	PA		QL	
*Growth Hormone Receptor Antagonists***	Somavert Solution Reconstituted 10 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Somavert Solution Reconstituted 15 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Somavert Solution Reconstituted 20 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Somavert Solution Reconstituted 25 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Somavert Solution Reconstituted 30 MG Subcutaneous	4	PA			Non-Preferred Specialty
*Growth Hormone Releasing Hormones (GHRH)***	Egrifta SV Solution Reconstituted 2 MG Subcutaneous	3			QL	
	Egrifta WR Kit 11.6 MG Subcutaneous	4	PA		QL	Non-Preferred Specialty
*Growth Hormones***	Genotropin Cartridge 12 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin Cartridge 5 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 0.2 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 0.4 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 0.6 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 0.8 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 1 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 1.2 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 1.4 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 1.6 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 1.8 MG Subcutaneous	4	PA			Preferred Specialty
	Genotropin MiniQuick Prefilled Syringe 2 MG Subcutaneous	4	PA			Preferred Specialty
	Norditropin FlexPro Solution Pen-Injector 10 MG/1.5ML Subcutaneous	4	PA			Preferred Specialty
	Norditropin FlexPro Solution Pen-Injector 15 MG/1.5ML Subcutaneous	4	PA			Preferred Specialty
	Norditropin FlexPro Solution Pen-Injector 30 MG/3ML Subcutaneous	4	PA			Preferred Specialty
	Norditropin FlexPro Solution Pen-Injector 5 MG/1.5ML Subcutaneous	4	PA			Preferred Specialty
	Omnitrope Solution Cartridge 10 MG/1.5ML Subcutaneous	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Omnitrope Solution Cartridge 5 MG/1.5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Omnitrope SOLUTION RECONSTITUTED 5.8 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Skytrofa Cartridge 11 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 13.3 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 3 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 3.6 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 4.3 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 5.2 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 6.3 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 7.6 MG Subcutaneous	4	PA			Preferred Specialty
	Skytrofa Cartridge 9.1 MG Subcutaneous	4	PA			Preferred Specialty
	Sogroya Solution Pen-Injector 10 MG/1.5ML Subcutaneous	4	PA			Preferred Specialty
	Sogroya Solution Pen-Injector 15 MG/1.5ML Subcutaneous	4	PA			Preferred Specialty
	Sogroya Solution Pen-Injector 5 MG/1.5ML Subcutaneous	4	PA			Preferred Specialty
*Hereditary Orotic Aciduria Treatment - Agents**	Xuriden Packet 2 GM Oral	4	PA			Non-Preferred Specialty
*Hereditary Tyrosinemia Type 1 (HT-1) Treatment - Agents***	Nitisinone Capsule 10 MG Oral	4	PA			Preferred Specialty
	Nitisinone Capsule 2 MG Oral	4	PA			Preferred Specialty
	Nitisinone Capsule 20 MG Oral	4	PA			Preferred Specialty
	Nitisinone Capsule 5 MG Oral	4	PA			Preferred Specialty
	Nityr TABLET 10 MG Oral	4	PA			Preferred Specialty
	Nityr TABLET 2 MG Oral	4	PA			Preferred Specialty
	Nityr TABLET 5 MG Oral	4	PA			Preferred Specialty
	Orfadin Suspension 4 MG/ML Oral	4	PA			Preferred Specialty
*Homocystinuria Treatment - Agents***	Betaine Powder Oral	1	PA			
*Hyperammonemia Treatment - Agents***	Carglumic Acid Tablet Soluble 200 MG Oral	4	PA			Preferred Specialty
*Hyperparathyroid Treatment - Vitamin D Analogs***	Calcitriol Capsule 0.25 MCG Oral	1				
	Calcitriol Capsule 0.5 MCG Oral	1				
	Rayaldee Capsule Extended Release 30 MCG Oral	3				
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***	Yorvipath Solution Pen-Injector 168 MCG/0.56ML Subcutaneous	4	PA		QL	Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Yorvipath Solution Pen-Injector 294 MCG/0.98ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Yorvipath Solution Pen-Injector 420 MCG/1.4ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
*Hypophosphatasia (HPP) Agents***	Strensiq SOLUTION 18 MG/0.45ML Subcutaneous	4	PA			Preferred Specialty
	Strensiq SOLUTION 28 MG/0.7ML Subcutaneous	4	PA			Preferred Specialty
	Strensiq SOLUTION 40 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Strensiq SOLUTION 80 MG/0.8ML Subcutaneous	4	PA			Preferred Specialty
*Insulin-Like Growth Factors (Somatomedins)***	Increlex Solution 40 MG/4ML Subcutaneous	4	PA			Preferred Specialty
*Leptin Analogues***	Myalept Solution Reconstituted 11.3 MG Subcutaneous	4	PA			Non-Preferred Specialty
*LHRH/GnRH Agonist Analog Pituitary Suppressants***	Lupron Depot-Ped (1-Month) Kit 11.25 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot-Ped (1-Month) Kit 15 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot-Ped (1-Month) Kit 7.5 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot-Ped (3-Month) Kit 11.25 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot-Ped (3-Month) Kit 30 MG Intramuscular	4	PA		QL	Preferred Specialty
	Lupron Depot-Ped (6-Month) Kit 45 MG Intramuscular	4	PA		QL	Preferred Specialty
	Supprelin LA Kit 50 MG Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Synarel SOLUTION 2 MG/ML NASAL	4	PA			Non-Preferred Specialty
*Lipoprotein Lipase Deficiency (LPLD) Deficiency - Agents***	Tryngolza Solution Auto-Injector 80 MG/0.8ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
*Molybdenum Cofactor Deficiency (MoCD) - Agents***	Nulibry Solution Reconstituted 9.5 MG Intravenous	4	PA			Non-Preferred Specialty
*Mucopolysaccharidosis II (MPS II) - Agents***	Elaprase SOLUTION 6 MG/3ML Intravenous	4	PA		QL	Non-Preferred Specialty
*Natriuretic Peptides***	Voxzogo Solution Reconstituted 0.4 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Voxzogo Solution Reconstituted 0.56 MG Subcutaneous	4	PA			Non-Preferred Specialty
	Voxzogo Solution Reconstituted 1.2 MG Subcutaneous	4	PA			Non-Preferred Specialty
*Neurokinin 3 (NK3) Receptor Antagonists***	Veozah Tablet 45 MG Oral	3				
*Non-steroidal Mineralocorticoid Receptor Antagonists***	Kerendia Tablet 10 MG Oral	3	PA		QL	
	Kerendia Tablet 20 MG Oral	3	PA		QL	
	Kerendia Tablet 40 MG Oral	3	PA		QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Ovulation Stimulants-Gonadotropins***	Follistim AQ Solution 300 UNT/0.36ML Subcutaneous	4	PA			Non-Preferred Specialty
	Follistim AQ Solution 600 UNT/0.72ML Subcutaneous	4	PA			Non-Preferred Specialty
	Follistim AQ Solution 900 UNT/1.08ML Subcutaneous	4	PA			Non-Preferred Specialty
	Gonal-f RFF Rediject Solution Pen-Injector 300 UNT/0.48ML Subcutaneous	4	PA			Preferred Specialty
	Gonal-f RFF Rediject Solution Pen-Injector 450 UNT/0.72ML Subcutaneous	4	PA			Preferred Specialty
	Gonal-f RFF Rediject Solution Pen-Injector 900 UNT/1.44ML Subcutaneous	4	PA			Preferred Specialty
	Gonal-f RFF Solution Reconstituted 75 UNIT Subcutaneous	4	PA			Preferred Specialty
	Gonal-f SOLUTION RECONSTITUTED 1050 UNIT INJECTION	4	PA			Preferred Specialty
	Gonal-f SOLUTION RECONSTITUTED 450 UNIT INJECTION	4	PA			Preferred Specialty
	Menopur Solution Reconstituted 75 UNIT Subcutaneous	4	PA			Non-Preferred Specialty
	Novarel Solution Reconstituted 10000 UNIT Intramuscular	1	PA			
	Novarel SOLUTION RECONSTITUTED 5000 UNIT Intramuscular	2	PA			
	Ovidrel Solution Prefilled Syringe 250 MCG/0.5ML Subcutaneous	2	PA			
	Pregnyl Solution Reconstituted 10000 UNIT Intramuscular	1	PA			
		3	PA			
*Ovulation Stimulants-Synthetic***	Clomid Tablet 50 MG Oral	1	PA			
	clomiPHENE Citrate Tablet 50 MG Oral	1	PA			
*Parathyroid Hormone And Derivatives***	Natpara Cartridge 100 MCG Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Natpara Cartridge 25 MCG Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Natpara Cartridge 50 MCG Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Natpara Cartridge 75 MCG Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Teriparatide Solution Pen-Injector 560 MCG/2.24ML Subcutaneous	4	PA		QL	Preferred Specialty
	Tymlos Solution Pen-injector 3120 MCG/1.56ML Subcutaneous	4	PA		QL	Preferred Specialty
*Phenylketonuria Treatment - Agents***	Palynziq Solution Prefilled Syringe 10 MG/0.5ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Palynziq Solution Prefilled Syringe 2.5 MG/0.5ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Palynziq Solution Prefilled Syringe 20 MG/ML Subcutaneous	4	PA		QL	Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Sapropterin Dihydrochloride Packet 100 MG Oral	4	PA			Preferred Specialty
	Sapropterin Dihydrochloride Packet 500 MG Oral	4	PA			Preferred Specialty
	Sapropterin Dihydrochloride Tablet 100 MG Oral	4	PA			Preferred Specialty
	Sephience Packet 1000 MG Oral	4	PA			Non-Preferred Specialty
	Sephience Packet 250 MG Oral	4	PA			Non-Preferred Specialty
*RANK Ligand (RANKL) Inhibitors***	Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	4	PA		QL	Preferred Specialty
	Xgeva SOLUTION 120 MG/1.7ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
*Selective Estrogen Receptor Modulators (SERMs)***	Osphena Tablet 60 MG Oral	3				
	Raloxifene HCl Tablet 60 MG Oral	1				
*Selective Vasopressin V2-Receptor Antagonists***	Tolvaptan Tablet 15 MG Oral	4	PA		QL	Preferred Specialty
		4	PA		QL	Non-Preferred Specialty
	Tolvaptan Tablet 30 MG Oral	4	PA		QL	Preferred Specialty
	Tolvaptan Tablet Therapy Pack 15 MG Oral	4	PA		QL	Preferred Specialty
	Tolvaptan Tablet Therapy Pack 30 & 15 MG Oral	4	PA		QL	Preferred Specialty
	Tolvaptan Tablet Therapy Pack 45 & 15 MG Oral	4	PA		QL	Preferred Specialty
	Tolvaptan Tablet Therapy Pack 60 & 30 MG Oral	4	PA		QL	Preferred Specialty
	Tolvaptan Tablet Therapy Pack 90 & 30 MG Oral	4	PA		QL	Preferred Specialty
*Somatostatic Agents***	Lanreotide Acetate Solution 120 MG/0.5ML Subcutaneous	4	PA			Preferred Specialty
	Mycapssa Capsule Delayed Release 20 MG Oral	4	PA			Non-Preferred Specialty
	Octreotide Acetate Kit 10 MG Intramuscular	4	PA			Preferred Specialty
	Octreotide Acetate Kit 20 MG Intramuscular	4	PA			Preferred Specialty
	Octreotide Acetate Kit 30 MG Intramuscular	4	PA			Preferred Specialty
	Octreotide Acetate Solution 100 MCG/ML Injection	4	PA			Preferred Specialty
	Octreotide Acetate Solution 1000 MCG/ML Injection	4	PA			Preferred Specialty
	Octreotide Acetate Solution 200 MCG/ML Injection	4	PA			Preferred Specialty
	Octreotide Acetate Solution 50 MCG/ML Injection	4	PA			Preferred Specialty
	Octreotide Acetate Solution 500 MCG/ML Injection	4	PA			Preferred Specialty
	Octreotide Acetate Solution Prefilled Syringe 100 MCG/ML Subcutaneous	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Octreotide Acetate Solution Prefilled Syringe 50 MCG/ML Subcutaneous	4	PA			Preferred Specialty
	Octreotide Acetate Solution Prefilled Syringe 500 MCG/ML Subcutaneous	4	PA			Preferred Specialty
	Signifor Solution 0.3 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Signifor Solution 0.6 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Signifor Solution 0.9 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Somatuline Depot Solution 60 MG/0.2ML Subcutaneous	4	PA			Preferred Specialty
	Somatuline Depot Solution 90 MG/0.3ML Subcutaneous	4	PA			Preferred Specialty
*Urea Cycle Disorder - Agents***	Pheburane Pellet 483 MG/GM Oral	4	PA			Non-Preferred Specialty
	Sodium Phenylbutyrate POWDER 3 GM/TSP Oral	4	PA			Preferred Specialty
	Sodium Phenylbutyrate Tablet 500 MG Oral	4	PA			Preferred Specialty
*V1a/V2-Arginine Vasopressin (AVP) Receptor Antagonists***	Vaprisol Solution 20-5 MG/100ML-% Intravenous	3				
*Vasopressin***	Desmopressin Ace Spray Refrig SOLUTION 0.01 % NASAL	1				
	Desmopressin Acetate PF Solution 4 MCG/ML Injection	1				
	Desmopressin Acetate Solution 4 MCG/ML Injection	1				
	Desmopressin Acetate Spray Solution 0.01 % Nasal	1				
	Desmopressin Acetate Tablet 0.1 MG Oral	1				
	Desmopressin Acetate Tablet 0.2 MG Oral	1				
	Nocdurna Tablet Sublingual 27.7 MCG Sublingual	3				
	Nocdurna Tablet Sublingual 55.3 MCG Sublingual	3				
	Stimate Solution 1.5 MG/ML Nasal	2				
	Vasopressin Solution 20 UNIT/ML Intravenous	1				
	Vasostrict Solution 20 UNIT/ML Intravenous	3				
	Vasostrict Solution 20-5 UT/100ML-% Intravenous	3				
	Vasostrict Solution 40-5 UT/100ML-% Intravenous	3				
*X-Linked Hypophosphatemia (XLH) Treatment - Agents***	Crysvita Solution 10 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Crysvita Solution 20 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Crysvita Solution 30 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
ESTROGENS						
*Estrogen & Progestin***	Abigale Lo Tablet 0.5-0.1 MG Oral	1				
	Abigale Tablet 1-0.5 MG Oral	1				
	Amabelz Tablet 0.5-0.1 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Amabelz Tablet 1-0.5 MG Oral	1				
	Angeliq TABLET 0.25-0.5 MG ORAL	3				
	Angeliq TABLET 0.5-1 MG ORAL	3				
	Bijuva Capsule 0.5-100 MG Oral	2				
	Bijuva Capsule 1-100 MG Oral	2				
	CombiPatch Patch Twice Weekly 0.05-0.14 MG/DAY Transdermal	2				
	CombiPatch Patch Twice Weekly 0.05-0.25 MG/DAY Transdermal	2				
	Estradiol-Norethindrone Acet Tablet 0.5-0.1 MG Oral	1				
	Estradiol-Norethindrone Acet Tablet 1-0.5 MG Oral	1				
	Fyavolv Tablet 0.5-2.5 MG-MCG Oral	1				
	Fyavolv Tablet 1-5 MG-MCG Oral	1				
	Jinteli TABLET 1-5 MG-MCG Oral	1				
	Mimvey TABLET 1-0.5 MG ORAL	1				
	Norethindrone-Eth Estradiol Tablet 0.5-2.5 MG-MCG Oral	1				
	Norethindrone-Eth Estradiol Tablet 1-5 MG-MCG Oral	1				
	Prefest Tablet 1/1-0.09 MG (15/15) Oral	3				
	Premphase Tablet 0.625-5 MG Oral	2				
	Prempro Tablet 0.3-1.5 MG Oral	2				
	Prempro Tablet 0.45-1.5 MG Oral	2				
	Prempro Tablet 0.625-2.5 MG Oral	2				
	Prempro Tablet 0.625-5 MG Oral	2				
*Estrogen-Progestin-GnRH Antagonist***	Myfembree Tablet 40-1-0.5 MG Oral	2	PA			
	Oriahnn Capsule Therapy Pack 300-1-0.5 & 300 MG Oral	2	PA			
*Estrogens***	Alora Patch Twice Weekly 0.025 MG/24HR Transdermal	3				
	Alora Patch Twice Weekly 0.05 MG/24HR Transdermal	3				
	Alora Patch Twice Weekly 0.075 MG/24HR Transdermal	3				
	Alora Patch Twice Weekly 0.1 MG/24HR Transdermal	3				
	Depo-Estradiol Oil 5 MG/ML Intramuscular	3				
	Dotti Patch Twice Weekly 0.025 MG/24HR Transdermal	1				
	Dotti Patch Twice Weekly 0.0375 MG/24HR Transdermal	1				
	Dotti Patch Twice Weekly 0.05 MG/24HR Transdermal	1				
	Dotti Patch Twice Weekly 0.075 MG/24HR Transdermal	1				
	Dotti Patch Twice Weekly 0.1 MG/24HR Transdermal	1				
	Elestrin Gel 0.52 MG/0.87 GM (0.06%) Transdermal	3		ST		
	Estradiol Gel 0.25 MG/0.25GM Transdermal	1		ST		
	Estradiol Gel 0.5 MG/0.5GM Transdermal	1		ST		
	Estradiol Gel 0.75 MG/0.75GM Transdermal	1		ST		
	Estradiol Gel 0.75 MG/1.25 GM (0.06%) Transdermal	1				
	Estradiol Gel 1 MG/GM Transdermal	1		ST		
	Estradiol Gel 1.25 MG/1.25GM Transdermal	1		ST		
	Estradiol Patch Twice Weekly 0.025 MG/24HR Transdermal	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Estradiol Patch Twice Weekly 0.0375 MG/24HR Transdermal	1				
	Estradiol Patch Twice Weekly 0.05 MG/24HR Transdermal	1				
	Estradiol Patch Twice Weekly 0.075 MG/24HR Transdermal	1				
	Estradiol Patch Twice Weekly 0.1 MG/24HR Transdermal	1				
	Estradiol Patch Weekly 0.025 MG/24HR Transdermal	1				
	Estradiol Patch Weekly 0.0375 MG/24HR Transdermal	1				
	Estradiol Patch Weekly 0.05 MG/24HR Transdermal	1				
	Estradiol Patch Weekly 0.06 MG/24HR Transdermal	1				
	Estradiol Patch Weekly 0.075 MG/24HR Transdermal	1				
	Estradiol Patch Weekly 0.1 MG/24HR Transdermal	1				
	Estradiol Tablet 0.5 MG Oral	1				
	Estradiol Tablet 1 MG Oral	1				
	Estradiol Tablet 2 MG Oral	1				
	Estradiol Valerate Oil 10 MG/ML Intramuscular	1				
	Estradiol Valerate Oil 20 MG/ML Intramuscular	1				
	Estradiol Valerate Oil 40 MG/ML Intramuscular	1				
	Evamist SOLUTION 1.53 MG/SPRAY Transdermal	3		ST		
	Lyllana Patch Twice Weekly 0.025 MG/24HR Transdermal	1				
	Lyllana Patch Twice Weekly 0.0375 MG/24HR Transdermal	1				
	Lyllana Patch Twice Weekly 0.05 MG/24HR Transdermal	1				
	Lyllana Patch Twice Weekly 0.075 MG/24HR Transdermal	1				
	Lyllana Patch Twice Weekly 0.1 MG/24HR Transdermal	1				
	Menest Tablet 0.3 MG Oral	3				
	Menest Tablet 0.625 MG Oral	3				
	Menest Tablet 1.25 MG Oral	3				
	Menest Tablet 2.5 MG Oral	3				
	Menostar PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	3				
	Premarin Tablet 0.3 MG Oral	2				
	Premarin Tablet 0.45 MG Oral	2				
	Premarin Tablet 0.625 MG Oral	2				
	Premarin Tablet 0.9 MG Oral	2				
	Premarin Tablet 1.25 MG Oral	2				
*Estrogen-Selective Estrogen Receptor Modulator Comb***	Duavee TABLET 0.45-20 MG ORAL	2				
FLUOROQUINOLONES						
*Fluoroquinolones***	Baxdela Tablet 450 MG Oral	3			QL	
	Cipro Suspension Reconstituted 250 MG/5ML (5%) Oral	3				
	Cipro Suspension Reconstituted 500 MG/5ML (10%) Oral	3				
	Ciprofloxacin HCl Tablet 100 MG Oral	1				
	Ciprofloxacin HCl Tablet 250 MG Oral	1				
	Ciprofloxacin HCl Tablet 500 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Ciprofloxacin HCl Tablet 750 MG Oral	1				
	Ciprofloxacin Suspension Reconstituted 250 MG/5ML (5%) Oral	1				
	Ciprofloxacin Suspension Reconstituted 500 MG/5ML (10%) Oral	1				
	levoFLOXacin Solution 25 MG/ML Oral	1				
	levoFLOXacin Tablet 250 MG Oral	1				
	levoFLOXacin Tablet 500 MG Oral	1				
	levoFLOXacin Tablet 750 MG Oral	1				
	Moxifloxacin HCl Tablet 400 MG Oral	1				
	Ofloxacin Tablet 300 MG Oral	1				
	Ofloxacin Tablet 400 MG Oral	1				
GASTROINTESTINAL AGENTS - MISC.						
*5-HT4 Receptor Agonists***	Prucalopride Succinate Tablet 1 MG Oral	1			QL	
				ST	QL	
	Prucalopride Succinate Tablet 2 MG Oral	1			QL	
				ST	QL	
*Bile Acid Synthesis Disorder Agents***	Cholbam Capsule 250 MG Oral	4	PA			Non-Preferred Specialty
	Cholbam Capsule 50 MG Oral	4	PA			Non-Preferred Specialty
*CIC Agents - Guanylate Cyclase-C (GC-C) Agonists***	Trulance Tablet 3 MG Oral	2				
*Farnesoid X Receptor (FXR) Agonists***	Ocaliva TABLET 10 MG ORAL	4	PA			Preferred Specialty
	Ocaliva TABLET 5 MG ORAL	4	PA			Preferred Specialty
*Gallstone Solubilizing Agents***	Chenodal Tablet 250 MG Oral	4	PA			Preferred Specialty
	Ctexli Tablet 250 MG Oral	4	PA			Preferred Specialty
	Reltone Capsule 200 MG Oral	3				
	Reltone Capsule 400 MG Oral	3				
	Ursodiol Capsule 200 MG Oral	3				
	Ursodiol Capsule 300 MG Oral	1				
	Ursodiol Capsule 400 MG Oral	3				
	Ursodiol Tablet 250 MG Oral	1				
	Ursodiol Tablet 500 MG Oral	1				
*Gastrointestinal Antiallergy Agents***	Cromolyn Sodium Concentrate 100 MG/5ML Oral	1				
*Gastrointestinal Chloride Channel Activators***	Lubiprostone Capsule 24 MCG Oral	1			QL	
	Lubiprostone Capsule 8 MCG Oral	1			QL	
*Gastrointestinal Stimulants***	Gimoti Solution 15 MG/ACT Nasal	3				
	Metoclopramide HCl Solution 10 MG/10ML Oral	1				
	Metoclopramide HCl Solution 5 MG/5ML Oral	1				
	Metoclopramide HCl Tablet 10 MG Oral	1				
	Metoclopramide HCl Tablet 5 MG Oral	1				
	Metoclopramide HCl Tablet Dispersible 10 MG Oral	3				
	Metoclopramide HCl Tablet Dispersible 5 MG Oral	3				
*Glucagon-Like Peptide-2 (GLP-2) Analogs***	Gattex KIT 5 MG Subcutaneous	4	PA		QL	Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***	Rezdiffra Tablet 100 MG Oral	4	PA		QL	Non-Preferred Specialty
	Rezdiffra Tablet 60 MG Oral	4	PA		QL	Non-Preferred Specialty
	Rezdiffra Tablet 80 MG Oral	4	PA		QL	Non-Preferred Specialty
*IBS Agent - Guanylate Cyclase-C (GC-C) Agonists***	Linzess Capsule 145 MCG Oral	2			QL	
	Linzess CAPSULE 290 MCG Oral	2			QL	
	Linzess CAPSULE 72 MCG Oral	2			QL	
*IBS Agent - Mu-Opioid Receptor Agonists***	Viberzi TABLET 100 MG Oral	2			QL	
	Viberzi TABLET 75 MG Oral	2			QL	
*IBS Agent - Selective 5-HT3 Receptor Antagonists***	Alosetron HCl Tablet 0.5 MG Oral	1				
	Alosetron HCl Tablet 1 MG Oral	1				
*Ileal Bile Acid Transporter (IBAT) Inhibitors***	Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral	4	PA		QL	Non-Preferred Specialty
	Bylvay (Pellets) Capsule Sprinkle 600 MCG Oral	4	PA		QL	Non-Preferred Specialty
	Bylvay Capsule 1200 MCG Oral	4	PA		QL	Non-Preferred Specialty
	Bylvay Capsule 400 MCG Oral	4	PA		QL	Non-Preferred Specialty
	Livmarli Solution 19 MG/ML Oral	4	PA			Non-Preferred Specialty
	Livmarli Solution 9.5 MG/ML Oral	4	PA			Non-Preferred Specialty
	Livmarli Tablet 10 MG Oral	4	PA			Non-Preferred Specialty
	Livmarli Tablet 15 MG Oral	4	PA			Non-Preferred Specialty
	Livmarli Tablet 20 MG Oral	4	PA			Non-Preferred Specialty
	Livmarli Tablet 30 MG Oral	4	PA			Non-Preferred Specialty
*Inflammatory Bowel Agents***	Balsalazide Disodium Capsule 750 MG Oral	1				
	Dipentum Capsule 250 MG Oral	3				
	Mesalamine Capsule Delayed Release 400 MG Oral	1				
	Mesalamine Enema 4 GM Rectal	1				
	Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	1				
	Mesalamine ER Capsule Extended Release 500 MG Oral	1				
	Mesalamine Suppository 1000 MG Rectal	1				
	Mesalamine Tablet Delayed Release 1.2 GM Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Mesalamine Tablet Delayed Release 800 MG Oral	1				
	Mesalamine-Cleanser Kit 4 GM Rectal	1				
	Pentasa Capsule Extended Release 250 MG Oral	3				
	Rowasa KIT 4 GM Rectal	3				
	SfRowasa Enema 4 GM/60ML Rectal	3				
	sulfaSALAzine Tablet 500 MG Oral	1				
	SulfaSALAzine Tablet Delayed Release 500 MG Oral	1				
*Integrin Receptor Antagonists***	Entyvio Pen Solution Auto-Injector 108 MG/0.68ML Subcutaneous	4	PA			Non-Preferred Specialty
*Interleukin Antagonists***	Omvoh (300 MG Dose) Solution Auto-Injector 100 MG/ML & 200 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Omvoh (300 MG Dose) Solution Prefilled Syringe 100 MG/ML & 200 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Omvoh Solution 300 MG/15ML Intravenous	4	PA			Preferred Specialty
	Omvoh Solution Auto-Injector 100 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Omvoh Solution Prefilled Syringe 100 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Selarsdi Solution 130 MG/26ML Intravenous	4	PA			Preferred Specialty
	Skyrizi Solution 600 MG/10ML Intravenous	4	PA		QL	Preferred Specialty
	Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	4	PA		QL	Preferred Specialty
	Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	4	PA		QL	Preferred Specialty
	Stelara SOLUTION 130 MG/26ML Intravenous	4	PA			Preferred Specialty
	Tremfya Crohns Induction Solution Auto-Injector 200 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Tremfya Pen Solution Auto-Injector 200 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Tremfya Solution 200 MG/20ML Intravenous	4	PA			Preferred Specialty
	Tremfya Solution Prefilled Syringe 200 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Yesintek Solution 130 MG/26ML Intravenous	4	PA			Preferred Specialty
*Intestinal Acidifiers***	Enulose Solution 10 GM/15ML Oral	1				
	Generlac Solution 10 GM/15ML Oral	1				
	Lactulose Encephalopathy Solution 10 GM/15ML Oral	1				
*Peripheral Opioid Receptor Antagonists***	Movantik Tablet 12.5 MG Oral	2				
	Movantik Tablet 25 MG Oral	2				
	Relistor Solution 12 MG/0.6ML Subcutaneous	3	PA			
	Relistor Solution 8 MG/0.4ML Subcutaneous	3	PA			
	Relistor Tablet 150 MG Oral	3	PA			
	Symproic Tablet 0.2 MG Oral	2				
*Peroxisome Proliferator-Activated Receptor Agonists***	Iqirvo Tablet 80 MG Oral	4	PA		QL	Preferred Specialty
	Livdelzi Capsule 10 MG Oral	4	PA		QL	Preferred Specialty
*Phosphate Binder Agents***	Auryxia Tablet 1 GM 210 MG(Fe) Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Calcium Acetate (Phos Binder) Capsule 667 MG Oral	1				
	Calcium Acetate (Phos Binder) Tablet 667 MG Oral	1				
	Calcium Acetate Tablet 667 MG Oral	1				
	Ferric Citrate Tablet 1 GM 210 MG(Fe) Oral	3				
	Fosrenol PACKET 1000 MG ORAL	3				
	Fosrenol PACKET 750 MG ORAL	3				
	Lanthanum Carbonate Tablet Chewable 1000 MG Oral	1				
	Lanthanum Carbonate Tablet Chewable 500 MG Oral	1				
	Lanthanum Carbonate Tablet Chewable 750 MG Oral	1				
	Phoslyra Solution 667 MG/5ML Oral	3				
	Sevelamer Carbonate Packet 0.8 GM Oral	1				
	Sevelamer Carbonate Packet 2.4 GM Oral	1				
	Sevelamer Carbonate Tablet 800 MG Oral	1				
	Sevelamer HCl Tablet 400 MG Oral	1				
	Sevelamer HCl Tablet 800 MG Oral	1				
	Velphoro TABLET CHEWABLE 500 MG ORAL	2				
*Tryptophan Hydroxylase Inhibitors***	Xermelo Tablet 250 MG Oral	4	PA			Non-Preferred Specialty
*Tumor Necrosis Factor Alpha Blockers***	Avsola Solution Reconstituted 100 MG Intravenous	4	PA			Preferred Specialty
	Cimzia (2 Syringe) Prefilled Syringe Kit 200 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Cimzia-Starter Prefilled Syringe Kit 200 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Renflexis Solution Reconstituted 100 MG Intravenous	4	PA			Preferred Specialty
GENITOURINARY AGENTS - MISCELLANEOUS						
*5-Alpha Reductase Inhibitors***	Dutasteride Capsule 0.5 MG Oral	1				
	Finasteride Tablet 5 MG Oral	1				
*Alpha 1-Adrenoceptor Antagonists***	Alfuzosin HCl ER Tablet Extended Release 24 Hour 10 MG Oral	1				
	Cardura XL Tablet Extended Release 24 Hour 4 MG Oral	3				
	Cardura XL Tablet Extended Release 24 Hour 8 MG Oral	3				
	Silodosin Capsule 4 MG Oral	1				
	Silodosin Capsule 8 MG Oral	1				
	Tamsulosin HCl Capsule 0.4 MG Oral	1				
*Citrates***	Cytra-2 Solution 500-334 MG/5ML Oral	1				
	Pot & Sod Cit-Cit Ac Solution 550-500-334 MG/5ML Oral	1				
	Potassium Citrate ER Tablet Extended Release 10 MEQ (1080 MG) Oral	1				
	Potassium Citrate ER Tablet Extended Release 15 MEQ (1620 MG) Oral	1				
	Potassium Citrate ER Tablet Extended Release 5 MEQ (540 MG) Oral	1				
	Sod Citrate-Citric Acid Solution 500-334 MG/5ML Oral	1				
*Cystinosis Agents***	Cystagon Capsule 150 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Cystagon Capsule 50 MG Oral	4	PA			Preferred Specialty
	Procysbi Capsule Delayed Release 25 MG Oral	4	PA			Non-Preferred Specialty
	Procysbi Capsule Delayed Release 75 MG Oral	4	PA			Non-Preferred Specialty
	Procysbi Packet 300 MG Oral	4	PA			Non-Preferred Specialty
	Procysbi Packet 75 MG Oral	4	PA			Non-Preferred Specialty
*IgAN Agents - Endothelin & Angiotensin II Receptor Antag***	Filspari Tablet 200 MG Oral	4	PA			Non-Preferred Specialty
	Filspari Tablet 400 MG Oral	4	PA			Non-Preferred Specialty
*IgAN Agents - Endothelin Receptor Antagonist***	Vanrafia Tablet 0.75 MG Oral	4	PA			Non-Preferred Specialty
*Interstitial Cystitis Agents***	Elmiron Capsule 100 MG Oral	3				
*Phosphates***	K-Phos No 2 Tablet 305-700 MG Oral	2				
*Small Interfering Ribonucleic Acid Agents (siRNA)***	Rivfloza Solution 80 MG/0.5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Rivfloza Solution Prefilled Syringe 128 MG/0.8ML Subcutaneous	4	PA			Non-Preferred Specialty
	Rivfloza Solution Prefilled Syringe 160 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
*Urinary Analgesics***	Phenazo Tablet 200 MG Oral	1				
	Phenazopyridine HCl Tablet 100 MG Oral	1				
	Phenazopyridine HCl Tablet 200 MG Oral	1				
	Pyridium Tablet 100 MG Oral	3				
	Pyridium Tablet 200 MG Oral	3				
*Urinary Stone Agents***	Lithostat TABLET 250 MG ORAL	3				
	Tiopronin Tablet 100 MG Oral	1	PA			
	Tiopronin Tablet Delayed Release 100 MG Oral	1	PA			
	Tiopronin Tablet Delayed Release 300 MG Oral	1	PA			
	Venxxiva Tablet Delayed Release 100 MG Oral	1	PA			
	Venxxiva Tablet Delayed Release 300 MG Oral	1	PA			
GOUT AGENTS						
*Gout Agent Combinations***	Colchicine-Probenecid Tablet 0.5-500 MG Oral	1				
*Gout Agents***	Allopurinol Tablet 100 MG Oral	1				
	Allopurinol Tablet 300 MG Oral	1				
	Colchicine Capsule 0.6 MG Oral	1				
	Colchicine Tablet 0.6 MG Oral	1				
	Febuxostat Tablet 40 MG Oral	1				
				ST		
	Febuxostat Tablet 80 MG Oral	1				
				ST		
	Gloperba Solution 0.6 MG/5ML Oral	3		ST		
*Uricosurics***	Probenecid Tablet 500 MG Oral	1				
HEMATOLOGICAL AGENTS - MISC.						

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
Agents for Congenital Thrombotic Thrombocytopenic Purpura	Adzynma Kit 1500 UNIT Intravenous	4	PA			Non-Preferred Specialty
	Adzynma Kit 500 UNIT Intravenous	4	PA			Non-Preferred Specialty
*Antihemophilic Products - Antithrombin-Directed siRNA***	Qfitlia Solution 20 MG/0.2ML Subcutaneous	4	PA			Non-Preferred Specialty
	Qfitlia Solution Auto-Injector 50 MG/0.5ML Subcutaneous	4	PA			Non-Preferred Specialty
*Antihemophilic Products - Monoclonal Antibodies***	Alhemo Solution Pen-Injector 150 MG/1.5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Alhemo Solution Pen-Injector 300 MG/3ML Subcutaneous	4	PA			Non-Preferred Specialty
	Alhemo Solution Pen-Injector 60 MG/1.5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hemlibra SOLUTION 105 MG/0.7ML Subcutaneous	4	PA			Preferred Specialty
	Hemlibra Solution 12 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Hemlibra SOLUTION 150 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Hemlibra SOLUTION 30 MG/ML Subcutaneous	4	PA			Preferred Specialty
	Hemlibra Solution 300 MG/2ML Subcutaneous	4	PA			Preferred Specialty
	Hemlibra SOLUTION 60 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Hympavzi Solution Auto-Injector 150 MG/ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
*Antihemophilic Products***	Advate Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Advate Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	Advate Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Advate Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Advate Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Advate Solution Reconstituted 4000 UNIT Intravenous	4				Preferred Specialty
	Advate Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Adynovate Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Adynovate SOLUTION RECONSTITUTED 1500 UNIT Intravenous	4				Preferred Specialty
	Adynovate Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Adynovate Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Adynovate SOLUTION RECONSTITUTED 3000 UNIT Intravenous	4				Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Adynovate Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Adynovate SOLUTION RECONSTITUTED 750 UNIT Intravenous	4				Preferred Specialty
	Afstyla KIT 1000 UNIT Intravenous	4				Preferred Specialty
	Afstyla KIT 1500 UNIT Intravenous	4				Preferred Specialty
	Afstyla KIT 2000 UNIT Intravenous	4				Preferred Specialty
	Afstyla KIT 250 UNIT Intravenous	4				Preferred Specialty
	Afstyla Kit 2500 UNIT Intravenous	4				Preferred Specialty
	Afstyla KIT 3000 UNIT Intravenous	4				Preferred Specialty
	Afstyla KIT 500 UNIT Intravenous	4				Preferred Specialty
	Alphanate Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Alphanate Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	Alphanate Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Alphanate Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Alphanate Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	AlphaNine SD Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	AlphaNine SD Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	AlphaNine SD Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Alprolix Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Alprolix Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Alprolix Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Alprolix Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Alprolix Solution Reconstituted 4000 UNIT Intravenous	4				Preferred Specialty
	Alprolix Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Altuviiio Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Altuviiio Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Altuviiio Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Altuviiio Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Altuviiio Solution Reconstituted 4000 UNIT Intravenous	4				Preferred Specialty
	Altuviiio Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	BeneFIX KIT 1000 UNIT Intravenous	4				Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	BeneFIX KIT 2000 UNIT Intravenous	4				Preferred Specialty
	BeneFIX KIT 250 UNIT Intravenous	4				Preferred Specialty
	BeneFIX KIT 3000 UNIT Intravenous	4				Preferred Specialty
	BeneFIX KIT 500 UNIT Intravenous	4				Preferred Specialty
	Coagadex Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Coagadex Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Corifact KIT 1000-1600 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 4000 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 5000 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 6000 UNIT Intravenous	4				Preferred Specialty
	Eloctate Solution Reconstituted 750 UNIT Intravenous	4				Preferred Specialty
	Esperoct Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Esperoct Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	Esperoct Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Esperoct Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Esperoct Solution Reconstituted 4000 UNIT Intravenous	4				Non-Preferred Specialty
	Esperoct Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Feiba Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Feiba Solution Reconstituted 2500 UNIT Intravenous	4				Preferred Specialty
	Feiba Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Hemofil M Solution Reconstituted 1000 UNIT Intravenous	4				Non-Preferred Specialty
	Hemofil M Solution Reconstituted 1700 UNIT Intravenous	4				Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Hemofil M Solution Reconstituted 250 UNIT Intravenous	4				Non-Preferred Specialty
	Hemofil M Solution Reconstituted 500 UNIT Intravenous	4				Non-Preferred Specialty
	Humate-P Solution Reconstituted 1000-2400 UNIT Intravenous	4				Preferred Specialty
	Humate-P Solution Reconstituted 250-600 UNIT Intravenous	4				Preferred Specialty
	Humate-P Solution Reconstituted 500-1200 UNIT Intravenous	4				Preferred Specialty
	Idelvion SOLUTION RECONSTITUTED 1000 UNIT Intravenous	4				Preferred Specialty
	Idelvion SOLUTION RECONSTITUTED 2000 UNIT Intravenous	4				Preferred Specialty
	Idelvion SOLUTION RECONSTITUTED 250 UNIT Intravenous	4				Preferred Specialty
	Idelvion Solution Reconstituted 3500 UNIT Intravenous	4				Preferred Specialty
	Idelvion SOLUTION RECONSTITUTED 500 UNIT Intravenous	4				Preferred Specialty
	Ixinity Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Ixinity Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	Ixinity Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Ixinity Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Ixinity Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Ixinity Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Jivi Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Jivi Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Jivi Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Jivi Solution Reconstituted 4000 UNIT Intravenous	4				Preferred Specialty
	Jivi Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Koate Solution Reconstituted 1000 UNIT Intravenous	4				Non-Preferred Specialty
	Koate Solution Reconstituted 250 UNIT Intravenous	4				Non-Preferred Specialty
	Koate Solution Reconstituted 500 UNIT Intravenous	4				Non-Preferred Specialty
	Koate-DVI Solution Reconstituted 1000 UNIT Intravenous	4				Non-Preferred Specialty
	Koate-DVI Solution Reconstituted 500 UNIT Intravenous	4				Non-Preferred Specialty
	Kogenate FS Kit 1000 UNIT Intravenous	4				Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Kogenate FS Kit 2000 UNIT Intravenous	4				Preferred Specialty
	Kogenate FS Kit 250 UNIT Intravenous	4				Preferred Specialty
	Kogenate FS Kit 3000 UNIT Intravenous	4				Preferred Specialty
	Kogenate FS Kit 500 UNIT Intravenous	4				Preferred Specialty
	Kovaltry Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Kovaltry Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Kovaltry Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Kovaltry Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Kovaltry Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Mononine Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Novoeight Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Novoeight Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	Novoeight Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Novoeight Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Novoeight Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Novoeight Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	NovoSeven RT Solution Reconstituted 1 MG Intravenous	4				Preferred Specialty
	NovoSeven RT Solution Reconstituted 2 MG Intravenous	4				Preferred Specialty
	NovoSeven RT SOLUTION RECONSTITUTED 5 MG Intravenous	4				Preferred Specialty
	NovoSeven RT SOLUTION RECONSTITUTED 8 MG Intravenous	4				Preferred Specialty
	Nuwiq Kit 1000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Kit 1500 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Kit 2000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Kit 250 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Kit 2500 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Kit 3000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Kit 4000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Kit 500 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Nuwiq Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Solution Reconstituted 250 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Solution Reconstituted 2500 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Solution Reconstituted 4000 UNIT Intravenous	4				Preferred Specialty
	Nuwiq Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Obizur Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Profilnine Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Profilnine Solution Reconstituted 1500 UNIT Intravenous	4				Preferred Specialty
	Profilnine Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Rebinyn Solution Reconstituted 1000 UNIT Intravenous	4				Preferred Specialty
	Rebinyn Solution Reconstituted 2000 UNIT Intravenous	4				Preferred Specialty
	Rebinyn Solution Reconstituted 3000 UNIT Intravenous	4				Preferred Specialty
	Rebinyn Solution Reconstituted 500 UNIT Intravenous	4				Preferred Specialty
	Recombinate Solution Reconstituted 1241-1800 UNIT Intravenous	4				Preferred Specialty
	Recombinate Solution Reconstituted 1801-2400 UNIT Intravenous	4				Preferred Specialty
	Recombinate Solution Reconstituted 220-400 UNIT Intravenous	4				Preferred Specialty
	Recombinate Solution Reconstituted 401-800 UNIT Intravenous	4				Preferred Specialty
	Recombinate Solution Reconstituted 801-1240 UNIT Intravenous	4				Preferred Specialty
	Rixubis SOLUTION RECONSTITUTED 1000 UNIT Intravenous	4				Preferred Specialty
	Rixubis SOLUTION RECONSTITUTED 2000 UNIT Intravenous	4				Preferred Specialty
	Rixubis SOLUTION RECONSTITUTED 250 UNIT Intravenous	4				Preferred Specialty
	Rixubis SOLUTION RECONSTITUTED 3000 UNIT Intravenous	4				Preferred Specialty
	Rixubis SOLUTION RECONSTITUTED 500 UNIT Intravenous	4				Preferred Specialty
	Sevenfact Solution Reconstituted 1 MG Intravenous	4				Non-Preferred Specialty
	Sevenfact Solution Reconstituted 2 MG Intravenous	4				Non-Preferred Specialty
	Sevenfact Solution Reconstituted 5 MG Intravenous	4				Non-Preferred Specialty
	Tretten Solution Reconstituted 2500 UNIT Intravenous	4				Preferred Specialty
	Vonvendi SOLUTION RECONSTITUTED 1300 UNIT Intravenous	4				Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Vonvendi SOLUTION RECONSTITUTED 650 UNIT Intravenous	4				Preferred Specialty
	Wilate KIT 1000-1000 UNIT Intravenous	4				Preferred Specialty
	Wilate KIT 500-500 UNIT Intravenous	4				Preferred Specialty
	Xyntha Kit 1000 UNIT Intravenous	4				Preferred Specialty
	Xyntha Kit 2000 UNIT Intravenous	4				Preferred Specialty
	Xyntha Kit 250 UNIT Intravenous	4				Preferred Specialty
	Xyntha Kit 500 UNIT Intravenous	4				Preferred Specialty
	Xyntha Solofuse Kit 1000 UNIT Intravenous	4				Preferred Specialty
	Xyntha Solofuse Kit 2000 UNIT Intravenous	4				Preferred Specialty
	Xyntha Solofuse Kit 250 UNIT Intravenous	4				Preferred Specialty
	Xyntha Solofuse Kit 3000 UNIT Intravenous	4				Preferred Specialty
	Xyntha Solofuse Kit 500 UNIT Intravenous	4				Preferred Specialty
*Anti-von Willebrand Factor Agents***	Cablivi Kit 11 MG Injection	4	PA			Non-Preferred Specialty
*Bradykinin B2 Receptor Antagonists***	Icatibant Acetate Solution Prefilled Syringe 30 MG/3ML Subcutaneous	4	PA			Preferred Specialty
	Sajazir Solution Prefilled Syringe 30 MG/3ML Subcutaneous	4	PA			Preferred Specialty
*C1 Esterase Inhibitors***	Berinert KIT 500 UNIT Intravenous	4	PA			Non-Preferred Specialty
	Cinryze Solution Reconstituted 500 UNIT Intravenous	4	PA			Non-Preferred Specialty
	Haegarda SOLUTION RECONSTITUTED 2000 UNIT Subcutaneous	4	PA			Non-Preferred Specialty
	Haegarda SOLUTION RECONSTITUTED 3000 UNIT Subcutaneous	4	PA			Non-Preferred Specialty
	Ruconest Solution Reconstituted 2100 UNIT Intravenous	4	PA			Non-Preferred Specialty
*Complement C3 Inhibitors***	Empaveli Solution 1080 MG/20ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
*Complement C5 Inhibitors***	Zilbrysq Solution Prefilled Syringe 16.6 MG/0.416ML Subcutaneous	4	PA			Non-Preferred Specialty
	Zilbrysq Solution Prefilled Syringe 23 MG/0.574ML Subcutaneous	4	PA			Non-Preferred Specialty
	Zilbrysq Solution Prefilled Syringe 32.4 MG/0.81ML Subcutaneous	4	PA			Non-Preferred Specialty
*Complement C5a Receptor Inhibitors***	Tavneos Capsule 10 MG Oral	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Complement Factor B Inhibitors***	Fabhalta Capsule 200 MG Oral	4	PA			Preferred Specialty
*Complement Factor D Inhibitors***	Voydeya Tablet 100 MG Oral	4	PA		QL	Non-Preferred Specialty
	Voydeya Tablet Therapy Pack 50 & 100 MG Oral	4	PA		QL	Non-Preferred Specialty
*Direct-Acting P2Y12 Inhibitors***	Brilinta Tablet 60 MG Oral	2				
	Brilinta Tablet 90 MG Oral	2				
	Ticagrelor Tablet 60 MG Oral	1				
	Ticagrelor Tablet 90 MG Oral	1				
*Hematorheologic Agents***	Pentoxifylline ER Tablet Extended Release 400 MG Oral	1				
*Phosphodiesterase III Inhibitors***	Cilostazol Tablet 100 MG Oral	1				
	Cilostazol Tablet 50 MG Oral	1				
*Plasma Factor XIIa Inhibitors - Monoclonal Antibodies***	Andembry Solution Auto-Injector 200 MG/1.2ML Subcutaneous	4	PA			Non-Preferred Specialty
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***	Takhzyro Solution 300 MG/2ML Subcutaneous	4	PA			Non-Preferred Specialty
	Takhzyro Solution Prefilled Syringe 150 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Takhzyro Solution Prefilled Syringe 300 MG/2ML Subcutaneous	4	PA			Non-Preferred Specialty
*Plasma Kallikrein Inhibitors***	Ekterly Tablet 300 MG Oral	4	PA		QL	Non-Preferred Specialty
	Kalbitor SOLUTION 10 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Orladeyo Capsule 110 MG Oral	4	PA		QL	Non-Preferred Specialty
	Orladeyo Capsule 150 MG Oral	4	PA		QL	Non-Preferred Specialty
*Plasma Proteins***	Ryplazim Solution Reconstituted 68.8 MG Intravenous	4	PA			Non-Preferred Specialty
*Platelet Aggregation Inhibitor Combinations***	Aspirin-Dipyridamole ER Capsule Extended Release 12 Hour 25-200 MG Oral	1				
	Aspirin-Omeprazole Tablet Delayed Release 325-40 MG Oral	3				
	Aspirin-Omeprazole Tablet Delayed Release 81-40 MG Oral	3				
	Yosprala Tablet Delayed Release 325-40 MG Oral	3				
	Yosprala Tablet Delayed Release 81-40 MG Oral	3				
*Platelet Aggregation Inhibitors***	Dipyridamole Tablet 25 MG Oral	1				
	Dipyridamole Tablet 50 MG Oral	1				
	Dipyridamole Tablet 75 MG Oral	1				
	Durlaza Capsule Extended Release 24 Hour 162.5 MG Oral	3				
*Protease-Activated Receptor-1 (PAR-1) Antagonists***	Zontivity Tablet 2.08 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Pyruvate Kinase Activators***	Pyrukynd Tablet 20 MG Oral	4	PA		QL	Non-Preferred Specialty
	Pyrukynd Tablet 5 MG Oral	4	PA		QL	Non-Preferred Specialty
	Pyrukynd Tablet 50 MG Oral	4	PA		QL	Non-Preferred Specialty
	Pyrukynd Taper Pack Tablet Therapy Pack 5 MG Oral	4	PA		QL	Non-Preferred Specialty
	Pyrukynd Taper Pack Tablet Therapy Pack 7 x 20 MG & 7 x 5 MG Oral	4	PA		QL	Non-Preferred Specialty
	Pyrukynd Taper Pack Tablet Therapy Pack 7 x 50 MG & 7 x 20 MG Oral	4	PA		QL	Non-Preferred Specialty
*Quinazoline Agents***	Anagrelide HCl Capsule 0.5 MG Oral	1				
	Anagrelide HCl Capsule 1 MG Oral	1				
*Spleen Tyrosine Kinase (SYK) Inhibitors***	Tavalisse Tablet 100 MG Oral	4	PA		QL	Preferred Specialty
	Tavalisse Tablet 150 MG Oral	4	PA		QL	Preferred Specialty
*Thienopyridine Derivatives***	Clopidogrel Bisulfate Tablet 300 MG Oral	1				
	Clopidogrel Bisulfate Tablet 75 MG Oral	1				
	Prasugrel HCl Tablet 10 MG Oral	1				
	Prasugrel HCl Tablet 5 MG Oral	1				
HEMATOPOIETIC AGENTS						
*Agents for Gaucher Disease***	Cerdelga Capsule 84 MG Oral	4	PA		QL	Preferred Specialty
	migLUstat Capsule 100 MG Oral	4	PA			Preferred Specialty
	Yargesa Capsule 100 MG Oral	4	PA			Preferred Specialty
*Amino Acids***	L-Glutamine Packet 5 GM Oral	4	PA		QL	Preferred Specialty
*Cobalamin Combinations***	Abaneu-SL Tablet Sublingual 600-600 MCG Sublingual	1				
*Cobalamins***	Cyanocobalamin Solution 1000 MCG/ML Injection	1				
	Cyanocobalamin Solution 500 MCG/0.1ML Nasal	1				
	Dodex Solution 1000 MCG/ML Injection	1				
	Hydroxocobalamin Acetate Solution 1000 MCG/ML Intramuscular	3				
*CXCR4 Receptor Antagonist***	Mozobil Solution 24 MG/1.2ML Subcutaneous	4	PA			Preferred Specialty
	Plerixafor Solution 24 MG/1.2ML Subcutaneous	4	PA			Preferred Specialty
	Xolremdi Capsule 100 MG Oral	4	PA		QL	Non-Preferred Specialty
*Cytotoxic Agents***	Droxia Capsule 200 MG Oral	3				
	Droxia Capsule 300 MG Oral	3				
	Droxia Capsule 400 MG Oral	3				
	Siklos Tablet 100 MG Oral	3				
	Siklos Tablet 1000 MG Oral	3				
	Xromi Solution 100 MG/ML Oral	3	PA			

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Erythropoiesis-Stimulating Agents (ESAs)***	Aranesp (Albumin Free) SOLUTION 100 MCG/ML INJECTION	4	PA			Preferred Specialty
	Aranesp (Albumin Free) SOLUTION 200 MCG/ML INJECTION	4	PA			Preferred Specialty
	Aranesp (Albumin Free) SOLUTION 25 MCG/ML INJECTION	4	PA			Preferred Specialty
	Aranesp (Albumin Free) SOLUTION 40 MCG/ML INJECTION	4	PA			Preferred Specialty
	Aranesp (Albumin Free) SOLUTION 60 MCG/ML INJECTION	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 10 MCG/0.4ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 100 MCG/0.5ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 150 MCG/0.3ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 200 MCG/0.4ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 25 MCG/0.42ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 300 MCG/0.6ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 40 MCG/0.4ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 500 MCG/ML Injection	4	PA			Preferred Specialty
	Aranesp (Albumin Free) Solution Prefilled Syringe 60 MCG/0.3ML Injection	4	PA			Preferred Specialty
	Retacrit Solution 10000 UNIT/ML Injection	4	PA			Preferred Specialty
	Retacrit Solution 2000 UNIT/ML Injection	4	PA			Preferred Specialty
	Retacrit Solution 20000 UNIT/ML Injection	4	PA			Preferred Specialty
	Retacrit Solution 3000 UNIT/ML Injection	4	PA			Preferred Specialty
	Retacrit Solution 4000 UNIT/ML Injection	4	PA			Preferred Specialty
	Retacrit Solution 40000 UNIT/ML Injection	4	PA			Preferred Specialty
*Folic Acid/Folate Combinations***	Airavite Tablet 2.5-25-1 MG Oral	1				
	FA-Vitamin B-6-Vitamin B-12 TABLET 2.2-25-0.5 MG Oral	1				
	Folbee Tablet 2.5-25-1 MG Oral	1				
	Folplex 2.2 TABLET 2.2-25-0.5 MG Oral	1				
	NuFol Tablet 2.5-25-1 MG Oral	1				
	Virt-Gard Tablet 2.2-25-1 MG Oral	1				
	WesTab One Tablet 2.5-25-1 MG Oral	1				
*Folic Acid/Folates***	CVS Folic Acid Tablet 800 MCG Oral	1				
	FA-8 Capsule 0.8 MG Oral	1				
	Folate Tablet 400 MCG Oral	1				
	Folic Acid Capsule 0.8 MG Oral	1				
	Folic Acid Tablet 1 MG Oral	1				
	Folic Acid Tablet 400 MCG Oral	1				
	Folic Acid Tablet 800 MCG Oral	1				
	GNP Folic Acid Tablet 400 MCG Oral	1				
	HM Folic Acid Tablet 400 MCG Oral	1				
	KP Folic Acid Tablet 800 MCG Oral	1				
	PX Folic Acid Tablet 400 MCG Oral	1				
	QC Folic Acid Tablet 800 MCG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	RA Folic Acid Tablet 400 MCG Oral	1				
	RA Folic Acid Tablet 800 MCG Oral	1				
	SM Folic Acid Tablet 400 MCG Oral	1				
	YL Folic Acid Tablet 400 MCG Oral	1				
*Granulocyte Colony-Stimulating Factors (G-CSF)***	Nivestym Solution 300 MCG/ML Injection	4	PA			Preferred Specialty
	Nivestym Solution 480 MCG/1.6ML Injection	4	PA			Preferred Specialty
	Nivestym Solution Prefilled Syringe 300 MCG/0.5ML Injection	4	PA			Preferred Specialty
	Nivestym Solution Prefilled Syringe 480 MCG/0.8ML Injection	4	PA			Preferred Specialty
	Udenyca Onbody Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	4	PA			Non-Preferred Specialty
	Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	4	PA			Preferred Specialty
*Granulocyte/Macrophage Colony-Stimulating Factor(GM-CSF)***	Leukine Solution Reconstituted 250 MCG Injection	4	PA			Non-Preferred Specialty
*Hypoxia-inducible Factor Prolyl Hydroxylase Inhibitors***	Jesduvroq Tablet 1 MG Oral	3	PA		QL	
	Jesduvroq Tablet 2 MG Oral	3	PA		QL	
	Jesduvroq Tablet 4 MG Oral	3	PA		QL	
	Jesduvroq Tablet 6 MG Oral	3	PA		QL	
	Jesduvroq Tablet 8 MG Oral	3	PA		QL	
	Vafseo Tablet 150 MG Oral	3	PA		QL	
	Vafseo Tablet 300 MG Oral	3	PA		QL	
*Iron Combinations***	Ferocon Capsule Oral	1				
	Ferotrinsic CAPSULE ORAL	1				
	Ferrocite Plus Tablet 106-1 MG Oral	1				
	Foltrin CAPSULE ORAL	1				
	Hematinic Plus Vit/Minerals Tablet 106-1 MG Oral	1				
	IFerex 150 Forte Capsule 150-25-1 MG-MCG-MG Oral	1				
	K-Tan Plus CAPSULE 162-115.2-1 MG ORAL	1				
	Poly-Iron 150 Forte Capsule 150-25-1 MG-MCG-MG Oral	1				
	Polysaccharide Iron Forte Capsule 150-25-1 MG-MCG-MG Oral	1				
	Se-Tan PLUS Capsule 162-115.2-1 MG Oral	1				
	TL-Hem 150 Tablet 150-1 MG Oral	1				
	Tricon Capsule Oral	1				
	Trigels-F Forte Capsule 460-60-0.01-1 MG Oral	1				
*Iron w/ Folic Acid***	Hematinic/Folic Acid Tablet 324-1 MG Oral	1				
	Hemocyte-F Tablet 324-1 MG Oral	1				
*Iron***	ACCRUFeR Capsule 30 MG Oral	3			QL	
	BProtected Pedia Iron Solution 75 (15 Fe) MG/ML Oral	1				
	Ferrous Sulfate Solution 220 (44 Fe) MG/5ML Oral	1				
	Ferrous Sulfate Solution 300 (60 Fe) MG/5ML Oral	1				
	Ferrous Sulfate Solution 300 MG/6.8ML Oral	1				
	Ferrous Sulfate Solution 75 (15 Fe) MG/ML Oral	1				
	Fe-Vite Iron Solution 75 (15 Fe) MG/ML Oral	1				
	Iron (Ferrous Sulfate) Solution 75 (15 Fe) MG/ML Oral	1				
	Iron Infant & Toddler Solution 75 (15 Fe) MG/ML Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Iron Infant/Toddler Solution 75 (15 Fe) MG/ML Oral	1				
	Iron Supplement Childrens Solution 75 (15 Fe) MG/ML Oral	1				
	Iron Supplement Solution 15 MG/ML Oral	1				
	Iron Supplement Solution 220 (44 Fe) MG/5ML Oral	1				
	PC Pediatric Iron Drops Solution 75 (15 Fe) MG/ML Oral	1				
*Thrombopoietin (TPO) Receptor Agonists***	Alvaiz Tablet 18 MG Oral	4	PA			Non-Preferred Specialty
	Alvaiz Tablet 36 MG Oral	4	PA			Non-Preferred Specialty
	Alvaiz Tablet 54 MG Oral	4	PA			Non-Preferred Specialty
	Alvaiz Tablet 9 MG Oral	4	PA			Non-Preferred Specialty
	Doptelet Tablet 20 MG Oral	4	PA			Preferred Specialty
	Eltrombopag Olamine Packet 12.5 MG Oral	4	PA		QL	Preferred Specialty
	Eltrombopag Olamine Packet 25 MG Oral	4	PA		QL	Preferred Specialty
	Eltrombopag Olamine Tablet 12.5 MG Oral	4	PA		QL	Preferred Specialty
	Eltrombopag Olamine Tablet 25 MG Oral	4	PA		QL	Preferred Specialty
	Eltrombopag Olamine Tablet 50 MG Oral	4	PA		QL	Preferred Specialty
	Eltrombopag Olamine Tablet 75 MG Oral	4	PA		QL	Preferred Specialty
	Mulpleta Tablet 3 MG Oral	4	PA		QL	Preferred Specialty
	Nplate Solution Reconstituted 125 MCG Subcutaneous	4	PA			Non-Preferred Specialty
	Nplate SOLUTION RECONSTITUTED 250 MCG Subcutaneous	4	PA			Non-Preferred Specialty
	Nplate SOLUTION RECONSTITUTED 500 MCG Subcutaneous	4	PA			Non-Preferred Specialty
HEMOSTATICS						
*Hemostatics - Systemic***	Aminocaproic Acid Solution 0.25 GM/ML Oral	1				
	Aminocaproic Acid Tablet 1000 MG Oral	1				
	Aminocaproic Acid Tablet 500 MG Oral	1				
	Tranexamic Acid Tablet 650 MG Oral	1				
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS						
*Barbiturate Hypnotics***	PHENobarbital Elixir 20 MG/5ML Oral	1				
	PHENobarbital Elixir 30 MG/7.5ML Oral	1				
	PHENobarbital Elixir 60 MG/15ML Oral	1				
	PHENobarbital Tablet 100 MG Oral	1				
	PHENobarbital Tablet 15 MG Oral	1				
	PHENobarbital Tablet 16.2 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	PHENobarbital Tablet 30 MG Oral	1				
	PHENobarbital Tablet 32.4 MG Oral	1				
	PHENobarbital Tablet 60 MG Oral	1				
	PHENobarbital Tablet 64.8 MG Oral	1				
	PHENobarbital Tablet 97.2 MG Oral	1				
*Benzodiazepine Hypnotics***	Doral Tablet 15 MG Oral	3				
	Estazolam Tablet 1 MG Oral	1				
	Estazolam Tablet 2 MG Oral	1				
	Flurazepam HCl Capsule 15 MG Oral	1			QL	
		2			QL	
		3			QL	
	Flurazepam HCl Capsule 30 MG Oral	1			QL	
		2			QL	
		3			QL	
	Midazolam HCl (PF) +RFID Solution 2 MG/2ML Injection	1				
	Midazolam HCl (PF) Solution 10 MG/2ML Injection	1				
	Midazolam HCl (PF) Solution 2 MG/2ML Injection	1				
	Midazolam HCl (PF) Solution 5 MG/5ML Injection	1				
	Midazolam HCl (PF) Solution 5 MG/ML Injection	1				
	Midazolam HCl Solution 10 MG/10ML Injection	1				
	Midazolam HCl Solution 10 MG/2ML Injection	1				
	Midazolam HCl Solution 2 MG/2ML Injection	1				
		3				
	Midazolam HCl Solution 25 MG/5ML Injection	1				
	Midazolam HCl Solution 5 MG/5ML Injection	1				
		3				
	Midazolam HCl Solution 5 MG/ML Injection	1				
	Midazolam HCl Solution 50 MG/10ML Injection	1				
	Midazolam-Sodium Chloride (PF) Solution 100-0.8 MG/100ML-% Intravenous	3				
	Midazolam-Sodium Chloride Solution 100-0.9 MG/100ML-% Intravenous	1				
		3				
	Midazolam-Sodium Chloride Solution 50-0.9 MG/50ML-% Intravenous	1				
		3				
	Quazepam Tablet 15 MG Oral	1				
		3				
	Temazepam Capsule 15 MG Oral	1			QL	
	Temazepam Capsule 22.5 MG Oral	1			QL	
	Temazepam Capsule 30 MG Oral	1			QL	
	Temazepam Capsule 7.5 MG Oral	1			QL	
*Non-Benzodiazepine - GABA-Receptor Modulators***	Edluar Tablet Sublingual 10 MG Sublingual	3		ST	QL	
	Edluar Tablet Sublingual 5 MG Sublingual	3		ST	QL	
	Eszopiclone Tablet 1 MG Oral	1			QL	
	Eszopiclone Tablet 2 MG Oral	1			QL	
	Eszopiclone Tablet 3 MG Oral	1			QL	
	Zaleplon Capsule 10 MG Oral	1			QL	
	Zaleplon Capsule 5 MG Oral	1			QL	
	Zolpidem Tartrate ER Tablet Extended Release 12.5 MG Oral	1			QL	
	Zolpidem Tartrate ER Tablet Extended Release 6.25 MG Oral	1			QL	
	Zolpidem Tartrate Tablet 10 MG Oral	1			QL	
	Zolpidem Tartrate Tablet 5 MG Oral	1			QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Zolpidem Tartrate Tablet Sublingual 1.75 MG Sublingual	1			QL	
				ST	QL	
	Zolpidem Tartrate Tablet Sublingual 3.5 MG Sublingual	1			QL	
				ST	QL	
	Zolpimist Solution 5 MG/ACT Oral	3		ST	QL	
*Orexin Receptor Antagonists***	Belsomra TABLET 10 MG ORAL	2		ST	QL	
	Belsomra TABLET 15 MG ORAL	2		ST	QL	
	Belsomra TABLET 20 MG ORAL	2		ST	QL	
	Belsomra TABLET 5 MG ORAL	2		ST	QL	
*Selective Melatonin Receptor Agonists***	Hetlioz LQ Suspension 4 MG/ML Oral	4	PA		QL	Non-Preferred Specialty
	Tasimelteon Capsule 20 MG Oral	4	PA		QL	Preferred Specialty
LAXATIVES						
*Bowel Evacuant Combinations***	GaviLyte-C Solution Reconstituted 240 GM Oral	1				
	GaviLyte-G Solution Reconstituted 236 GM Oral	1				
	GaviLyte-N with Flavor Pack Solution Reconstituted 420 GM Oral	1				
	Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	1				
	PEG 3350-KCl-Na Bicarb-NaCl Solution Reconstituted 420 GM Oral	1				
	PEG-3350/Electrolytes Solution Reconstituted 236 GM Oral	1				
	PEG-Prep Kit 5-210 MG-GM Oral	1				
*Bulk Laxatives***	Fiber Powder 51.7 % Oral	1				
*Laxatives - Miscellaneous***	Constulose Solution 10 GM/15ML Oral	1				
	Kristalose Packet 10 GM Oral	1				
	Kristalose Packet 20 GM Oral	1				
	Lactulose Packet 10 GM Oral	1				
	Lactulose Packet 20 GM Oral	1				
	Lactulose Solution 10 GM/15ML Oral	1				
	Lactulose Solution 20 GM/30ML Oral	1				
MACROLIDES						
*Azithromycin***	Azithromycin Packet 1 GM Oral	2				
	Azithromycin Suspension Reconstituted 100 MG/5ML Oral	1				
	Azithromycin Suspension Reconstituted 200 MG/5ML Oral	1				
	Azithromycin Tablet 250 MG Oral	1				
	Azithromycin Tablet 500 MG Oral	1				
	Azithromycin Tablet 600 MG Oral	1				
	Zithromax Packet 1 GM Oral	3				
*Clarithromycin***	Clarithromycin ER Tablet Extended Release 24 Hour 500 MG Oral	1				
	Clarithromycin SUSPENSION RECONSTITUTED 125 MG/5ML Oral	1				
	Clarithromycin Suspension Reconstituted 250 MG/5ML Oral	1				
	Clarithromycin Tablet 250 MG Oral	1				
	Clarithromycin Tablet 500 MG Oral	1				
*Erythromycins***	E.E.S. 400 Tablet 400 MG Oral	1				
	Ery-Tab Tablet Delayed Release 250 MG Oral	1				
	Ery-Tab Tablet Delayed Release 333 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Ery-Tab Tablet Delayed Release 500 MG Oral	1				
	Erythrocin Stearate Tablet 250 MG Oral	2				
	Erythromycin Base Capsule Delayed Release Particles 250 MG Oral	1				
		3				
	Erythromycin Base Tablet 250 MG Oral	1				
	Erythromycin Base Tablet 500 MG Oral	1				
	Erythromycin Base Tablet Delayed Release 250 MG Oral	1				
	Erythromycin Base Tablet Delayed Release 333 MG Oral	1				
	Erythromycin Base Tablet Delayed Release 500 MG Oral	1				
	Erythromycin Ethylsuccinate Suspension Reconstituted 200 MG/5ML Oral	1				
	Erythromycin Ethylsuccinate Suspension Reconstituted 400 MG/5ML Oral	1				
	Erythromycin Ethylsuccinate Tablet 400 MG Oral	1				
	Erythromycin Tablet Delayed Release 250 MG Oral	1				
	Erythromycin Tablet Delayed Release 333 MG Oral	1				
	Erythromycin Tablet Delayed Release 500 MG Oral	1				
*Fidaxomicin***	Dificid Suspension Reconstituted 40 MG/ML Oral	2				
	Dificid Tablet 200 MG Oral	2				
	Fidaxomicin Tablet 200 MG Oral	1				
MEDICAL DEVICES AND SUPPLIES						
*Cervical Caps***	FemCap DEVICE 22 MM VAGINAL	2				
	FemCap DEVICE 26 MM VAGINAL	2				
	FemCap DEVICE 30 MM VAGINAL	2				
*Condoms - Male***	Aimsco Lubricated	2				
	Condoms	2				
	Durex Extra Sensitive Thin Device	2				
	Durex RealFeel Device	2				
	Fantasy Lubricated	2				
	Fantasy Lubricated/Spermicide	2				
	Kameleon Lubricated	2				
	Kimono	2				
	Kimono Colors Device	2				
	Kimono Maxx-Large Flare	2				
	Kimono Micro Thin	2				
	Kimono Micro Thin Plus	2				
	Kimono Plus	2				
	Kimono PS	2				
	Kimono PS Plus	2				
	Kimono Sensation	2				
	Kimono Sensation Plus	2				
	Kimono Special Device	2				
	K-Y Me & You Extra Lubricated Device	2				
	K-Y Me & You Intense Device	2				
	Maxx	2				
	Maxx Plus	2				
	Premium Condoms Lubricated	2				
	Reality Latex Condoms	2				
	Reality Latex/Ultra Textured Device	2				
	Reality Latex/Ultra Thin Device	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Trustex Color Condoms + Lube	2				
	Trustex Lub/Ribbed/Studded	2				
	Trustex Lub/Spermicide Ex St	2				
	Trustex Lub/Spermicide XL	2				
	Trustex Lubricated	2				
	Trustex Lubricated Ex Large	2				
	Trustex Lubricated Extra St	2				
	Trustex Lubricated/Spermicide	2				
	Trustex Natural Condoms + Lube	2				
	Trustex Non-Lubricated	2				
	Trustex Ria Lub/Spermicide	2				
	Trustex Ria Lubricated	2				
	Trustex Ria Non-Lubricated	2				
	Trustex-Nonoxynol-9/Rib/Stud	2				
*Diaphragms***	Caya DIAPHRAGM VAGINAL	2				
	Omniflex Diaphragm DIAPHRAGM VAGINAL	2				
	Wide-Seal Diaphragm 60 DIAPHRAGM 2 % VAGINAL	2				
	Wide-Seal Diaphragm 65 DIAPHRAGM 2 % VAGINAL	2				
	Wide-Seal Diaphragm 70 DIAPHRAGM 2 % VAGINAL	2				
	Wide-Seal Diaphragm 75 DIAPHRAGM 2 % VAGINAL	2				
	Wide-Seal Diaphragm 80 DIAPHRAGM 2 % VAGINAL	2				
	Wide-Seal Diaphragm 85 DIAPHRAGM 2 % VAGINAL	2				
	Wide-Seal Diaphragm 90 DIAPHRAGM 2 % VAGINAL	2				
	Wide-Seal Diaphragm 95 DIAPHRAGM 2 % VAGINAL	2				
*Glucose Monitor & Cholesterol Monitor Combinations***	Accutrend Plus Device	3				
*Glucose Monitoring Test Supplies***	1st Tier Unilet ComforTouch	2				
	Accu-Chek FastClix Lancet Kit	2				
	Accu-Chek FastClix Lancets	2				
	Accu-Chek Safe-T Pro Lancets	2				
	Accu-Chek Softclix Lancet Dev Kit	2				
	Accu-Chek Softclix Lancets	2				
	Acti-Lance 28G	2				
	Acti-Lance Lite Lancets 28G	2				
	Acti-Lance Special Lancets 17G	2				
	Acti-Lance Universal 23G	2				
	Adjustable Lancing Device	2				
	Advanced Mobile Lancet	2				
	Advocate Lancets	2				
	Advocate Lancets 30G	2				
	Advocate Safety Lancets	2				
	Advocate Safety Lancets 21G	2				
	Advocate Safety Lancets 23G	2				
	Advocate Safety Lancets 26G	2				
	Advocate Safety Lancets 28G	2				
	AgaMatrix Ultra-Thin Lancets	2				
	Aimsco Twist Lancets 32G	2				
	Aimsco Twist Lancets 33G	2				
	AquaLance Lancets 30G	2				
	Assure Comfort Lancets 28G	2				
	Assure Haemolance Plus High	2				
	Assure Haemolance Plus Low	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Assure Haemolance Plus Micro	2				
	Assure Haemolance Plus Normal	2				
	Assure Haemolance Plus Ped	2				
	Assure Lance Lancets	2				
	Assure Lance Lancets 21G	2				
	Assure Lance Plus Safety 25G	2				
	Assure Lance Plus Safety 30G	2				
	Assure Lance Safety Lancet 28G	2				
	Aurora Lancet Super Thin 30G	2				
	Aurora Lancet Thin 23G	2				
	Autolet II Clinisafe Kit	2				
	Autolet Lancing Device	2				
	Autolet Lite Clinisafe Kit	2				
	Autolet Lite Lancing Device	2				
	Autolet Lite Starter Pack Kit	2				
	Autolet Mini	2				
	Autolet Platforms	2				
	Autolet Plus	2				
	BD Lancet Ultrafine 30G	2				
	BD Lancet Ultrafine 33G	2				
	BD Microtainer Lancets	2				
	CardioCom Lancing Device	2				
	CareOne Advanced Lancing Dev	2				
	CareOne Lancet Super Thin 30G	2				
	CareOne Lancet Thin 23G	2				
	CareSens Lancets	2				
	CareSens Lancets 30G	2				
	CareTouch Lancing/Ejector	2				
	CareTouch Safety Lancets	2				
	CareTouch Safety Lancets 26G	2				
	CareTouch Twist Lancets 28G	2				
	CareTouch Twist Lancets 30G	2				
	CareTouch Twist Lancets 33G	2				
	CareTouch Twist MC Lancets 30G	2				
	Chosen Lancets 30G	2				
	Chosen Safety Lancets 28G	2				
	Cleanlet Lancets 28G	2				
	Clever Chek Lancets	2				
	Clever Choice Comfort EZ	2				
	Clever Choice Lancets 21G	2				
	Clever Choice Lancets 23G	2				
	Clever Choice Lancets 28G	2				
	CoaguChek Lancets	2				
	Comfort Assured Lancets 28G	2				
	Comfort Assured Lancets 33G	2				
	Comfort Lancets	2				
	Comfort Touch Lancets 31G	2				
	Comfort Touch Plus Lancets 28G	2				
	Comfort Touch Plus Lancets 30G	2				
	Comfort Touch Twist Lancet 30G	2				
	CVS Lancets 21G	2				
	CVS Lancets Micro Thin 33G	2				
	CVS Lancets Original	2				
	CVS Lancets Thin 26G	2				
	CVS Lancets Ultra Thin 30G	2				
	CVS Lancets Ultra-Thin 30G	2				
	CVS Lancing Device	2				
	CVS Ultra Thin Lancets	2				
	Dexcom G6 Receiver Device	2		ST	QL	
	Dexcom G6 Sensor	2		ST	QL	
	Dexcom G6 Transmitter	2		ST	QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Dexcom G7 Receiver Device	2		ST	QL	
	Dexcom G7 Sensor	2		ST	QL	
	Diathrive Lancet Ultra Thin 30	2				
	Diathrive Lancets	2				
	Droplet Genteel Lancing Device	2				
	Droplet Lancets Ultra Thin 30G	2				
	Droplet Lancing Device	2				
	Droplet Personal Lancets 30G	2				
	DropSafe Acti-Lance 23G	2				
	Drug Mart Lancets Thin 26G	2				
	Drug Mart Lancing Device	2				
	Drug Mart On-The-Go Lancet 30G	2				
	Drug Mart Unilet Lancets 28G	2				
	Drug Mart Unilet Lancets 30G	2				
	Drug Mart Unilet Lancets 33G	2				
	Easy Comfort Lancets	2				
	Easy Comfort Lancets Twist Top	2				
	Easy Touch Lancets 21G	2				
	Easy Touch Lancets 23G	2				
	Easy Touch Lancets 26G	2				
	Easy Touch Lancets 28G	2				
	Easy Touch Lancets 28G/Twist	2				
	Easy Touch Lancets 30G	2				
	Easy Touch Lancets 30G/Twist	2				
	Easy Touch Lancets 32G	2				
	Easy Touch Lancets 32G/Twist	2				
	Easy Touch Lancets 33G/Twist	2				
	Easy Touch Lancing Device	2				
	Easy Touch Safety Lancets 21G	2				
	Easy Touch Safety Lancets 23G	2				
	Easy Touch Safety Lancets 26G	2				
	Easy Touch Safety Lancets 28G	2				
	Embrace Lancets Ultra Thin 30G	2				
	Embrace Pressure Activated 21G	2				
	Embrace Pressure Activated 28G	2				
	EQL Color Lancets 21G	2				
	EQL Color Lancets Micro 33G	2				
	EQL Super Thin Lancets 30G	2				
	EQL Thin Lancets 26G	2				
	Eversense 365 Sensor/Holder	3	PA		QL	
	Eversense 365 Smart Transmit	3	PA		QL	
	Eversense Sensor/Holder	3	PA		QL	
	Eversense Smart Transmitter	3	PA		QL	
	E-Z Ject Lancet Micro-Thin 33G	2				
	E-Z Ject Lancet Super Thin 30G	2				
	E-Z Ject Lancets	2				
	E-Z Ject Lancets 21G	2				
	E-Z Ject Lancets Thin 26G	2				
	EZ-Lets Lancets 21G	2				
	EZ-Lets Lancets 26G	2				
	EZ-Lets Lancets 28G	2				
	EZ-Lets Lancets 30G	2				
	Fifty50 Safety Seal Lancets	2				
	Fifty50 Unilet Lancets 33G	2				
	Fine 30	2				
	Fingerstix Lancets	2				
	FORA Lancets	2				
	Freds Pharmacy Autolet Lancing	2				
	Freds Pharmacy Unilet Lanc 28G	2				
	Freds Pharmacy Unilet Lanc 30G	2				
	FreeStyle Lancets	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	FreeStyle Libre 14 Day Reader Device	2		ST	QL	
	FreeStyle Libre 14 Day Sensor	2		ST	QL	
	FreeStyle Libre 2 Plus Sensor	2		ST	QL	
	FreeStyle Libre 2 Reader Device	2		ST	QL	
	FreeStyle Libre 2 Sensor	2		ST	QL	
	FreeStyle Libre 3 Plus Sensor	2		ST	QL	
	FreeStyle Libre 3 Reader Device	2		ST	QL	
	FreeStyle Libre 3 Sensor	2		ST	QL	
	FreeStyle Libre Reader Device	2		ST	QL	
	FreeStyle Libre Sensor System	2		ST	QL	
	FreeStyle Unistick II Lancets	2				
	Genteel Butterfly Touch Lancet	2				
	Gentle-Let GP Lancets	2				
	Gentle-Let Lancets	2				
	Gentle-Let Platforms	2				
	Global Inject Ease Lancets 28G	2				
	Global Inject Ease Lancets 30G	2				
	GlucoCom Lancets 28G	2				
	GlucoCom Lancets 30G	2				
	GlucoCom Lancets 33G	2				
	GNP Lancets 21G	2				
	GNP Lancets Thin 26G	2				
	GNP Sterile Lancets 28G	2				
	GNP Sterile Lancets 30G	2				
	GNP Sterile Lancets 33G	2				
	Gojji Sterile Lancets	2				
	GoodSense Color Lancets 33G	2				
	GoodSense Lancets 26G Univ	2				
	GoodSense Lancets 30G	2				
	GoodSense Lancets 30G Univ	2				
	GoodSense Lancets 33G	2				
	GoodSense Lancets 33G Univ	2				
	Guardian 4 Glucose Sensor	3	PA		QL	
	Guardian 4 Transmitter	3	PA		QL	
	Guardian Link 3 Transmitter	3	PA		QL	
	Guardian REAL-Time Replace Ped Device	3			QL	
	Guardian Sensor (3)	3	PA		QL	
	Guardian Sensor 3	3	PA		QL	
	Haemolance Plus	2				
	Haemolance Plus High Flow	2				
	Haemolance Plus Low Flow	2				
	Haemolance Plus Max Flow	2				
	Haemolance Plus Pediatric Flow	2				
	Health Care Lancing Device	2				
	Healthy Accents Lancing Device	2				
	Healthy Accents Unilet Lancets	2				
	H-E-B inControl Adv Lancing	2				
	H-E-B inControl Lancets 28G	2				
	H-E-B inControl Lancets 30G	2				
	H-E-B inControl Lancets 33G	2				
	Hypolance AST Lancing Kit	2				
	Hy-Vee Lancets	2				
	Hy-Vee Thin Lancets	2				
	In Touch Sterile Lancets 30G	2				
	Kinney Lancets	2				
	Kinney Thin Lancets	2				
	Kroger Autolet Lancing Device	2				
	Kroger HealthPro Lancet 26G	2				
	Kroger Lancets	2				
	Kroger Lancets 21G	2				
	Kroger Lancets Micro Thin 33G	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Kroger Lancets Super Thin	2				
	Kroger Lancets Thin	2				
	Kroger Lancets Thin 26G	2				
	Kroger Lancets UltraThin 30G	2				
	Kroger Lancing Device	2				
	Lancet Device with Ejector	2				
	Lancet Transporter Case	2				
	Lancets	2				
	Lancets 28G	2				
	Lancets 28G Thin	2				
	Lancets 30G	2				
	Lancets 33G	2				
	Lancets Micro Thin 33G	2				
	Lancets Super Thin	2				
	Lancets Super Thin 28G	2				
	Lancets Thin	2				
	Lancets Ultra Thin	2				
	Lancets Ultra Thin 30G	2				
	Lancing Device	2				
	LANZO	2				
	Leader Advanced Lancing Device	2				
	Liberty Medical Lancets	2				
	Liberty Mini Lancing Device	2				
	LifeScan Unistik 2	2				
	LifeScan Unistik II Lancets	2				
	Lite Touch Lancets	2				
	Litetouch Lancets	2				
	Live Better Adv Lancing Device	2				
	Live Better Lancet Super Thin	2				
	Live Better Lancet Ultra Thin	2				
	Longs Lancets Standard	2				
	Longs Lancets Thin	2				
	Longs Lancets Ultra Thin	2				
	MediChoice Safety Lancet	2				
	MediChoice Safety Lancet Extra	2				
	MediChoice Safety Lancet Norm	2				
	MediSense Thin Lancets	2				
	Medlance Extra 21G	2				
	Medlance Lite 25G	2				
	Medlance Plus Extra 21G	2				
	Medlance Plus Lancets	2				
	Medlance Plus Lite 25G	2				
	Medlance Plus Special 0.8mm	2				
	Medlance Plus SuperLite 30G	2				
	Medlance Plus Universal 21G	2				
	Medlance Universal 21G	2				
	Meijer Lancets	2				
	Meijer Lancets Thin	2				
	Meijer Lancets Universal 21G	2				
	Meijer Lancets Universal 30G	2				
	Meijer Lancets Universal 33G	2				
	Meijer Super Thin Lancets	2				
	Microlet Lancets	2				
	Microlet Next Lancing Device	2				
	Mini Lancing Device	2				
	MiniMed 630G Guardian Press	3	PA		QL	
	MM Twist Lancets	2				
	Mobile Lancets 30G	3				
	Monolet Lancets	2				
	Monolet OPD Lancets	2				
	Monolettor Safety Lancets	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	MPD Safety Lancet 21G	2				
	MPD Safety Lancet 23G	2				
	MPD Safety Lancet 28G	2				
	MPD Safety Lancet 30G	2				
	Multi-Lancet Device	2				
	Multi-Lancet Device 2 Kit	2				
	MyGlucoHealth Lancets 30G	2				
	Nova Safety Lancets 23G	2				
	Nova Safety Lancets 28G	2				
	Nova Sureflex Lancets	2				
	Nova Sureflex Lancing Device	2				
	OneTouch Club Lancets Fine Pt	2				
	OneTouch Delica Lancets 30G	2				
	OneTouch Delica Lancets 33G	2				
	OneTouch Delica Plus Lancet30G	2				
	OneTouch Delica Plus Lancet33G	2				
	OneTouch Delica Plus Lancing	2				
	OneTouch Delica Safety Lancing	2				
	OneTouch FinePoint Lancets	2				
	OneTouch Ultra Control Liquid In Vitro	3				
	OneTouch UltraSoft 2 Lancets	2				
	OneTouch UltraSoft Lancets	2				
	OneTouch Verio Liquid High In Vitro	3				
	OneTouch Verio Liquid In Vitro	3				
	Oval Tape	3				
	PC Lancets Super Thin 30G	2				
	Penlet II Blood Sampler Kit	2				
	Penlet II Replacement Cap	2				
	Perfect Lancets 28G	2				
	Perfect Lancets 30G	2				
	Perfect Point Safety Lancets	2				
	Pharmacist Choice Lancets	2				
	Pharmacy Counter Lancets	2				
	Pip Lancets 28G	2				
	Pip Lancets 30G	2				
	Precision Thins GP Lancets	2				
	Preferred Plus Lancets Colored	2				
	Preferred Plus Lancets Thin	2				
	Pressure Activat Safety Lancet	2				
	Pro Comfort Lancets 30G	2				
	Pro Comfort Lancets 31G	2				
	Pro Comfort Safety Lancets 30G	2				
	Prodigy Lancets 28G	2				
	Prodigy Lancing Device	2				
	Prodigy Safety Lancets 26G	2				
	Prodigy Twist Top Lancets 28G	2				
	PSS Select GP Lancets	2				
	PSS Select Platforms	2				
	PSS Select Safety Lancets	2				
	Pure Comfort Lancets 30G	2				
	Push Button Safety Lancets	2				
	PX Advanced Lancing Device	2				
	PX Lancets MicroThin 33G	2				
	PX Lancets Ultra Thin	2				
	PX Lancets Ultra Thin 28G	2				
	QC Advanced Lancing Device	2				
	QC Lancets Super Thin 30G	2				
	QC Lancets Ultra Thin	2				
	QC Unilet Lancets 28G	2				
	QC Unilet Lancets Micro Thin	2				
	RA E-Zject Lancets 28G	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	RA E-Zject Lancets Thin 26G	2				
	RA E-Zject Lancets Thin 28G	2				
	RA E-Zject Lancets Ultra Thin	2				
	ReadyLance Safety Lancets	2				
	Reality Lancets	2				
	Reality Trigger Lancets	2				
	ReliOn Lancets	2				
	ReliOn Lancets Micro-Thin 33G	2				
	ReliOn Lancets Thin 26G	2				
	ReliOn Lancets Ultra-Thin 30G	2				
	ReliOn Lancing Device Kit	2				
	ReliOn Ultra Thin Lancets 30G	2				
	ReliOn Ultra Thin Plus Lancets	2				
	Rexall Lancets Ultra Thin 30G	2				
	Rightest Alternate Site Adapt	2				
	Rightest GD500 Lancing Device	2				
	Rightest GL300 Lancets	2				
	Safe-T-Lance	2				
	Safe-T-Lance Plus	2				
	Safety Lancet 21G/Pressure Act	2				
	Safety Lancet 28G/Pressure Act	2				
	Safety Lancet 30G/Pressure Act	2				
	Safety Lancets	2				
	Safety Lancets 21G	2				
	Safety Lancets 23G	2				
	Safety Lancets 28G	2				
	SAPS Health Plus Lancets	2				
	SAPS health Twist Top Lancets	2				
	SAPS Twist Top Lancets	2				
	SAPScare Twist Top Lancets	2				
	SB Lancets Thin	2				
	SB Lancets Ultra Thin	2				
	Shopko Autolet Lancing Device	2				
	Shopko On-the-Go Lancets 30G	2				
	Shopko Unilet Lancets 28G	2				
	Shopko Unilet Lancets 30G	2				
	Side Button Safety Lancet	2				
	Single-Let	2				
	SM Lancets 33G	2				
	Smart Diabetes Vantage Lancing	2				
	Smart Sense Color Lancets 33G	2				
	Smart Sense Standard Lancets	2				
	Smart Sense Standard Lancets	2				
	Smart Sense Super Thin Lancets	2				
	Smart Sense Thin Lancets 26G	2				
	Smartest Lancets 28G	2				
	Solus V2 Lancets 28G	2				
	Solus V2 Lancing Device	2				
	Solus V2 Twist Lancets 30G	2				
	SteriLance PA	2				
	SteriLance TL	2				
	Super Thin Lancets	2				
	Sure Comfort Lancets 18G	2				
	Sure Comfort Lancets 21G	2				
	Sure Comfort Lancets 23G	2				
	Sure Comfort Lancets 28G	2				
	Sure Comfort Lancets 30G	2				
	Sure-Lance Flat Lancets	2				
	Sure-Lance Lancets 26G	2				
	Sure-Lance Thin Lancets 28G	2				
	Sure-Lance Ultra Thin Lancets	2				
	Surelite Lancets	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Sure-Touch Lancets Universal	2				
	TechLite AST Lancets	2				
	TechLite Lancets	2				
	TechLite Lancets 26G	2				
	TechLite Lancets 30G	2				
	TGT Lancet Micro Thin 33G	2				
	TGT Lancet Thin 26G	2				
	TGT Lancet Ultra Thin 30G	2				
	TGT Lancing Device	2				
	Thinlets GP Lancets	2				
	Todays Health Lancing Device	2				
	Todays Health Thin Lancets 28G	2				
	Todays Health Thin Lancets 30G	2				
	TopCare Lancets Micro-Thin 33G	2				
	Travel Lancets	2				
	Travel Lancets Advanced 28G	2				
	True Comfort Safety Lancets	2				
	True Comfort Twist Top Lancets	2				
	TRUEdraw Lancing Device	2				
	TRUEplus Lancets 26G	2				
	TRUEplus Lancets 28G	2				
	TRUEplus Lancets 30G	2				
	TRUEplus Lancets 33G	2				
	TRUEplus Safety Lancets 28G	2				
	Twist Top Lancets 30G	2				
	Ultilet Classic Lancets	2				
	Ultilet Lancets	2				
	Ultilet Safety Lancets	2				
	Ultilet Safety Lancets 23G	2				
	Ultra Thin Lancets 31G	2				
	Ultra-Care Lancets 30G	2				
	UltraLance	2				
	Ultra-Thin II Auto Lancet	2				
	Unilet ComforTouch Lancet	2				
	Unilet ExceLite	2				
	Unilet ExceLite II	2				
	Unilet G.P. Lancet	2				
	Unilet G.P. Superlite Lancet	2				
	Unilet GP 28 Ultra Thin	2				
	Unilet Lancet	2				
	Unilet Micro-Thin 33G	2				
	Unilet Superlite Lancet	2				
	Unilet Super-Thin 30G	2				
	Unilet Ultra-Thin 28G	2				
	Unistik 1	2				
	Unistik 2	2				
	Unistik 2 Comfort	2				
	Unistik 2 Extra	2				
	Unistik 2 Neonatal	2				
	Unistik 2 Normal	2				
	Unistik 2 Super	2				
	Unistik 3	2				
	Unistik 3 Comfort	2				
	Unistik 3 Extra	2				
	Unistik 3 Gentle	2				
	Unistik 3 Neonatal	2				
	Unistik 3 Normal	2				
	Unistik CZT Comfort	2				
	Unistik CZT Normal	2				
	Unistik Normal	2				
	Unistik Pro Safety Lancet	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Unistik Safety Lancets 28G	2				
	Unistik Safety Lancets 30G	2				
	Unistik Touch Safety Lanc 21G	2				
	Unistik Touch Safety Lanc 23G	2				
	Unistik Touch Safety Lanc 28G	2				
	Unistik Touch Safety Lanc 30G	2				
	Universal 1 Lancets Thin 26G	2				
	Universal 1 Lancets Thin 33G	2				
	Universal 1 Lancets Ultra Thin	2				
	Value Plus Lancet Standard 21G	2				
	Value Plus Lancets Super Thin	2				
	Value Plus Lancets Thin 26G	2				
	ValuMark Lancet Super Thin 30G	2				
	ValuMark Lancet Ultra Thin 28G	2				
	Verifine Safe Lancet Mini 21G	2				
	Verifine Safe Lancet Mini 23G	2				
	Verifine Safe Lancet Mini 28G	2				
	Verifine Safe Lancet Mini 30G	2				
	Verifine Universal Lancets 28G	2				
	Verifine Universal Lancets 30G	2				
	Verifine Universal Lancets 33G	2				
	Vida Mia Autolet Lancing Dev	2				
	Vida Mia Unilet Lancets 28G	2				
	Vida Mia Unilet Lancets 30G	2				
	VivaGuard Lancets	2				
	VivaGuard Lancets 30G	2				
	VivaGuard Safety Lancets 28G	2				
	Walgreens Adv Travel Lancets	2				
	Walgreens Lancets	2				
	Walgreens Lancets Micro Thin	2				
	Walgreens Lancets Super Thin	2				
	Walgreens Thin Lancets	2				
	Walgreens Ultra Thin Lancets	2				
	ZevRx Twist Top Lancets 30G	2				
*Insulin Administration Supplies***	Ilet Contact Detach 23" 6mm	3				
	Ilet infusion-Inset 23" 6mm	3				
	Ilet Infusion-Inset 32" 6mm	3				
	Ilet Insulin Pump Device	3	PA			
	Ilet Starter - Contact Detach	3				
	Ilet Starter Kit - Inset 23"	3				
	Ilet Starter Kit - Inset 32"	3				
	Omnipod 5 DexG7G6 Intro Gen 5 Kit	2				
	Omnipod 5 DexG7G6 Pods Gen 5	2				
	Omnipod 5 G7 Intro (Gen 5) Kit	2				
	Omnipod 5 G7 Pods (Gen 5)	2				
	Omnipod 5 Libre2 G6 Intro G5 Kit	2				
	Omnipod 5 Libre2 Plus G6 Pods	2				
	Omnipod Classic Pods (Gen 3)	2				
	Omnipod DASH Intro (Gen 4) Kit	2				
	Omnipod DASH Pods (Gen 4)	2				
	Omnipod Go Kit 10 UNIT/24HR	2				
	Omnipod Go Kit 15 UNIT/24HR	2				
	Omnipod Go Kit 20 UNIT/24HR	2				
	Omnipod Go Kit 25 UNIT/24HR	2				
	Omnipod Go Kit 30 UNIT/24HR	2				
	Omnipod Go Kit 35 UNIT/24HR	2				
	Omnipod Go Kit 40 UNIT/24HR	2				
	Omnipod Pod Pals	2				
	Sure T Infusion Set 18"/6mm	3				
	V-Go 20 Kit 20 UNIT/24HR	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	V-Go 30 Kit 30 UNIT/24HR	2				
	V-Go 40 Kit 40 UNIT/24HR	2				
*Needles & Syringes***	1st Tier Unifine Pentips 29G X 12MM	2				
	1st Tier Unifine Pentips 31G X 5 MM	2				
	1st Tier Unifine Pentips 31G X 6 MM	2				
	1st Tier Unifine Pentips 31G X 8 MM	2				
	1st Tier Unifine Pentips 32G X 4 MM	2				
	1st Tier Unifine Pentips 32G X 6 MM	2				
	1st Tier Unifine Pentips 33G X 4 MM	2				
	1st Tier Unifine Pentips Plus 29G X 12MM	2				
	1st Tier Unifine Pentips Plus 31G X 5 MM	2				
	1st Tier Unifine Pentips Plus 31G X 6 MM	2				
	1st Tier Unifine Pentips Plus 31G X 8 MM	2				
	1st Tier Unifine Pentips Plus 32G X 4 MM	2				
	1st Tier Unifine Pentips Plus 33G X 4 MM	2				
	AboutTime Pen Needle 30G X 8 MM	2				
	AboutTime Pen Needle 31G X 5 MM	2				
	AboutTime Pen Needle 31G X 8 MM	2				
	AboutTime Pen Needle 32G X 4 MM	2				
	Advocate Insulin Pen Needles 29G X 12.7MM	2				
	Advocate Insulin Pen Needles 31G X 5 MM	2				
	Advocate Insulin Pen Needles 31G X 8 MM	2				
	Advocate Insulin Pen Needles 33G X 4 MM	2				
	Advocate Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Advocate Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Advocate Insulin Syringe 29G X 1/2" 1 ML	2				
	Advocate Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Advocate Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Advocate Insulin Syringe 30G X 5/16" 1 ML	2				
	Advocate Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Advocate Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Advocate Insulin Syringe 31G X 5/16" 1 ML	2				
	AQ Insulin Syringe 29G X 1/2" 1 ML	2				
	AQ Insulin Syringe 30G X 5/16" 0.5 ML	2				
	AQ Insulin Syringe 31G X 5/16" 1 ML	2				
	AQInject Pen Needle 31G X 5 MM	2				
	AQInject Pen Needle 32G X 4 MM	2				
	Assure ID Duo Pro Pen Needles 31G X 5 MM	3				
	Assure ID Insulin Safety Syr 29G X 1/2" 0.5 ML	2				
	Assure ID Insulin Safety Syr 29G X 1/2" 1 ML	2				
	Assure ID Insulin Safety Syr 31G X 15/64" 0.5 ML	2				
	Assure ID Insulin Safety Syr 31G X 15/64" 1 ML	2				
	Assure ID Pro Pen Needles 30G X 5 MM	3				
	Assure ID Safety Pen Needles 30G X 5 MM	2				
	Assure ID Safety Pen Needles 30G X 8 MM	2				
	Assure ID Safety Pen Needles 31G X 5 MM	2				
	AUM Insulin Safety Pen Needle 31G X 4 MM	2				
	AUM Insulin Safety Pen Needle 31G X 5 MM	2				
	AUM Mini Insulin Pen Needle 32G X 4 MM	2				
	AUM Mini Insulin Pen Needle 32G X 5 MM	2				
	AUM Mini Insulin Pen Needle 32G X 6 MM	2				
	AUM Mini Insulin Pen Needle 32G X 8 MM	2				
	AUM Mini Insulin Pen Needle 33G X 4 MM	2				
	AUM Mini Insulin Pen Needle 33G X 5 MM	2				
	AUM Mini Insulin Pen Needle 33G X 6 MM	2				
	AUM Pen Needle 32G X 4 MM	2				
	AUM Pen Needle 32G X 5 MM	2				
	AUM Pen Needle 32G X 6 MM	2				
	AUM Pen Needle 33G X 4 MM	2				
	AUM Pen Needle 33G X 5 MM	2				
	AUM Pen Needle 33G X 6 MM	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	AUM ReadyGard Duo Pen Needle 32G X 4 MM	2				
	AUM Safety Pen Needle 31G X 4 MM	2				
	AUM Safety Pen Needle 31G X 5 MM	2				
	Aurora Pen Needles 29G X 12MM	2				
	Aurora Pen Needles 31G X 6 MM	2				
	Aurora Pen Needles 31G X 8 MM	2				
	Aurora Unifine Pentips 31G X 5 MM	2				
	Aurora Unifine Pentips 32G X 4 MM	2				
	Autopen Device	2				
	BD Allergist Tray Kit 27G X 1/2" 1 ML	2				
	BD Allergy Syringe 27G X 3/8" 1 ML	2				
	BD Allergy Syringe 28G X 1/2" 1 ML	2				
	BD AutoShield 29G X 5MM	2				
	BD AutoShield 29G X 8MM	2				
	BD AutoShield Duo 30G X 5 MM	2				
	BD Disp Needle 25G X 1"	2				
	BD Disp Needle 30G X 1"	2				
	BD Disp Needles 18G X 1-1/2"	2				
	BD Disp Needles 22G X 1-1/2"	2				
	BD Disp Needles 25G X 5/8"	2				
	BD Eclipse Luer-Lok Needle 30G X 1/2"	2				
	BD Eclipse Needle 18G X 1-1/2"	2				
	BD Eclipse Needle 23G X 1"	2				
	BD Eclipse Needle 25G X 1"	2				
	BD Eclipse Needle 25G X 1-1/2"	2				
	BD Eclipse Needle 25G X 5/8"	2				
	BD Eclipse Shielded Needle 18G X 1-1/2"	2				
	BD Eclipse Syringe 27G X 1/2" 1 ML	2				
	BD Eclipse Syringe 30G X 1/2" 1 ML	2				
	BD Eclipse Syringe/Needle 22G X 1" 3 ML	2				
	BD Eclipse Syringe/Needle 23G X 1-1/2" 3 ML	2				
	BD Eclipse Syringe/Needle 25G X 5/8" 3 ML	2				
	BD Filter Needle 18G X 1-1/2"	2				
	BD Hypodermic Needle 22G X 1"	2				
	BD Hypodermic Needle 23G X 1"	2				
	BD Ins Syr Ultrafine 1/2Unit 31G X 5/16" 0.3 ML	2				
	BD Insulin Syr Ultrafine II 31G X 5/16" 0.3 ML	2				
	BD Insulin Syr Ultrafine II 31G X 5/16" 0.5 ML	2				
	BD Insulin Syringe 25G X 1" 1 ML	2				
	BD Insulin Syringe 25G X 5/8" 1 ML	2				
	BD Insulin Syringe 26G X 1/2" 1 ML	2				
	BD Insulin Syringe 27.5G X 5/8" 2 ML	2				
	BD Insulin Syringe 27G X 1/2" 1 ML	2				
	BD Insulin Syringe 29G X 1/2" 0.3 ML	2				
	BD Insulin Syringe 29G X 1/2" 0.5 ML	2				
	BD Insulin Syringe 29G X 1/2" 1 ML	2				
	BD Insulin Syringe Half-Unit 31G X 5/16" 0.3 ML	2				
	BD Insulin Syringe MicroFine 27G X 5/8" 1 ML	2				
	BD Insulin Syringe MicroFine 28G X 1/2" 0.5 ML	2				
	BD Insulin Syringe MicroFine 28G X 1/2" 1 ML	2				
	BD Insulin Syringe U/F 30G X 1/2" 1 ML	2				
	BD Insulin Syringe U-100 1 ML	2				
	BD Insulin Syringe U-500 31G X 6MM 0.5 ML	2				
	BD Insulin Syringe Ultrafine 29G X 1/2" 0.3 ML	2				
	BD Insulin Syringe Ultrafine 29G X 1/2" 0.5 ML	2				
	BD Insulin Syringe Ultrafine 29G X 1/2" 1 ML	2				
	BD Insulin Syringe Ultrafine 30G X 1/2" 0.3 ML	2				
	BD Insulin Syringe Ultrafine 30G X 1/2" 0.5 ML	2				
	BD Insulin Syringe Ultrafine 30G X 1/2" 1 ML	2				
	BD Insulin Syringe Ultrafine 31G X 5/16" 0.3 ML	2				
	BD Insulin Syringe Ultrafine 31G X 5/16" 0.5 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	BD Insulin Syringe Ultrafine 31G X 5/16" 1 ML	2				
	BD Integra Syringe 21G X 1-1/2" 3 ML	2				
	BD Integra Syringe 23G X 1" 3 ML	2				
	BD Integra Syringe 25G X 5/8" 3 ML	2				
	BD Luer-Lok Syringe 10 ML	2				
	BD Luer-Lok Syringe 23G X 1" 3 ML	2				
	BD Luer-Lok Syringe 23G X 1-1/2" 3 ML	2				
	BD Luer-Lok Syringe 25G X 5/8" 3 ML	2				
	BD Pen	2				
	BD Pen Mini	2				
	BD Pen Needle Micro Ultrafine 32G X 6 MM	2				
	BD Pen Needle Mini Ultrafine 31G X 5 MM	2				
	BD Pen Needle Nano 2nd Gen 32G X 4 MM	2				
	BD Pen Needle Nano U/F 32G X 4 MM	2				
	BD Pen Needle Nano Ultrafine 32G X 4 MM	2				
	BD Pen Needle Orig Ultrafine 29G X 12.7MM	2				
	BD Pen Needle Short Ultrafine 31G X 8 MM	2				
	BD Plastipak Syringe 21G X 1" 3 ML	2				
	BD PrecisionGlide Needle 23G X 1-1/2"	2				
	BD SafetyGlide Allergy Syringe 27G X 1/2" 1 ML	2				
	BD SafetyGlide Insulin Syringe 29G X 1/2" 0.3 ML	2				
	BD SafetyGlide Insulin Syringe 29G X 1/2" 0.5 ML	2				
	BD SafetyGlide Insulin Syringe 30G X 5/16" 0.5 ML	2				
	BD SafetyGlide Insulin Syringe 31G X 15/64" 0.3 ML	2				
	BD SafetyGlide Insulin Syringe 31G X 15/64" 0.5 ML	2				
	BD SafetyGlide Insulin Syringe 31G X 15/64" 1 ML	2				
	BD SafetyGlide Insulin Syringe 31G X 5/16" 0.3 ML	2				
	BD SafetyGlide Needle 21G X 1"	2				
	BD SafetyGlide Needle 25G X 1"	2				
	BD SafetyGlide Needle 27G X 5/8"	2				
	BD SafetyGlide Shielded Needle 22G X 1-1/2"	2				
	BD SafetyGlide Syringe/Needle 27G X 3/8" 1 ML	2				
	BD Safety-Lok Insulin Syringe 29G X 1/2" 1 ML	2				
	BD Syringe Luer Slip Tip 5 ML	2				
	BD Syringe Luer-Lok 10 ML	2				
	BD Syringe Luer-Lok 3 ML	2				
	BD Syringe Luer-Lok 30 ML	2				
	BD Syringe Luer-Lok 5 ML	2				
	BD Syringe Slip Tip 1 ML	2				
	BD Syringe Slip Tip 26G X 5/8" 1 ML	2				
	BD Syringe Slip Tip 3 ML	2				
	BD Syringe/Needle 25G X 5/8" 1 ML	2				
	BD Syringe/Needle 25G X 5/8" 3 ML	2				
	BD TB Syringe 21G X 1" 1 ML	2				
	BD TB Syringe 27G X 1/2" 0.5 ML	2				
	BD TB Syringe 27G X 1/2" 1 ML	2				
	BD TB Syringe 27G X 3/8" 1 ML	2				
	BD Veo Insulin Syr U/F 1/2Unit 31G X 15/64" 0.3 ML	2				
	BD Veo Insulin Syr Ultrafine 31G X 15/64" 0.3 ML	2				
	BD Veo Insulin Syr Ultrafine 31G X 15/64" 0.5 ML	2				
	BD Veo Insulin Syr Ultrafine 31G X 15/64" 1 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	CareFine Pen Needles 29G X 12MM	2				
	CareFine Pen Needles 30G X 8 MM	2				
	CareFine Pen Needles 31G X 6 MM	2				
	CareFine Pen Needles 31G X 8 MM	2				
	CareFine Pen Needles 32G X 4 MM	2				
	CareFine Pen Needles 32G X 5 MM	2				
	CareFine Pen Needles 32G X 6 MM	2				
	CareOne Insulin Syringe 30G X 1/2" 0.3 ML	2				
	CareOne Insulin Syringe 30G X 1/2" 0.5 ML	2				
	CareOne Insulin Syringe 30G X 1/2" 1 ML	2				
	CareOne Insulin Syringe 31G X 5/16" 0.3 ML	2				
	CareOne Insulin Syringe 31G X 5/16" 0.5 ML	2				
	CareOne Insulin Syringe 31G X 5/16" 1 ML	2				
	CareOne Unifine Pentips 29G X 12MM	2				
	CareOne Unifine Pentips 31G X 5 MM	2				
	CareOne Unifine Pentips 31G X 6 MM	2				
	CareOne Unifine Pentips 31G X 8 MM	2				
	CareOne Unifine Pentips 32G X 4 MM	2				
	CareOne Unifine Pentips Plus 29G X 12MM	2				
	CareOne Unifine Pentips Plus 31G X 5 MM	2				
	CareOne Unifine Pentips Plus 31G X 6 MM	2				
	CareOne Unifine Pentips Plus 31G X 8 MM	2				
	CareOne Unifine Pentips Plus 32G X 4 MM	2				
	CareOne Unifine Pentips Plus 33G X 4 MM	2				
	Carepoint Poly Hub Needle 18G X 1"	2				
	Carepoint Poly Hub Needle 18G X 1-1/2"	2				
	Carepoint Poly Hub Needle 20G X 1"	2				
	Carepoint Poly Hub Needle 21G X 1"	2				
	Carepoint Poly Hub Needle 21G X 1-1/2"	2				
	Carepoint Poly Hub Needle 22G X 1"	2				
	Carepoint Poly Hub Needle 22G X 1-1/2"	2				
	Carepoint Poly Hub Needle 23G X 1"	2				
	Carepoint Poly Hub Needle 23G X 1-1/2"	2				
	Carepoint Poly Hub Needle 25G X 1"	2				
	Carepoint Poly Hub Needle 25G X 1-1/2"	2				
	Carepoint Poly Hub Needle 25G X 5/8"	2				
	Carepoint Poly Hub Needle 27G X 1/2"	2				
	Carepoint Poly Hub Needle 30G X 1/2"	2				
	CarePoint Safety 1st Needle 23G X 1"	2				
	CarePoint Safety 1st Needle 23G X 1-1/2"	2				
	CarePoint Safety 1st Needle 25G X 1"	2				
	CarePoint Safety 1st Needle 25G X 1-1/2"	2				
	CarePoint Safety 1st Needle 25G X 5/8"	2				
	CarePoint Safety1st Syr/Needle 23G X 1" 1 ML	2				
	CarePoint Safety1st Syr/Needle 23G X 1" 3 ML	2				
	CarePoint Safety1st Syr/Needle 25G X 1" 1 ML	2				
	CarePoint Safety1st Syr/Needle 25G X 1" 3 ML	2				
	CarePoint Safety1st Syr/Needle 25G X 5/8" 3 ML	2				
	Carepoint Syringe Catheter Tip 60 ML	2				
	Carepoint Syringe Luer Lock 1 ML	2				
	Carepoint Syringe Luer Lock 10 ML	2				
	Carepoint Syringe Luer Lock 20 ML	2				
	Carepoint Syringe Luer Lock 20G X 1" 3 ML	2				
	Carepoint Syringe Luer Lock 20G X 1-1/2" 3 ML	2				
	Carepoint Syringe Luer Lock 22G X 1" 3 ML	2				
	Carepoint Syringe Luer Lock 22G X 1-1/2" 3 ML	2				
		3				
	Carepoint Syringe Luer Lock 23G X 1" 3 ML	2				
	Carepoint Syringe Luer Lock 23G X 1-1/2" 3 ML	2				
	Carepoint Syringe Luer Lock 25G X 1" 3 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Carepoint Syringe Luer Lock 25G X 1-1/2" 3 ML	3				
	Carepoint Syringe Luer Lock 3 ML	2				
	Carepoint Syringe Luer Lock 30 ML	2				
	Carepoint Syringe Luer Lock 5 ML	2				
	Carepoint Syringe Luer Lock 60 ML	2				
	Carepoint Syringe Luer Slip 1 ML	2				
	Carepoint Syringe Luer Slip 60 ML	2				
	Carepoint Tubercln Syr/Luer Sl 25G X 5/8" 1 ML	2				
	CareTouch Hypodermic Needle 27G X 1-1/2"	2				
	CareTouch Insulin Syringe 28G X 5/16" 1 ML	2				
	CareTouch Insulin Syringe 29G X 5/16" 1 ML	2				
	CareTouch Insulin Syringe 30G X 5/16" 0.5 ML	2				
	CareTouch Insulin Syringe 30G X 5/16" 1 ML	2				
	CareTouch Insulin Syringe 31G X 5/16" 0.3 ML	2				
	CareTouch Insulin Syringe 31G X 5/16" 0.5 ML	2				
	CareTouch Insulin Syringe 31G X 5/16" 1 ML	2				
	CareTouch Luer Lock 10 ML	2				
	CareTouch Luer Slip 3 ML	2				
	CareTouch Pen Needles 29G X 12MM	2				
	CareTouch Pen Needles 31G X 5 MM	2				
	CareTouch Pen Needles 31G X 6 MM	2				
	CareTouch Pen Needles 31G X 8 MM	2				
	CareTouch Pen Needles 32G X 4 MM	2				
	CareTouch Pen Needles 32G X 5 MM	2				
	CareTouch Pen Needles 33G X 4 MM	2				
	CeQur Simplicity 2U Device	2				
	CeQur Simplicity Inserter	2				
		3				
	Clever Choice Comfort EZ 29G X 12MM	2				
	Clever Choice Comfort EZ 33G X 4 MM	2				
	Clickfine Pen Needles 31G X 5 MM	2				
	Clickfine Pen Needles 31G X 6 MM	2				
	Clickfine Pen Needles 31G X 8 MM	2				
	Clickfine Pen Needles 32G X 4 MM	2				
	Comfort Assist Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Comfort EZ Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Comfort EZ Insulin Syringe 28G X 1/2" 1 ML	2				
	Comfort EZ Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Comfort EZ Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Comfort EZ Insulin Syringe 29G X 1/2" 1 ML	2				
	Comfort EZ Insulin Syringe 30G X 1/2" 0.3 ML	2				
	Comfort EZ Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Comfort EZ Insulin Syringe 30G X 1/2" 1 ML	2				
	Comfort EZ Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Comfort EZ Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Comfort EZ Insulin Syringe 30G X 5/16" 1 ML	2				
	Comfort EZ Insulin Syringe 31G X 15/64" 0.3 ML	2				
	Comfort EZ Insulin Syringe 31G X 15/64" 0.5 ML	2				
	Comfort EZ Insulin Syringe 31G X 15/64" 1 ML	2				
	Comfort EZ Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Comfort EZ Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Comfort EZ Insulin Syringe 31G X 5/16" 1 ML	2				
	Comfort EZ Micro Pen Needles 32G X 4 MM	2				
	Comfort EZ Pen Needles 31G X 5 MM	2				
	Comfort EZ Pen Needles 31G X 6 MM	2				
	Comfort EZ Pen Needles 31G X 8 MM	2				
	Comfort EZ Pen Needles 32G X 4 MM	2				
	Comfort EZ Pen Needles 32G X 5 MM	2				
	Comfort EZ Pen Needles 32G X 6 MM	2				
	Comfort EZ Pen Needles 32G X 8 MM	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Comfort EZ Pen Needles 33G X 4 MM	2				
	Comfort EZ Pen Needles 33G X 5 MM	2				
	Comfort EZ Pen Needles 33G X 6 MM	2				
	Comfort EZ Pen Needles 33G X 8 MM	2				
	Comfort EZ Pro Pen Needles 30G X 8 MM	2				
	Comfort EZ Pro Pen Needles 31G X 4 MM	2				
	Comfort EZ Pro Pen Needles 31G X 5 MM	2				
	Comfort EZ Short Pen Needles 31G X 8 MM	2				
	Comfort Touch Insulin Pen Need 31G X 4 MM	2				
	Comfort Touch Insulin Pen Need 31G X 5 MM	2				
	Comfort Touch Insulin Pen Need 31G X 6 MM	2				
	Comfort Touch Insulin Pen Need 31G X 8 MM	2				
	Comfort Touch Insulin Pen Need 32G X 4 MM	2				
	Comfort Touch Insulin Pen Need 32G X 5 MM	2				
	Comfort Touch Insulin Pen Need 32G X 6 MM	2				
	Comfort Touch Insulin Pen Need 32G X 8 MM	2				
	Comfort Touch Insulin Pen Need 33G X 4 MM	2				
	Comfort Touch Insulin Pen Need 33G X 5 MM	2				
	Comfort Touch Insulin Pen Need 33G X 6 MM	2				
	Diathrive Pen Needle 31G X 5 MM	2				
	Diathrive Pen Needle 31G X 6 MM	2				
	Diathrive Pen Needle 31G X 8 MM	2				
	Diathrive Pen Needle 32G X 4 MM	2				
	Droplet Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Droplet Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Droplet Insulin Syringe 29G X 1/2" 1 ML	2				
	Droplet Insulin Syringe 30G X 1/2" 0.3 ML	2				
	Droplet Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Droplet Insulin Syringe 30G X 1/2" 1 ML	2				
	Droplet Insulin Syringe 30G X 15/64" 0.3 ML	2				
	Droplet Insulin Syringe 30G X 15/64" 0.5 ML	2				
	Droplet Insulin Syringe 30G X 15/64" 1 ML	2				
	Droplet Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Droplet Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Droplet Insulin Syringe 30G X 5/16" 1 ML	2				
	Droplet Insulin Syringe 31G X 1/4" 0.3 ML	2				
	Droplet Insulin Syringe 31G X 1/4" 0.5 ML	2				
	Droplet Insulin Syringe 31G X 1/4" 1 ML	2				
	Droplet Insulin Syringe 31G X 15/64" 0.3 ML	2				
	Droplet Insulin Syringe 31G X 15/64" 0.5 ML	2				
	Droplet Insulin Syringe 31G X 15/64" 1 ML	2				
	Droplet Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Droplet Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Droplet Insulin Syringe 31G X 5/16" 1 ML	2				
	Droplet Micron 34G X 3.5 MM	2				
	Droplet Pen Needles 29G X 10MM	2				
	Droplet Pen Needles 29G X 12MM	2				
	Droplet Pen Needles 30G X 8 MM	2				
	Droplet Pen Needles 31G X 5 MM	2				
	Droplet Pen Needles 31G X 6 MM	2				
	Droplet Pen Needles 31G X 8 MM	2				
	Droplet Pen Needles 32G X 4 MM	2				
	Droplet Pen Needles 32G X 5 MM	2				
	Droplet Pen Needles 32G X 6 MM	2				
	Droplet Pen Needles 32G X 8 MM	2				
	DropSafe Safety Pen Needles 31G X 5 MM	2				
	DropSafe Safety Pen Needles 31G X 6 MM	2				
	DropSafe Safety Pen Needles 31G X 8 MM	2				
	DropSafe Safety Syringe/Needle 29G X 1/2" 1 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	DropSafe Safety Syringe/Needle 31G X 15/64" 0.3 ML	2				
	DropSafe Safety Syringe/Needle 31G X 15/64" 0.5 ML	2				
	DropSafe Safety Syringe/Needle 31G X 15/64" 1 ML	2				
	DropSafe Safety Syringe/Needle 31G X 5/16" 0.3 ML	2				
	DropSafe Safety Syringe/Needle 31G X 5/16" 0.5 ML	2				
	DropSafe Safety Syringe/Needle 31G X 5/16" 1 ML	2				
	Drug Mart Unifine Pentips 29G X 12MM	2				
	Drug Mart Unifine Pentips 31G X 5 MM	2				
	Drug Mart Unifine Pentips 31G X 6 MM	2				
	Drug Mart Unifine Pentips 31G X 8 MM	2				
	Drug Mart Unifine Pentips 32G X 4 MM	2				
	Drug Mart Unifine Pentips Plus 32G X 4 MM	2				
	Easy Comfort Insulin Syringe 29G X 5/16" 0.5 ML	3				
	Easy Comfort Insulin Syringe 29G X 5/16" 1 ML	3				
	Easy Comfort Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Easy Comfort Insulin Syringe 30G X 1/2" 1 ML	2				
	Easy Comfort Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Easy Comfort Insulin Syringe 30G X 5/16" 1 ML	2				
	Easy Comfort Insulin Syringe 31G X 1/2" 0.3 ML	2				
	Easy Comfort Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Easy Comfort Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Easy Comfort Insulin Syringe 31G X 5/16" 1 ML	2				
	Easy Comfort Insulin Syringe 32G X 5/16" 0.5 ML	2				
	Easy Comfort Insulin Syringe 32G X 5/16" 1 ML	2				
	Easy Comfort Pen Needles 29G X 4MM	3				
	Easy Comfort Pen Needles 29G X 5MM	3				
	Easy Comfort Pen Needles 31G X 5 MM	2				
		3				
	Easy Comfort Pen Needles 31G X 6 MM	2				
		3				
	Easy Comfort Pen Needles 31G X 8 MM	2				
	Easy Comfort Pen Needles 32G X 4 MM	2				
		3				
	Easy Comfort Pen Needles 33G X 4 MM	2				
	Easy Comfort Pen Needles 33G X 5 MM	2				
	Easy Comfort Pen Needles 33G X 6 MM	2				
	Easy Glide Pen Needles 33G X 4 MM	2				
	Easy Touch FlipLock Insulin Sy 29G X 1/2" 1 ML	2				
	Easy Touch FlipLock Insulin Sy 30G X 1/2" 1 ML	2				
	Easy Touch FlipLock Insulin Sy 30G X 5/16" 1 ML	2				
	Easy Touch FlipLock Insulin Sy 31G X 5/16" 1 ML	2				
	Easy Touch Hypodermic Needle 16G X 1"	2				
	Easy Touch Insulin Safety Syr 29G X 1/2" 0.5 ML	2				
	Easy Touch Insulin Safety Syr 29G X 1/2" 1 ML	2				
	Easy Touch Insulin Safety Syr 30G X 1/2" 1 ML	2				
	Easy Touch Insulin Safety Syr 30G X 5/16" 0.5 ML	2				
	Easy Touch Insulin Syringe 27G X 1/2" 0.5 ML	2				
	Easy Touch Insulin Syringe 27G X 1/2" 1 ML	2				
	Easy Touch Insulin Syringe 27G X 5/8" 1 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Easy Touch Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Easy Touch Insulin Syringe 28G X 1/2" 1 ML	2				
	Easy Touch Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Easy Touch Insulin Syringe 29G X 1/2" 1 ML	2				
	Easy Touch Insulin Syringe 30G X 1/2" 0.3 ML	2				
	Easy Touch Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Easy Touch Insulin Syringe 30G X 1/2" 1 ML	2				
	Easy Touch Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Easy Touch Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Easy Touch Insulin Syringe 30G X 5/16" 1 ML	2				
	Easy Touch Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Easy Touch Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Easy Touch Insulin Syringe 31G X 5/16" 1 ML	2				
	Easy Touch Pen Needles 29G X 12MM	2				
	Easy Touch Pen Needles 30G X 5 MM	2				
	Easy Touch Pen Needles 30G X 6 MM	2				
	Easy Touch Pen Needles 30G X 8 MM	2				
	Easy Touch Pen Needles 31G X 5 MM	2				
	Easy Touch Pen Needles 31G X 6 MM	2				
	Easy Touch Pen Needles 31G X 8 MM	2				
	Easy Touch Pen Needles 32G X 4 MM	2				
	Easy Touch Pen Needles 32G X 5 MM	2				
	Easy Touch Pen Needles 32G X 6 MM	2				
	Easy Touch Safety Pen Needles 29G X 5MM	2				
	Easy Touch Safety Pen Needles 29G X 8MM	2				
	Easy Touch Safety Pen Needles 30G X 8 MM	2				
	Easy Touch SheathLock Syringe 29G X 1/2" 1 ML	2				
	Easy Touch SheathLock Syringe 30G X 1/2" 1 ML	2				
	Easy Touch SheathLock Syringe 30G X 5/16" 1 ML	2				
	Easy Touch SheathLock Syringe 31G X 5/16" 1 ML	2				
	Easy Touch Syringe Barrel 1 ML	2				
	Easy Touch Syringe Barrel 10 ML	2				
	Easy Touch Syringe Barrel 3 ML	2				
	Easy Touch Syringe Barrel 5 ML	2				
	EasyPoint Needle 23G X 1"	2				
	EasyPoint Needle 25G X 1"	2				
	EasyPoint Needle 25G X 5/8"	2				
	EasyPoint Needle/Syringe 18G X 1" 3 ML	2				
	EasyPoint Needle/Syringe 18G X 1-1/2" 3 ML	2				
	EasyPoint Needle/Syringe 23G X 1" 3 ML	2				
	EasyPoint Needle/Syringe 25G X 1" 3 ML	2				
	EasyPoint Needle/Syringe 25G X 5/8" 3 ML	2				
	Embecta AutoShield Duo 30G X 5 MM	2				
	Embecta Ins Syr U/F 1/2 Unit 31G X 15/64" 0.3 ML	2				
	Embecta Ins Syr U/F 1/2 Unit 31G X 5/16" 0.3 ML	2				
	Embecta Insulin Syr Ultrafine 30G X 1/2" 0.3 ML	2				
	Embecta Insulin Syr Ultrafine 30G X 1/2" 0.5 ML	2				
	Embecta Insulin Syr Ultrafine 30G X 1/2" 1 ML	2				
	Embecta Insulin Syr Ultrafine 31G X 15/64" 0.3 ML	2				
	Embecta Insulin Syr Ultrafine 31G X 15/64" 0.5 ML	2				
	Embecta Insulin Syr Ultrafine 31G X 15/64" 1 ML	2				
	Embecta Insulin Syr Ultrafine 31G X 5/16" 0.3 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Embecta Insulin Syr Ultrafine 31G X 5/16" 0.5 ML	2				
	Embecta Insulin Syr Ultrafine 31G X 5/16" 1 ML	2				
	Embecta Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Embecta Insulin Syringe 28G X 1/2" 1 ML	2				
	Embecta Insulin Syringe U-100 27G X 5/8" 1 ML	2				
	Embecta Insulin Syringe U-100 28G X 1/2" 1 ML	2				
	Embecta Insulin Syringe U-500 31G X 6MM 0.5 ML	2				
	Embecta Pen Needle Nano 2 Gen 32G X 4 MM	2				
	Embecta Pen Needle Nano 32G X 4 MM	2				
	Embecta Pen Needle Ultrafine 29G X 12.7MM	2				
	Embecta Pen Needle Ultrafine 31G X 5 MM	2				
	Embecta Pen Needle Ultrafine 31G X 8 MM	2				
	Embecta Pen Needle Ultrafine 32G X 6 MM	2				
	Embrace Pen Needles 30G X 5 MM	2				
	Embrace Pen Needles 30G X 8 MM	2				
	Embrace Pen Needles 31G X 5 MM	2				
	Embrace Pen Needles 31G X 6 MM	2				
	Embrace Pen Needles 31G X 8 MM	2				
	Embrace Pen Needles 32G X 4 MM	2				
	EQL Insulin Syringe 29G X 1/2" 0.3 ML	2				
	EQL Insulin Syringe 29G X 1/2" 0.5 ML	2				
	EQL Insulin Syringe 29G X 1/2" 1 ML	2				
	EQL Insulin Syringe 30G X 5/16" 0.3 ML	2				
	EQL Insulin Syringe 30G X 5/16" 0.5 ML	2				
	EQL Insulin Syringe 30G X 5/16" 1 ML	2				
	EQL Insulin Syringe 31G X 5/16" 0.3 ML	2				
	EQL Insulin Syringe 31G X 5/16" 0.5 ML	2				
	EQL Insulin Syringe 31G X 5/16" 1 ML	2				
	Exel Comfort Point Insulin Syr 28G X 1/2" 0.5 ML	2				
	Exel Comfort Point Insulin Syr 28G X 1/2" 1 ML	2				
	Exel Comfort Point Insulin Syr 29G X 1/2" 0.3 ML	2				
	Exel Comfort Point Insulin Syr 29G X 1/2" 0.5 ML	2				
	Exel Comfort Point Insulin Syr 29G X 1/2" 1 ML	2				
	Exel Comfort Point Insulin Syr 30G X 5/16" 0.3 ML	2				
	Exel Comfort Point Insulin Syr 30G X 5/16" 0.5 ML	2				
	Exel Comfort Point Insulin Syr 30G X 5/16" 1 ML	2				
	Exel Comfort Point Pen Needle 29G X 12MM	2				
	Exel Comfort Point Pen Needle 31G X 4 MM	2				
	Exel Comfort Point Pen Needle 31G X 6 MM	2				
	Exel Comfort Point Pen Needle 31G X 8 MM	2				
	Fifty50 Pen Needles 31G X 5 MM	2				
	Fifty50 Pen Needles 31G X 8 MM	2				
	Fifty50 Pen Needles 32G X 4 MM	2				
	Fifty50 Pen Needles 32G X 6 MM	2				
	Fifty50 Superior Comfort Syr 31G X 5/16" 0.3 ML	2				
	Fifty50 Superior Comfort Syr 31G X 5/16" 0.5 ML	2				
	Fifty50 Superior Comfort Syr 31G X 5/16" 1 ML	2				
	Freds Pharmacy Unifine Pentip+ 31G X 5 MM	2				
	Freds Pharmacy Unifine Pentip+ 31G X 8 MM	2				
	Freds Pharmacy Unifine Pentips 32G X 4 MM	2				
	FreeStyle Precision Ins Syr 30G X 5/16" 0.5 ML	2				
	FreeStyle Precision Ins Syr 30G X 5/16" 1 ML	2				
	FreeStyle Precision Ins Syr 31G X 5/16" 0.5 ML	2				
	FreeStyle Precision Ins Syr 31G X 5/16" 1 ML	2				
	Global Ease Inject Pen Needles 29G X 12MM	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Global Ease Inject Pen Needles 31G X 5 MM	2				
	Global Ease Inject Pen Needles 31G X 8 MM	2				
	Global Ease Inject Pen Needles 32G X 4 MM	2				
	Global Easy Glide Insulin Syr 31G X 15/64" 0.3 ML	2				
	Global Easy Glide Insulin Syr 31G X 15/64" 0.5 ML	2				
	Global Easy Glide Insulin Syr 31G X 15/64" 1 ML	2				
	Global Easy Glide Insulin Syr 31G X 5/16" 0.3 ML	2				
	Global Easy Glide Pen Needles 32G X 4 MM	2				
	Global Inject Ease Insulin Syr 28G X 1/2" 0.5 ML	2				
	Global Inject Ease Insulin Syr 28G X 1/2" 1 ML	2				
	Global Inject Ease Insulin Syr 29G X 1/2" 0.3 ML	2				
	Global Inject Ease Insulin Syr 29G X 1/2" 0.5 ML	2				
	Global Inject Ease Insulin Syr 29G X 1/2" 1 ML	2				
	Global Inject Ease Insulin Syr 30G X 1/2" 0.3 ML	2				
	Global Inject Ease Insulin Syr 30G X 1/2" 0.5 ML	2				
	Global Inject Ease Insulin Syr 30G X 1/2" 1 ML	2				
	Global Inject Ease Insulin Syr 30G X 5/16" 0.3 ML	2				
	Global Inject Ease Insulin Syr 30G X 5/16" 0.5 ML	2				
	Global Inject Ease Insulin Syr 30G X 5/16" 1 ML	2				
	Global Inject Ease Insulin Syr 31G X 5/16" 0.3 ML	2				
	Global Inject Ease Insulin Syr 31G X 5/16" 0.5 ML	2				
	Global Inject Ease Insulin Syr 31G X 5/16" 1 ML	2				
	Global Insulin Syringes 30G X 1/2" 0.3 ML	2				
	Global Insulin Syringes 30G X 5/16" 0.3 ML	2				
	GlucoPro Insulin Syringe 30G X 1/2" 0.3 ML	2				
	GlucoPro Insulin Syringe 30G X 1/2" 0.5 ML	2				
	GlucoPro Insulin Syringe 30G X 1/2" 1 ML	2				
	GlucoPro Insulin Syringe 30G X 5/16" 0.3 ML	2				
	GlucoPro Insulin Syringe 30G X 5/16" 0.5 ML	2				
	GlucoPro Insulin Syringe 30G X 5/16" 1 ML	2				
	GlucoPro Insulin Syringe 31G X 5/16" 0.3 ML	2				
	GlucoPro Insulin Syringe 31G X 5/16" 0.5 ML	2				
	GlucoPro Insulin Syringe 31G X 5/16" 1 ML	2				
	GNP Clickfine Pen Needles 31G X 6 MM	2				
	GNP Clickfine Pen Needles 31G X 8 MM	2				
	GNP Clickfine Pen Needles 31G X 8 MM	2				
	GNP Insulin Syringe 28G X 1/2" 0.5 ML	2				
	GNP Insulin Syringe 29G X 1/2" 0.3 ML	2				
	GNP Insulin Syringe 29G X 1/2" 0.5 ML	2				
	GNP Insulin Syringe 29G X 1/2" 1 ML	2				
	GNP Insulin Syringe 30G X 5/16" 0.3 ML	2				
	GNP Insulin Syringe 30G X 5/16" 0.5 ML	2				
	GNP Insulin Syringe 30G X 5/16" 1 ML	2				
	GNP Insulin Syringe 31G X 5/16" 0.3 ML	2				
	GNP Insulin Syringe 31G X 5/16" 0.5 ML	2				
	GNP Insulin Syringe 31G X 5/16" 1 ML	2				
	GNP Insulin Syringes 28Gx1/2" 28G X 1/2" 1 ML	2				
	GNP Insulin Syringes 29Gx1/2" 29G X 1/2" 0.5 ML	2				
	GNP Insulin Syringes 29Gx1/2" 29G X 1/2" 1 ML	2				
	GNP Insulin Syringes 30G X 5/16" 1 ML	2				
	GNP Insulin Syringes 30Gx5/16" 30G X 5/16" 0.3 ML	2				
	GNP Insulin Syringes 31Gx5/16" 31G X 5/16" 0.3 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	GNP Pen Needles 31G X 5 MM	2				
	GNP Pen Needles 31G X 8 MM	2				
	GNP Pen Needles 32G X 4 MM	2				
	GNP Pen Needles 32G X 6 MM	2				
	GNP UltiCare Pen Needles 31G X 5 MM	2				
	GNP UltiCare Pen Needles 31G X 8 MM	2				
	GNP UltiCare Pen Needles 32G X 4 MM	2				
	GNP UltiCare Pen Needles 32G X 6 MM	2				
	GNP UltiGuard SafePack Needle 31G X 5 MM	2				
	GNP UltiGuard SafePack Needle 31G X 8 MM	2				
	GNP UltiGuard SafePack Needle 32G X 4 MM	2				
	GNP UltiGuard SafePack Needle 32G X 6 MM	2				
	GNP Ultra Com Insulin Syringe 28G X 1/2" 1 ML	2				
	GoodSense Clickfine Pen Needle 31G X 5 MM	2				
	GoodSense Pen Needle Penfine 31G X 5 MM	2				
	GoodSense Pen Needle Penfine 31G X 8 MM	2				
	GoodSense Pen Needle Penfine 32G X 4 MM	2				
	GoodSense Pen Needle Penfine 32G X 6 MM	2				
	HealthWise Insulin Syr/Needle 30G X 5/16" 0.3 ML	2				
	HealthWise Insulin Syr/Needle 30G X 5/16" 0.5 ML	2				
	HealthWise Insulin Syr/Needle 30G X 5/16" 1 ML	2				
	HealthWise Insulin Syr/Needle 31G X 5/16" 0.3 ML	2				
	HealthWise Insulin Syr/Needle 31G X 5/16" 0.5 ML	2				
	HealthWise Insulin Syr/Needle 31G X 5/16" 1 ML	2				
	HealthWise Micron Pen Needles 32G X 4 MM	2				
	HealthWise Mini Pen Needles 31G X 6 MM	2				
	HealthWise Pen Needles 29G X 12MM	2				
	HealthWise Short Pen Needles 31G X 5 MM	2				
	HealthWise Short Pen Needles 31G X 8 MM	2				
	HealthWise Unifine Pentips 32G X 4 MM	2				
	Healthy Accents Unifine Pentip 29G X 12MM	2				
	Healthy Accents Unifine Pentip 31G X 5 MM	2				
	Healthy Accents Unifine Pentip 31G X 6 MM	2				
	Healthy Accents Unifine Pentip 31G X 8 MM	2				
	Healthy Accents Unifine Pentip 32G X 4 MM	2				
	H-E-B inControl Pen Needles 29G X 12MM	2				
	H-E-B inControl Pen Needles 29G X 12MM	2				
	H-E-B inControl Pen Needles 31G X 5 MM	2				
	H-E-B inControl Pen Needles 31G X 6 MM	2				
	H-E-B inControl Pen Needles 31G X 8 MM	2				
	H-E-B inControl Pen Needles 32G X 4 MM	2				
	H-E-B inControl Unifine Pentip 31G X 5 MM	2				
	H-E-B inControl Unifine Pentip 31G X 6 MM	2				
	H-E-B inControl Unifine Pentip 31G X 8 MM	2				
	H-E-B inControl Unifine Pentip 32G X 4 MM	2				
	H-E-B inControl Unifine Pentip 33G X 4 MM	2				
	HM UltiCare Insulin Syringe 30G X 1/2" 1 ML	2				
	HM UltiCare Insulin Syringe 31G X 5/16" 0.3 ML	2				
	HM UltiCare Mini Pen Needles 31G X 5 MM	2				
	HM UltiCare Short Pen Needles 31G X 8 MM	2				
	InControl UltiCare Pen Needles 31G X 6 MM	2				
	InControl UltiCare Pen Needles 31G X 8 MM	2				
	InControl UltiCare Pen Needles 32G X 4 MM	2				
	InPen 100-Blue-Lilly-Humalog Device	2				
	InPen 100-Blue-Novolog-Fiasp Device	2				
	InPen 100-Grey-Lilly-Humalog Device	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	InPen 100-Grey-Novolog-Fiasp Device	2				
	InPen 100-Pink-Lilly-Humalog Device	2				
	InPen 100-Pink-Novolog-Fiasp Device	2				
	Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Insulin Syringe 29G X 1/2" 1 ML	2				
	Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Insulin Syringe 30G X 5/16" 1 ML	2				
	Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Insulin Syringe 31G X 5/16" 1 ML	2				
	Insulin Syringe/Needle 27G X 1/2" 0.5 ML	2				
	Insulin Syringe/Needle 28G X 1/2" 0.5 ML	2				
	Insulin Syringe/Needle 28G X 1/2" 1 ML	2				
	Insulin Syringe-Needle U-100 27G X 1/2" 0.5 ML	2				
	Insulin Syringe-Needle U-100 27G X 1/2" 1 ML	2				
	Insulin Syringe-Needle U-100 28G X 1/2" 0.5 ML	2				
	Insulin Syringe-Needle U-100 28G X 1/2" 1 ML	2				
	Insulin Syringe-Needle U-100 29G X 1/2" 0.5 ML	2				
	Insulin Syringe-Needle U-100 29G X 1/2" 1 ML	2				
	Insulin Syringe-Needle U-100 30G X 1/2" 1 ML	2				
	Insulin Syringe-Needle U-100 30G X 5/16" 0.3 ML	2				
	Insulin Syringe-Needle U-100 30G X 5/16" 0.5 ML	2				
	Insulin Syringe-Needle U-100 30G X 5/16" 1 ML	2				
	Insulin Syringe-Needle U-100 31G X 1/4" 0.3 ML	2				
	Insulin Syringe-Needle U-100 31G X 1/4" 0.5 ML	2				
	Insulin Syringe-Needle U-100 31G X 1/4" 1 ML	2				
	Insulin Syringe-Needle U-100 31G X 5/16" 0.3 ML	2				
	Insulin Syringe-Needle U-100 31G X 5/16" 0.5 ML	2				
	Insulin Syringe-Needle U-100 31G X 5/16" 1 ML	2				
	Insupen Pen Needles 29G X 12MM	2				
	Insupen Pen Needles 31G X 5 MM	2				
	Insupen Pen Needles 31G X 8 MM	2				
	Insupen Pen Needles 32G X 4 MM	2				
	Insupen Pen Needles 33G X 4 MM	2				
	Insupen Sensitive 32G X 6 MM	2				
	Insupen Sensitive 32G X 8 MM	2				
	Insupen Ultrafin 30G X 8 MM	2				
	Insupen Ultrafin 31G X 6 MM	2				
	Insupen Ultrafin 31G X 8 MM	2				
	Insupen32G Extr3me 32G X 6 MM	2				
	Kinray Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Kinray Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Kinray Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Kinray Insulin Syringe 31G X 5/16" 1 ML	2				
	Kmart Valu Insulin Syringe 29G U-100 0.5 ML	2				
	Kmart Valu Insulin Syringe 29G U-100 1 ML	2				
	Kmart Valu Insulin Syringe 30G U-100 0.3 ML	2				
	Kmart Valu Insulin Syringe 30G U-100 0.5 ML	2				
	Kmart Valu Insulin Syringe 30G U-100 1 ML	2				
	Kroger Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Kroger Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Kroger Insulin Syringe 29G X 1/2" 1 ML	2				
	Kroger Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Kroger Insulin Syringe 30G X 5/16" 0.5 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Kroger Insulin Syringe 30G X 5/16" 1 ML	2				
	Kroger Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Kroger Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Kroger Insulin Syringe 31G X 5/16" 1 ML	2				
	Kroger Pen Needles 29G X 12MM	2				
	Kroger Pen Needles 31G X 5 MM	2				
	Kroger Pen Needles 31G X 6 MM	2				
	Kroger Pen Needles 31G X 8 MM	2				
	Kroger Pen Needles 32G X 4 MM	2				
	Kroger Pen Needles 33G X 4 MM	2				
	Leader Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Leader Insulin Syringe 28G X 1/2" 1 ML	2				
	Leader Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Leader Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Leader Insulin Syringe 29G X 1/2" 1 ML	2				
	Leader Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Leader Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Leader Insulin Syringe 30G X 5/16" 1 ML	2				
	Leader Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Leader Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Leader Insulin Syringe 31G X 5/16" 1 ML	2				
	Leader Unifine Pentips 31G X 5 MM	2				
	Leader Unifine Pentips 32G X 4 MM	2				
	Leader Unifine Pentips Plus 31G X 5 MM	2				
	Leader Unifine Pentips Plus 31G X 8 MM	2				
	Leader Unifine Pentips Plus 32G X 4 MM	2				
	Litetouch Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Litetouch Insulin Syringe 28G X 1/2" 1 ML	2				
	Litetouch Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Litetouch Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Litetouch Insulin Syringe 29G X 1/2" 1 ML	2				
	Litetouch Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Litetouch Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Litetouch Insulin Syringe 30G X 5/16" 1 ML	2				
	Litetouch Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Litetouch Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Litetouch Insulin Syringe 31G X 5/16" 1 ML	2				
	Litetouch Pen Needles 29G X 12.7MM	2				
	Litetouch Pen Needles 31G X 5 MM	2				
	Litetouch Pen Needles 31G X 6 MM	2				
	Litetouch Pen Needles 31G X 8 MM	2				
	Litetouch Pen Needles 32G X 4 MM	2				
	Longs Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Magellan Insulin Safety Syr 29G X 1/2" 0.3 ML	2				
	Magellan Insulin Safety Syr 29G X 1/2" 0.5 ML	2				
	Magellan Insulin Safety Syr 29G X 1/2" 1 ML	2				
	Magellan Insulin Safety Syr 30G X 5/16" 0.3 ML	2				
	Magellan Insulin Safety Syr 30G X 5/16" 0.5 ML	2				
	Magellan Insulin Safety Syr 30G X 5/16" 1 ML	2				
	Magellan Syringe-Safety Needle 23G X 1" 1 ML	2				
	Magellan Tuberculin Syringe 27G X 1/2" 1 ML	2				
	Magellan Tuberculin Syringe 28G X 1/2" 1 ML	2				
	Marathon Medical Pentips 29G X 12MM	2				
	Marathon Medical Pentips 31G X 5 MM	2				
	Marathon Medical Pentips 31G X 8 MM	2				
	Marathon Medical Pentips 32G X 4 MM	2				
	Maxicomfort II Pen Needle 31G X 6 MM	2				
	Maxi-Comfort Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Maxi-Comfort Safety Pen Needle 29G X 5MM	2				
	Maxi-Comfort Safety Pen Needle 29G X 8MM	2				
	Maxicomfort syr 27G x 1/2" 27G X 1/2" 0.5 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Maxicomfort syr 27G x 1/2" 27G X 1/2" 1 ML	2				
	Medic Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Medic Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Medicine Shoppe Pen Needles 29G X 12MM	2				
	Medicine Shoppe Pen Needles 31G X 6 MM	2				
	Medicine Shoppe Pen Needles 31G X 8 MM	2				
	Meijer Pen Needles 29G X 12MM	2				
	Meijer Pen Needles 31G X 6 MM	2				
	Meijer Pen Needles 31G X 8 MM	2				
	Microdot Pen Needle 31G X 6 MM	2				
	Microdot Pen Needle 32G X 4 MM	2				
	Microdot Pen Needle 33G X 4 MM	2				
	MM Insulin Syringe/Needle 30G X 5/16" 0.3 ML	2				
	MM Insulin Syringe/Needle 30G X 5/16" 0.5 ML	2				
	MM Insulin Syringe/Needle 30G X 5/16" 1 ML	2				
	MM Insulin Syringe/Needle 31G X 5/16" 0.3 ML	2				
	MM Insulin Syringe/Needle 31G X 5/16" 0.5 ML	2				
	MM Insulin Syringe/Needle 31G X 5/16" 1 ML	2				
	MM Pen Needles 31G X 5 MM	2				
	MM Pen Needles 31G X 6 MM	2				
	MM Pen Needles 31G X 8 MM	2				
	MM Pen Needles 32G X 4 MM	2				
	Monoject Allergist Tray KIT 27G X 1/2" 1 ML	2				
	Monoject Allergist Tray KIT 28G X 1/2" 0.5 ML	2				
	Monoject Allergist Tray KIT 28G X 1/2" 1 ML	2				
	Monoject Bluntip Cannula 20G X 1-1/2"	2				
	Monoject Bluntip Cannula 21G X 1"	2				
	Monoject Bluntip Syr/Cannula 3 ML	2				
	Monoject Bluntip Syr/Cannula 6 ML	2				
	Monoject Control Syringe 12 ML	2				
	Monoject Control Syringe 20 ML	2				
	Monoject Filter Aspirator	2				
	Monoject Filter Needle 18G X 1-1/2"	2				
	Monoject Filter Needle 20G X 1-1/2"	2				
	Monoject Hypodermic Needle 14G X 1"	2				
	Monoject Hypodermic Needle 14G X 1-1/2"	2				
	Monoject Hypodermic Needle 14G X 2"	2				
	Monoject Hypodermic Needle 16G X 1"	2				
	Monoject Hypodermic Needle 16G X 1-1/2"	2				
	Monoject Hypodermic Needle 16G X 3/4"	2				
	Monoject Hypodermic Needle 16G X 5/8"	2				
	Monoject Hypodermic Needle 18G X 1"	2				
	Monoject Hypodermic Needle 18G X 1-1/2"	2				
	Monoject Hypodermic Needle 19G X 1"	2				
	Monoject Hypodermic Needle 19G X 1-1/2"	2				
	Monoject Hypodermic Needle 20G X 1"	2				
	Monoject Hypodermic Needle 20G X 1-1/2"	2				
	Monoject Hypodermic Needle 21G X 1"	2				
	Monoject Hypodermic Needle 21G X 1-1/2"	2				
	Monoject Hypodermic Needle 21G X 2"	2				
	Monoject Hypodermic Needle 22G X 1"	2				
	Monoject Hypodermic Needle 22G X 1-1/2"	2				
	Monoject Hypodermic Needle 23G X 1"	2				
	Monoject Hypodermic Needle 23G X 3/4"	2				
	Monoject Hypodermic Needle 25G X 1"	2				
	Monoject Hypodermic Needle 25G X 1-1/2"	2				
	Monoject Hypodermic Needle 25G X 1-1/4"	2				
	Monoject Hypodermic Needle 25G X 2"	2				
	Monoject Hypodermic Needle 25G X 5/8"	2				
	Monoject Hypodermic Needle 26G X 1/2"	2				
	Monoject Hypodermic Needle 26G X 1-1/2"	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Monoject Hypodermic Needle 27G X 1/2"	2				
	Monoject Hypodermic Needle 27G X 1-1/2"	2				
	Monoject Hypodermic Needle 27G X 1-1/4"	2				
	Monoject Hypodermic Needle 30G X 3/4"	2				
	Monoject Insulin Syringe 25G X 5/8" 1 ML	2				
	Monoject Insulin Syringe 27G X 1/2" 1 ML	2				
	Monoject Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Monoject Insulin Syringe 28G X 1/2" 1 ML	2				
	Monoject Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Monoject Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Monoject Insulin Syringe 29G X 1/2" 1 ML	2				
	Monoject Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Monoject Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Monoject Insulin Syringe 30G X 5/16" 1 ML	2				
	Monoject Insulin Syringe 31G X 5/16" 1 ML	2				
	Monoject Insulin Syringe U-100 1 ML	2				
	Monoject Introducer Needle 18G X 1-1/4"	2				
	Monoject LifeShield Syringe 18G X 1" 12 ML	2				
	Monoject LifeShield Syringe 18G X 1" 3 ML	2				
	Monoject Magellan Safety Ndl 18G X 1"	2				
	Monoject Magellan Safety Ndl 18G X 1-1/2"	2				
	Monoject Magellan Safety Ndl 19G X 1"	2				
	Monoject Magellan Safety Ndl 19G X 1-1/2"	2				
	Monoject Magellan Safety Ndl 20G X 1"	2				
	Monoject Magellan Safety Ndl 20G X 1-1/2"	2				
	Monoject Magellan Safety Ndl 21G X 1"	2				
	Monoject Magellan Safety Ndl 21G X 1-1/2"	2				
	Monoject Magellan Safety Ndl 21G X 5/8"	2				
	Monoject Magellan Safety Ndl 22G X 1"	2				
	Monoject Magellan Safety Ndl 22G X 1-1/2"	2				
	Monoject Magellan Safety Ndl 23G X 1"	2				
	Monoject Magellan Safety Ndl 23G X 5/8"	2				
	Monoject Magellan Safety Ndl 25G X 1"	2				
	Monoject Magellan Safety Ndl 25G X 5/8"	2				
	Monoject Magellan Syringe 18G X 1" 12 ML	2				
	Monoject Magellan Syringe 18G X 1" 6 ML	2				
	Monoject Magellan Syringe 20G X 1-1/2" 12 ML	2				
	Monoject Magellan Syringe 20G X 1-1/2" 3 ML	2				
	Monoject Magellan Syringe 20G X 1-1/2" 6 ML	2				
	Monoject Magellan Syringe 21G X 1" 12 ML	2				
	Monoject Magellan Syringe 21G X 1" 3 ML	2				
	Monoject Magellan Syringe 21G X 1" 6 ML	2				
	Monoject Magellan Syringe 21G X 1-1/2" 12 ML	2				
	Monoject Magellan Syringe 21G X 1-1/2" 3 ML	2				
	Monoject Magellan Syringe 21G X 1-1/2" 6 ML	2				
	Monoject Magellan Syringe 22G X 1-1/2" 12 ML	2				
	Monoject Magellan Syringe 22G X 1-1/2" 3 ML	2				
	Monoject Magellan Syringe 22G X 1-1/2" 6 ML	2				
	Monoject Magellan Syringe 23G X 1" 1 ML	2				
	Monoject Magellan Syringe 23G X 1" 3 ML	2				
	Monoject Magellan Syringe 25G X 1" 1 ML	2				
	Monoject Magellan Syringe 25G X 1" 3 ML	2				
	Monoject Magellan Syringe 25G X 5/8" 1 ML	2				
	Monoject Magellan Syringe 25G X 5/8" 3 ML	2				
	Monoject Pharmacy Tray 12 ML	2				
	Monoject Pharmacy Tray 20 ML	2				
	Monoject Pharmacy Tray 3 ML	2				
	Monoject Pharmacy Tray 35 ML	2				
	Monoject Pharmacy Tray 6 ML	2				
	Monoject Pharmacy Tray 60 ML	2				
	Monoject Piston Syringe 140 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Monoject Syringe 12 ML	2				
	Monoject Syringe 18G X 1" 12 ML	2				
	Monoject Syringe 20G X 1" 3 ML	2				
	Monoject Syringe 20G X 1-1/2" 3 ML	2				
	Monoject Syringe 20G X 1-1/2" 6 ML	2				
	Monoject Syringe 20G X 3/4" 3 ML	2				
	Monoject Syringe 21G X 1" 3 ML	2				
	Monoject Syringe 21G X 1" 6 ML	2				
	Monoject Syringe 21G X 1-1/2" 3 ML	2				
	Monoject Syringe 21G X 1-1/2" 6 ML	2				
	Monoject Syringe 22G X 1-1/2" 3 ML	2				
	Monoject Syringe 22G X 1-1/2" 6 ML	2				
	Monoject Syringe 23G X 1" 3 ML	2				
	Monoject Syringe 25G X 1" 3 ML	2				
	Monoject Syringe 25G X 1-1/4" 3 ML	2				
	Monoject Syringe 25G X 5/8" 3 ML	2				
	Monoject Syringe 27G X 1-1/4" 3 ML	2				
	Monoject Syringe 3 ML	2				
	Monoject Syringe 6 ML	2				
	Monoject Syringe Cath Tip 35 ML	2				
	Monoject Syringe Cath Tip 60 ML	2				
	Monoject Syringe Ecc Luer 20 ML	2				
	Monoject Syringe Ecc Luer 35 ML	2				
	Monoject Syringe Eccentric Tip 60 ML	2				
	Monoject Syringe Luer Lock 20 ML	2				
	Monoject Syringe Luer Lock 35 ML	2				
	Monoject Syringe Luer Lock 6 ML	2				
	Monoject Syringe Luer Lock 60 ML	2				
	Monoject Syringe Luer-Lock Tip 140 ML	2				
	Monoject Syringe Luer-Lock Tip 60 ML	2				
	Monoject Syringe Pharmacy Tray 1 ML	2				
	Monoject Syringe Reg Luer 20 ML	2				
	Monoject Syringe Reg Luer 3 ML	2				
	Monoject Syringe Reg Luer 35 ML	2				
	Monoject Syringe Reg Luer 6 ML	2				
	Monoject Syringe Regular Tip 20 ML	2				
	Monoject Syringe Regular Tip 3 ML	2				
	Monoject Syringe Regular Tip 6 ML	2				
	Monoject Syringe Regular Tip 60 ML	2				
	Monoject Syringe Toomey Type 60 ML	2				
	Monoject TB Safety Syringe 25G X 5/8" 1 ML	2				
	Monoject TB Safety Syringe 28G X 1/2" 1 ML	2				
	Monoject TB Syringe 1 ML	2				
	Monoject TB Syringe 25G X 5/8" 1 ML	2				
	Monoject TB Syringe 26G X 3/8" 1 ML	2				
	Monoject TB Syringe 27G X 1/2" 1 ML	2				
	Monoject TB Syringe 28G X 1/2" 0.5 ML	2				
	Monoject TB Syringe 28G X 1/2" 1 ML	2				
	Monoject Ultra Comfort Syringe 28G X 1/2" 0.5 ML	2				
	Monoject Ultra Comfort Syringe 28G X 1/2" 1 ML	2				
	Monoject Ultra Comfort Syringe 29G X 1/2" 0.3 ML	2				
	Monoject Ultra Comfort Syringe 29G X 1/2" 0.5 ML	2				
	Monoject Ultra Comfort Syringe 29G X 1/2" 1 ML	2				
	Monoject Ultra Comfort Syringe 30G X 5/16" 0.3 ML	2				
	Monoject Ultra Comfort Syringe 30G X 5/16" 0.5 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Monoject Ultra Comfort Syringe 31G X 5/16" 0.3 ML	2				
	Monoject Ultra Comfort Syringe 31G X 5/16" 0.5 ML	2				
	MS Insulin Syringe 31G X 5/16" 0.3 ML	2				
	MS Insulin Syringe 31G X 5/16" 0.5 ML	2				
	MS Insulin Syringe 31G X 5/16" 1 ML	2				
	Multi-Draw Needle 20G X 1"	2				
	Multi-Draw Needle 21G X 1"	2				
	Multi-Draw Needle 22G X 1"	2				
	Nordipen 5 Injection Device	2				
	Nordipen Delivery System	2				
	Norm-Ject Luer Slip Syringe 1 ML	2				
	NovoFine Autocover Pen Needle 30G X 8 MM	2				
	Novofine Pen Needle 32G X 6 MM	2				
	NovoFine Plus Pen Needle 32G X 4 MM	2				
	NovoPen Echo DEVICE	2				
	NovoTwist Pen Needle 32G X 5 MM	2				
	Omnitrope Pen 5 Inj Device	2				
	PC Unifine Pentips 29G X 12MM	2				
	PC Unifine Pentips 31G X 5 MM	2				
	PC Unifine Pentips 31G X 6 MM	2				
	PC Unifine Pentips 31G X 8 MM	2				
	Pen Needle/5-Bevel Tip 32G X 4 MM	2				
	Pen Needles 29G X 12MM	2				
	Pen Needles 30G X 5 MM	2				
	Pen Needles 30G X 8 MM	2				
	Pen Needles 31G X 5 MM	2				
	Pen Needles 31G X 6 MM	2				
	Pen Needles 31G X 8 MM	2				
	Pen Needles 32G X 4 MM	2				
	Pen Needles 32G X 5 MM	2				
	Pen Needles 32G X 6 MM	2				
	Pen Needles 33G X 4 MM	2				
	Pen Needles 5/16" 31G X 8 MM	2				
	Pentips 29G X 12MM	2				
	PenTips 31G X 5 MM	2				
	Pentips 31G X 6 MM	2				
	Pentips 31G X 8 MM	2				
	Pentips 32G X 4 MM	2				
	Pentips 32G X 6 MM	2				
	Pentips Generic Pen Needles 29G X 12MM	2				
	Pentips Generic Pen Needles 31G X 5 MM	2				
	Pentips Generic Pen Needles 31G X 6 MM	2				
	Pentips Generic Pen Needles 31G X 8 MM	2				
	Pentips Generic Pen Needles 32G X 4 MM	2				
	Pentips Generic Pen Needles 32G X 6 MM	2				
	Perfect Point Safety Needle 25G X 1"	2				
	Pip Pen Needles 31G x 5MM 31G X 5 MM	2				
	Pip Pen Needles 32G x 4MM 32G X 4 MM	2				
	Precision SureDose Plus Syr 29G X 1/2" 0.3 ML	2				
	Precision SureDose Plus Syr 29G X 1/2" 1 ML	2				
	Precision Sure-Dose Syringe 28G X 1/2" 0.5 ML	2				
	Precision Sure-Dose Syringe 28G X 1/2" 1 ML	2				
	Precision Sure-Dose Syringe 29G X 1/2" 0.5 ML	2				
	Precision Sure-Dose Syringe 30G X 3/8" 0.5 ML	2				
	Precision Sure-Dose Syringe 30G X 5/16" 0.3 ML	2				
	Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Preferred Plus Insulin Syringe 28G X 1/2" 1 ML	2				
	Preferred Plus Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Preferred Plus Insulin Syringe 29G X 1/2" 0.5 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Preferred Plus Insulin Syringe 29G X 1/2" 1 ML	2				
	Preferred Plus Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Preferred Plus Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Preferred Plus Insulin Syringe 30G X 5/16" 1 ML	2				
	Preferred Plus Unifine Pentips 29G X 12MM	2				
	Preferred Plus Unifine Pentips 31G X 5 MM	2				
	Preferred Plus Unifine Pentips 31G X 6 MM	2				
	Preferred Plus Unifine Pentips 31G X 8 MM	2				
	Preferred Plus Unifine Pentips 32G X 4 MM	2				
	Prevent DropSafe Pen Needles 31G X 6 MM	2				
	Prevent DropSafe Pen Needles 31G X 8 MM	2				
	Prevent Safety Pen Needles 31G X 6 MM	2				
	Prevent Safety Pen Needles 31G X 8 MM	2				
	Pro Comfort Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Pro Comfort Insulin Syringe 30G X 1/2" 1 ML	2				
	Pro Comfort Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Pro Comfort Insulin Syringe 30G X 5/16" 1 ML	2				
	Pro Comfort Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Pro Comfort Insulin Syringe 31G X 5/16" 1 ML	2				
	Pro Comfort Pen Needles 31G X 8 MM	2				
	Pro Comfort Pen Needles 32G X 4 MM	2				
	Pro Comfort Pen Needles 32G X 5 MM	2				
	Pro Comfort Pen Needles 32G X 6 MM	2				
	Prodigy Insulin Syringe 28G X 1/2" 1 ML	2				
	Prodigy Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Prodigy Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Pure Comfort Pen Needle 32G X 4 MM	2				
	Pure Comfort Pen Needle 32G X 5 MM	2				
	Pure Comfort Pen Needle 32G X 6 MM	2				
	Pure Comfort Pen Needle 32G X 8 MM	2				
	Pure Comfort Safety Pen Needle 31G X 5 MM	2				
	Pure Comfort Safety Pen Needle 31G X 6 MM	2				
	Pure Comfort Safety Pen Needle 32G X 4 MM	2				
	PX Extra Short Pen Needles 31G X 6 MM	2				
	PX Insulin Syringe 30G X 1/2" 0.5 ML	2				
	PX Mini Pen Needles 31G X 5 MM	2				
	PX Pen Needle 29G X 12MM	2				
	PX Pen Needle 31G X 8 MM	2				
	PX Shortlength Pen Needles 31G X 8 MM	2				
	QC Pen Needles 29G X 12MM	2				
	QC Pen Needles 31G X 6 MM	2				
	QC Pen Needles 31G X 8 MM	2				
	QC Unifine Pentips 32G X 4 MM	2				
	Quick Touch Insulin Pen Needle 29G X 12.7MM	2				
	Quick Touch Insulin Pen Needle 31G X 4 MM	2				
	Quick Touch Insulin Pen Needle 31G X 5 MM	2				
	Quick Touch Insulin Pen Needle 31G X 6 MM	2				
	Quick Touch Insulin Pen Needle 31G X 8 MM	2				
	Quick Touch Insulin Pen Needle 32G X 4 MM	2				
	Quick Touch Insulin Pen Needle 32G X 5 MM	2				
	Quick Touch Insulin Pen Needle 32G X 6 MM	2				
	Quick Touch Insulin Pen Needle 32G X 8 MM	2				
	Quick Touch Insulin Pen Needle 33G X 4 MM	2				
	Quick Touch Insulin Pen Needle 33G X 5 MM	2				
	Quick Touch Insulin Pen Needle 33G X 6 MM	2				
	Quick Touch Insulin Pen Needle 33G X 8 MM	2				
	RA Insulin Syringe 29G X 1/2" 0.5 ML	2				
	RA Insulin Syringe 29G X 1/2" 1 ML	2				
	RA Insulin Syringe 30G X 5/16" 0.5 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	RA Insulin Syringe 30G X 5/16" 1 ML	2				
	RA Pen Needles 31G X 5 MM	2				
	RA Pen Needles 31G X 8 MM	2				
	Raya Sure Pen Needle 29G X 12MM	2				
	Raya Sure Pen Needle 31G X 4 MM	2				
	Raya Sure Pen Needle 31G X 5 MM	2				
	Raya Sure Pen Needle 31G X 6 MM	2				
	Raya Sure Pen Needle 31G X 8 MM	2				
	Reality Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Reality Insulin Syringe 28G X 1/2" 1 ML	2				
	Reality Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Reality Insulin Syringe 29G X 1/2" 1 ML	2				
	ReliOn Insulin Syringe 29G X 1/2" 0.5 ML	2				
	ReliOn Insulin Syringe 31G X 15/64" 0.3 ML	2				
	ReliOn Insulin Syringe 31G X 15/64" 0.5 ML	2				
	ReliOn Insulin Syringe 31G X 15/64" 1 ML	2				
	ReliOn Insulin Syringe 31G X 5/16" 0.3 ML	2				
	ReliOn Insulin Syringe 31G X 5/16" 0.5 ML	2				
	ReliOn Insulin Syringe 31G X 5/16" 1 ML	2				
	ReliOn Mini Pen Needles 31G X 6 MM	2				
	ReliOn Pen Needles 29G X 12MM	2				
	ReliOn Pen Needles 31G X 6 MM	2				
	ReliOn Pen Needles 31G X 8 MM	2				
	ReliOn Pen Needles 32G X 4 MM	2				
	ReliOn Short Pen Needles 31G X 8 MM	2				
	Safety Insulin Syringes 29G X 1/2" 0.5 ML	2				
	Safety Insulin Syringes 29G X 1/2" 1 ML	2				
	Safety Insulin Syringes 30G X 1/2" 1 ML	2				
	Safety Insulin Syringes 30G X 5/16" 0.5 ML	2				
	Safety Pen Needles 30G X 5 MM	2				
	Safety Pen Needles 30G X 8 MM	2				
	SB Insulin Syringe 29G X 1/2" 0.5 ML	2				
	SB Insulin Syringe 29G X 1/2" 1 ML	2				
	SB Insulin Syringe 30G X 5/16" 0.5 ML	2				
	SB Insulin Syringe 30G X 5/16" 1 ML	2				
	SB Insulin Syringe 31G X 5/16" 1 ML	2				
	SecureSafe Insulin Syringe 29G X 1/2" 0.5 ML	2				
	SecureSafe Insulin Syringe 29G X 1/2" 1 ML	2				
	SecureSafe Safety Pen Needles 30G X 8 MM	2				
	Shopko Unifine Pentips 29G X 12MM	2				
	Shopko Unifine Pentips 31G X 5 MM	2				
	Shopko Unifine Pentips 31G X 8 MM	2				
	Shopko Unifine Pentips 32G X 4 MM	2				
	Shopko Unifine Pentips Plus 29G X 12MM	2				
	Shopko Unifine Pentips Plus 31G X 5 MM	2				
	Shopko Unifine Pentips Plus 31G X 8 MM	2				
	Shopko Unifine Pentips Plus 32G X 4 MM	2				
	Sure Comfort Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Sure Comfort Insulin Syringe 28G X 1/2" 1 ML	2				
	Sure Comfort Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Sure Comfort Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Sure Comfort Insulin Syringe 29G X 1/2" 1 ML	2				
	Sure Comfort Insulin Syringe 30G X 1/2" 0.3 ML	2				
	Sure Comfort Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Sure Comfort Insulin Syringe 30G X 1/2" 1 ML	2				
	Sure Comfort Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Sure Comfort Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Sure Comfort Insulin Syringe 30G X 5/16" 1 ML	2				
	Sure Comfort Insulin Syringe 31G X 1/4" 0.3 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Sure Comfort Insulin Syringe 31G X 1/4" 0.5 ML	2				
	Sure Comfort Insulin Syringe 31G X 1/4" 1 ML	2				
	Sure Comfort Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Sure Comfort Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Sure Comfort Insulin Syringe 31G X 5/16" 1 ML	2				
	Sure Comfort Pen Needles 29G X 12.7MM	2				
	Sure Comfort Pen Needles 30G X 8 MM	2				
	Sure Comfort Pen Needles 31G X 5 MM	2				
	Sure Comfort Pen Needles 31G X 6 MM	2				
	Sure Comfort Pen Needles 31G X 8 MM	2				
	Sure Comfort Pen Needles 32G X 4 MM	2				
	Sure Comfort Pen Needles 32G X 6 MM	2				
	Sure-Fine Pen Needles 29G X 12.7MM	2				
	Sure-Fine Pen Needles 31G X 5 MM	2				
	Sure-Fine Pen Needles 31G X 8 MM	2				
	Sure-Ject Insulin Syringe 28G X 1/2" 0.5 ML	2				
	Sure-Ject Insulin Syringe 28G X 1/2" 1 ML	2				
	Sure-Ject Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Sure-Ject Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Sure-Ject Insulin Syringe 29G X 1/2" 1 ML	2				
	Sure-Ject Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Sure-Ject Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Sure-Ject Insulin Syringe 30G X 5/16" 1 ML	2				
	Sure-Ject Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Sure-Ject Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Sure-Ject Insulin Syringe 31G X 5/16" 1 ML	2				
	Syringe Luer Lock 10 ML	2				
	Syringe Luer Lock 30 ML	2				
	Syringe Luer Slip 1 ML	2				
	TB Syringe 1 ML	2				
	TechLITE Insulin Syringe 29G X 1/2" 0.3 ML	2				
	TechLITE Insulin Syringe 29G X 1/2" 0.5 ML	2				
	TechLITE Insulin Syringe 29G X 1/2" 1 ML	2				
	TechLITE Insulin Syringe 30G X 1/2" 0.3 ML	2				
	TechLITE Insulin Syringe 30G X 1/2" 0.5 ML	2				
	TechLITE Insulin Syringe 30G X 1/2" 1 ML	2				
	TechLITE Insulin Syringe 30G X 5/16" 0.3 ML	2				
	TechLITE Insulin Syringe 30G X 5/16" 0.5 ML	2				
	TechLITE Insulin Syringe 30G X 5/16" 1 ML	2				
	TechLITE Insulin Syringe 31G X 15/64" 0.3 ML	2				
	TechLITE Insulin Syringe 31G X 15/64" 0.5 ML	2				
	TechLITE Insulin Syringe 31G X 15/64" 1 ML	2				
	TechLITE Insulin Syringe 31G X 5/16" 0.3 ML	2				
	TechLITE Insulin Syringe 31G X 5/16" 0.5 ML	2				
	TechLITE Insulin Syringe 31G X 5/16" 1 ML	2				
	TechLite Pen Needles 29G X 10MM	2				
	TechLite Pen Needles 29G X 12MM	2				
	TechLite Pen Needles 31G X 5 MM	2				
	TechLite Pen Needles 31G X 6 MM	2				
	TechLite Pen Needles 31G X 8 MM	2				
	TechLite Pen Needles 32G X 4 MM	2				
	TechLite Pen Needles 32G X 6 MM	2				
	TechLite Pen Needles 32G X 8 MM	2				
	TechLite Plus Pen Needles 32G X 4 MM	2				
	Todays Health Mini Pen Needles 31G X 6 MM	2				
	Todays Health Pen Needles 29G X 12MM	2				
	Todays Health Short Pen Needle 31G X 8 MM	2				
	Toomey Syringe 70 ML	2				
	TopCare Clickfine Pen Needles 31G X 6 MM	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	TopCare Clickfine Pen Needles 31G X 8 MM	2				
	TopCare Ultra Comfort Ins Syr 29G X 1/2" 0.3 ML	2				
	TopCare Ultra Comfort Ins Syr 29G X 1/2" 0.5 ML	2				
	TopCare Ultra Comfort Ins Syr 29G X 1/2" 1 ML	2				
	TopCare Ultra Comfort Ins Syr 30G X 5/16" 0.3 ML	2				
	TopCare Ultra Comfort Ins Syr 30G X 5/16" 0.5 ML	2				
	TopCare Ultra Comfort Ins Syr 30G X 5/16" 1 ML	2				
	TopCare Ultra Comfort Ins Syr 31G X 5/16" 0.3 ML	2				
	TopCare Ultra Comfort Ins Syr 31G X 5/16" 0.5 ML	2				
	TopCare Ultra Comfort Ins Syr 31G X 5/16" 1 ML	2				
	True Comfort Insulin Syringe 30G X 1/2" 0.5 ML	3				
	True Comfort Insulin Syringe 30G X 1/2" 1 ML	3				
	True Comfort Insulin Syringe 30G X 5/16" 0.5 ML	3				
	True Comfort Insulin Syringe 30G X 5/16" 1 ML	3				
	True Comfort Insulin Syringe 31G X 5/16" 0.5 ML	2				
		3				
	True Comfort Insulin Syringe 31G X 5/16" 1 ML	2				
		3				
	True Comfort Insulin Syringe 32G X 5/16" 1 ML	3				
	True Comfort Pen Needles 31G X 5 MM	2				
	True Comfort Pen Needles 31G X 6 MM	2				
	True Comfort Pen Needles 32G X 4 MM	2				
	True Comfort Pro Insulin Syr 30G X 1/2" 0.5 ML	2				
	True Comfort Pro Insulin Syr 30G X 1/2" 1 ML	2				
	True Comfort Pro Insulin Syr 30G X 5/16" 0.5 ML	2				
	True Comfort Pro Insulin Syr 30G X 5/16" 1 ML	2				
	True Comfort Pro Insulin Syr 31G X 5/16" 0.5 ML	2				
	True Comfort Pro Insulin Syr 31G X 5/16" 1 ML	2				
	True Comfort Pro Insulin Syr 32G X 5/16" 0.5 ML	2				
	True Comfort Pro Insulin Syr 32G X 5/16" 1 ML	2				
	True Comfort Pro Pen Needles 31G X 5 MM	2				
	True Comfort Pro Pen Needles 31G X 6 MM	2				
	True Comfort Pro Pen Needles 31G X 8 MM	2				
	True Comfort Pro Pen Needles 32G X 4 MM	2				
	True Comfort Pro Pen Needles 32G X 5 MM	2				
	True Comfort Pro Pen Needles 32G X 6 MM	2				
	True Comfort Pro Pen Needles 33G X 4 MM	2				
	True Comfort Pro Pen Needles 33G X 5 MM	2				
	True Comfort Pro Pen Needles 33G X 6 MM	2				
	True Comfort Safety Pen Needle 31G X 5 MM	2				
	True Comfort Safety Pen Needle 31G X 6 MM	2				
	True Comfort Safety Pen Needle 32G X 4 MM	2				
	TRUEplus 5-Bevel Pen Needles 29G X 12.7MM	2				
	TRUEplus 5-Bevel Pen Needles 31G X 5 MM	2				
	TRUEplus 5-Bevel Pen Needles 31G X 6 MM	2				
	TRUEplus 5-Bevel Pen Needles 31G X 8 MM	2				
	TRUEplus 5-Bevel Pen Needles 32G X 4 MM	2				
	TRUEplus Insulin Syringe 28G X 1/2" 0.5 ML	2				
	TRUEplus Insulin Syringe 28G X 1/2" 1 ML	2				
	TRUEplus Insulin Syringe 29G X 1/2" 0.3 ML	2				
	TRUEplus Insulin Syringe 29G X 1/2" 0.5 ML	2				
	TRUEplus Insulin Syringe 29G X 1/2" 1 ML	2				
	TRUEplus Insulin Syringe 30G X 5/16" 0.3 ML	2				
	TRUEplus Insulin Syringe 30G X 5/16" 0.5 ML	2				
	TRUEplus Insulin Syringe 30G X 5/16" 1 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	TRUEplus Insulin Syringe 31G X 5/16" 0.3 ML	2				
	TRUEplus Insulin Syringe 31G X 5/16" 0.5 ML	2				
	TRUEplus Insulin Syringe 31G X 5/16" 1 ML	2				
	TRUEplus Pen Needles 29G X 12MM	2				
	TRUEplus Pen Needles 31G X 5 MM	2				
	TRUEplus Pen Needles 31G X 6 MM	2				
	TRUEplus Pen Needles 31G X 8 MM	2				
	TRUEplus Pen Needles 32G X 4 MM	2				
	UltiCare Insulin Safety Syr 29G X 1/2" 0.5 ML	2				
	UltiCare Insulin Safety Syr 29G X 1/2" 1 ML	2				
	UltiCare Insulin Syr 1/2 Unit 31G X 1/4" 0.3 ML	2				
	UltiCare Insulin Syringe 28G X 1/2" 0.5 ML	2				
	UltiCare Insulin Syringe 28G X 1/2" 1 ML	2				
	UltiCare Insulin Syringe 29G X 1/2" 0.3 ML	2				
	UltiCare Insulin Syringe 29G X 1/2" 0.5 ML	2				
	UltiCare Insulin Syringe 29G X 1/2" 1 ML	2				
	UltiCare Insulin Syringe 30G X 1/2" 0.3 ML	2				
	UltiCare Insulin Syringe 30G X 1/2" 0.5 ML	2				
	UltiCare Insulin Syringe 30G X 1/2" 1 ML	2				
	UltiCare Insulin Syringe 30G X 5/16" 0.3 ML	2				
	UltiCare Insulin Syringe 30G X 5/16" 0.5 ML	2				
	UltiCare Insulin Syringe 30G X 5/16" 1 ML	2				
	UltiCare Insulin Syringe 31G X 1/4" 0.3 ML	2				
	UltiCare Insulin Syringe 31G X 1/4" 0.5 ML	2				
	UltiCare Insulin Syringe 31G X 1/4" 1 ML	2				
	UltiCare Insulin Syringe 31G X 5/16" 0.3 ML	2				
	UltiCare Insulin Syringe 31G X 5/16" 0.5 ML	2				
	UltiCare Insulin Syringe 31G X 5/16" 1 ML	2				
	UltiCare Micro Pen Needles 31G X 6 MM	2				
	UltiCare Micro Pen Needles 31G X 8 MM	2				
	UltiCare Micro Pen Needles 32G X 4 MM	2				
	UltiCare Mini Pen Needles 30G X 5 MM	2				
	UltiCare Mini Pen Needles 31G X 6 MM	2				
	UltiCare Mini Pen Needles 32G X 6 MM	2				
	UltiCare Pen Needles 29G X 12.7MM	2				
	UltiCare Pen Needles 31G X 5 MM	2				
	UltiCare Short Pen Needles 30G X 8 MM	2				
	UltiCare Short Pen Needles 31G X 8 MM	2				
	UltiGuard SafePack Pen Needle 29G X 12.7MM	2				
	UltiGuard SafePack Pen Needle 31G X 5 MM	2				
	UltiGuard SafePack Pen Needle 31G X 6 MM	2				
	UltiGuard SafePack Pen Needle 31G X 8 MM	2				
	UltiGuard SafePack Pen Needle 32G X 4 MM	2				
	UltiGuard SafePack Pen Needle 32G X 6 MM	2				
	UltiGuard SafePack Syr/Needle 30G X 1/2" 0.3 ML	2				
	UltiGuard SafePack Syr/Needle 30G X 1/2" 0.5 ML	2				
	UltiGuard SafePack Syr/Needle 30G X 1/2" 1 ML	2				
	UltiGuard SafePack Syr/Needle 31G X 5/16" 0.3 ML	2				
	UltiGuard SafePack Syr/Needle 31G X 5/16" 0.5 ML	2				
	UltiGuard SafePack Syr/Needle 31G X 5/16" 1 ML	2				
	Ultilet Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Ultilet Insulin Syringe 30G X 1/2" 1 ML	2				
	Ultilet Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Ultilet Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Ultilet Insulin Syringe 30G X 5/16" 1 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Ultilet Insulin Syringe 31G X 1/4" 0.3 ML	2				
	Ultilet Insulin Syringe 31G X 1/4" 1 ML	2				
	Ultilet Insulin Syringe 31G X 15/64" 0.3 ML	2				
	Ultilet Insulin Syringe 31G X 15/64" 0.5 ML	2				
	Ultilet Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Ultilet Insulin Syringe 31G X 5/16" 1 ML	2				
	Ultilet Insulin Syringe Short 30G X 1/2" 0.3 ML	2				
	Ultilet Insulin Syringe Short 30G X 5/16" 0.3 ML	2				
	Ultilet Insulin Syringe Short 30G X 5/16" 0.5 ML	2				
	Ultilet Insulin Syringe Short 30G X 5/16" 1 ML	2				
	Ultilet Insulin Syringe Short 31G X 5/16" 0.3 ML	2				
	Ultilet Insulin Syringe Short 31G X 5/16" 0.5 ML	2				
	Ultilet Insulin Syringe Short 31G X 5/16" 1 ML	2				
	Ultilet Pen Needle 29G X 12.7MM	2				
	Ultilet Pen Needle 31G X 5 MM	2				
	Ultilet Pen Needle 31G X 8 MM	2				
	Ultilet Pen Needle 32G X 4 MM	2				
	Ultra Comfort Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Ultra Flo Insulin Pen Needles 29G X 12MM	2				
	Ultra Flo Insulin Pen Needles 31G X 5 MM	2				
	Ultra Flo Insulin Pen Needles 31G X 8 MM	2				
	Ultra Flo Insulin Pen Needles 32G X 4 MM	2				
	Ultra Flo Insulin Pen Needles 33G X 4 MM	2				
	Ultra Flo Insulin Syr 1/2 Unit 30G X 1/2" 0.3 ML	2				
	Ultra Flo Insulin Syr 1/2 Unit 30G X 5/16" 0.3 ML	2				
	Ultra Flo Insulin Syr 1/2 Unit 31G X 5/16" 0.3 ML	2				
	Ultra Flo Insulin Syringe 29G X 1/2" 0.3 ML	2				
	Ultra Flo Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Ultra Flo Insulin Syringe 29G X 1/2" 1 ML	2				
	Ultra Flo Insulin Syringe 30G X 1/2" 0.3 ML	2				
	Ultra Flo Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Ultra Flo Insulin Syringe 30G X 1/2" 1 ML	2				
	Ultra Flo Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Ultra Flo Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Ultra Flo Insulin Syringe 30G X 5/16" 1 ML	2				
	Ultra Flo Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Ultra Flo Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Ultra Flo Insulin Syringe 31G X 5/16" 1 ML	2				
	Ultra Thin Pen Needles 32G X 4 MM	2				
	Ultracare Insulin Syringe 30G X 1/2" 0.5 ML	2				
	Ultracare Insulin Syringe 30G X 1/2" 1 ML	2				
	Ultracare Insulin Syringe 30G X 1/2" 1 ML	2				
	Ultracare Insulin Syringe 30G X 5/16" 0.3 ML	2				
	Ultracare Insulin Syringe 30G X 5/16" 0.5 ML	2				
	Ultracare Insulin Syringe 30G X 5/16" 1 ML	2				
	Ultracare Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Ultracare Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Ultracare Insulin Syringe 31G X 5/16" 1 ML	2				
	Ultracare Pen Needles 31G X 5 MM	2				
	Ultracare Pen Needles 31G X 6 MM	2				
	Ultracare Pen Needles 31G X 8 MM	2				
	Ultracare Pen Needles 32G X 4 MM	2				
	Ultracare Pen Needles 32G X 5 MM	2				
	Ultracare Pen Needles 32G X 6 MM	2				
	Ultracare Pen Needles 33G X 4 MM	2				
	Ultra-Thin II Ins Syr Short 31G X 5/16" 1 ML	2				
	Unifine OTC Pen Needles 31G X 5 MM	2				
	Unifine OTC Pen Needles 32G X 4 MM	2				
	Unifine Pen Needles 32G X 4 MM	2				
	Unifine Pentips 29G X 12MM	2				
	Unifine Pentips 30G X 5 MM	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Unifine Pentips 31G X 5 MM	2				
	Unifine Pentips 31G X 6 MM	2				
	Unifine Pentips 31G X 8 MM	2				
	Unifine Pentips 32G X 4 MM	2				
	Unifine Pentips 32G X 6 MM	2				
	Unifine Pentips 33G X 4 MM	2				
	Unifine Pentips Plus 29G X 12MM	2				
	Unifine Pentips Plus 30G X 5 MM	2				
	Unifine Pentips Plus 31G X 5 MM	2				
	Unifine Pentips Plus 31G X 6 MM	2				
	Unifine Pentips Plus 31G X 8 MM	2				
	Unifine Pentips Plus 32G X 4 MM	2				
	Unifine Pentips Plus 33G X 4 MM	2				
	Unifine PROtect Pen Needle 30G X 5 MM	3				
	Unifine PROtect Pen Needle 30G X 8 MM	3				
	Unifine PROtect Pen Needle 32G X 4 MM	3				
	Unifine SafeControl Pen Needle 30G X 5 MM	2				
	Unifine SafeControl Pen Needle 30G X 8 MM	2				
	Unifine SafeControl Pen Needle 31G X 5 MM	2				
	Unifine SafeControl Pen Needle 31G X 6 MM	2				
	Unifine SafeControl Pen Needle 31G X 8 MM	2				
	Unifine SafeControl Pen Needle 32G X 4 MM	2				
	Unifine Ultra Pen Needle 31G X 5 MM	2				
	Unifine Ultra Pen Needle 31G X 6 MM	2				
	Unifine Ultra Pen Needle 31G X 8 MM	2				
	Unifine Ultra Pen Needle 32G X 4 MM	2				
	Value Health Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Value Health Insulin Syringe 29G X 1/2" 1 ML	2				
	ValuMark Pen Needles 29G X 12MM	2				
	ValuMark Pen Needles 31G X 6 MM	2				
	ValuMark Pen Needles 31G X 8 MM	2				
	VanishPoint Insulin Syringe 29G X 1/2" 1 ML	2				
	VanishPoint Insulin Syringe 29G X 5/16" 1 ML	2				
	VanishPoint Insulin Syringe 30G X 1/2" 0.5 ML	2				
	VanishPoint Insulin Syringe 30G X 3/16" 0.5 ML	2				
	VanishPoint Insulin Syringe 30G X 3/16" 1 ML	2				
	VanishPoint Insulin Syringe 30G X 5/16" 0.5 ML	2				
	VanishPoint Insulin Syringe 30G X 5/16" 1 ML	2				
	VanishPoint Safety Syringe 21G X 1" 5 ML	2				
	VanishPoint Safety Syringe 22G X 1-1/2" 5 ML	2				
	Verifine Insulin Pen Needle 29G X 12MM	2				
	Verifine Insulin Pen Needle 31G X 5 MM	2				
	Verifine Insulin Pen Needle 31G X 8 MM	2				
	Verifine Insulin Pen Needle 32G X 4 MM	2				
	Verifine Insulin Pen Needle 32G X 6 MM	2				
	Verifine Insulin Syringe 29G X 1/2" 0.5 ML	2				
	Verifine Insulin Syringe 29G X 1/2" 1 ML	2				
	Verifine Insulin Syringe 31G X 5/16" 0.3 ML	2				
	Verifine Insulin Syringe 31G X 5/16" 0.5 ML	2				
	Verifine Insulin Syringe 31G X 5/16" 1 ML	2				
	Verifine Plus Pen Needle 31G X 5 MM	2				
	Verifine Plus Pen Needle 31G X 8 MM	2				
	Verifine Plus Pen Needle 32G X 4 MM	2				
	Verisafe Safe Sterile Syringe 25G X 1" 1 ML	2				
	Verisafe Safety Sterile Needle 23G X 1-1/2"	2				
	Verisafe Safety Sterile Needle 25G X 1"	2				
	Vida Mia Unifine Pentips 29G X 12MM	2				
	Vida Mia Unifine Pentips 31G X 6 MM	2				
	Vida Mia Unifine Pentips 31G X 8 MM	2				
	Vida Mia Unifine Pentips 32G X 4 MM	2				
	VP Insulin Syringe 29G X 1/2" 0.3 ML	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Wegmans Unifine Pentips Plus 31G X 5 MM	2				
	Wegmans Unifine Pentips Plus 31G X 6 MM	2				
	Wegmans Unifine Pentips Plus 31G X 8 MM	2				
	Wegmans Unifine Pentips Plus 32G X 4 MM	2				
	ZevRx Insulin Syringe 30G X 1/2" 0.5 ML	2				
	ZevRx Insulin Syringe 30G X 1/2" 1 ML	2				
	ZevRx Insulin Syringe 30G X 5/16" 0.5 ML	2				
	ZevRx Insulin Syringe 30G X 5/16" 1 ML	2				
	ZevRx Pen Needles 31G X 5 MM	2				
	ZevRx Pen Needles 31G X 6 MM	2				
	ZevRx Pen Needles 31G X 8 MM	2				
	ZevRx Pen Needles 32G X 4 MM	2				
*Respiratory Therapy Supplies***	Adult Mask Device	2				
	Aerobika Device	2				
	All Flow 1000 PFT Filter Device	2				
	All Flow 2000 PFT Filter Device	2				
	All Flow 3000 PFT Filter Device	2				
	All Flow 4000 PFT Filter Device	2				
	All Flow 5000 PFT Filter Device	2				
	All Flow 6000 PFT Filter Device	2				
	All Flow 7000 PFT Filter Device	2				
	CO Monitor Device	2				
	In-Check DIAL Flow Trainer Device	2				
	In-Check Inspiratory Flow Mtr Device	2				
	Ombra Table Top Compressor Device	2				
	One Flow Spirometer Device	2				
	Pari Manual Interrupter Device	2				
	Pari Trek S Combo Pack Device	2				
	Quake Device	2				
	Spiro PD Device	2				
	Threshold PEP Device	2				
*Spacer/Aerosol-Holding Chambers & Supplies***	AeroChamber Holding Chamber Device	2				
	AeroChamber Mini Chamber Device	2				
	AeroChamber MV	2				
	AeroChamber Pls FloVu Mthpiece Device	2				
	AeroChamber Plus Flo-Vu	2				
	AeroChamber Plus Flo-Vu Interm Device	2				
	AeroChamber Plus Flo-Vu Large	2				
	AeroChamber Plus Flo-Vu Large Device	2				
	AeroChamber Plus Flo-Vu Medium Device	2				
	AeroChamber Plus Flo-Vu Small	2				
	AeroChamber Plus Flo-Vu Small	2				
	AeroChamber Plus Flo-Vu Small Device	2				
	AeroChamber Plus Flo-Vu w/Mask	2				
	AeroChamber Z-Stat Plus	2				
	AeroChamber Z-Stat Plus Chambr	2				
	AeroChamber Z-Stat Plus/Large	2				
	AeroChamber Z-Stat Plus/Medium	2				
	AeroChamber Z-Stat Plus/Small	2				
	Aerochamber2GO Anti-Static Device	2				
	AeroVent Plus Device	2				
	Breathe Comfort Chamber/Adult Device	2				
	Breathe Comfort Chamber/Child Device	2				
	Breathe Ease Large Device	2				
	Breathe Ease Medium Device	2				
	Breathe Ease Small Device	2				
	BreatheRite	2				
	BreatheRite Coll Spacer Adult	2				
	BreatheRite Coll Spacer Child	2				
	BreatheRite Coll Spacer Infant	2				
	BreatheRite Rigid Spacer/Mask	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	BreatheRite Spacer Neonate	2				
	BreatheRite Spacer Small Child	2				
	BreatheRite Valved MDI Chamber Device	2				
	BreatheRite/Large Mask	2				
	BreatheRite/Medium Mask	2				
	BreatheRite/Small Mask	2				
	Clever Choice Holding Chamber Device	2				
	Compact Space Chamber Device	2				
	Compact Space Chamber/Lg Mask Device	2				
	Compact Space Chamber/Med Mask Device	2				
	Compact Space Chamber/Sm Mask Device	2				
	EasiVent	2				
	EasiVent Mask Large	2				
	EasiVent Mask Medium	2				
	EasiVent Mask Small	2				
	EQ Space Chamber Anti-Static Device	2				
	EQ Space Chamber Anti-Static L Device	2				
	EQ Space Chamber Anti-Static M Device	2				
	EQ Space Chamber Anti-Static S Device	2				
	Flexichamber Adult Mask/Small	2				
	Flexichamber Child Mask/Large	2				
	Flexichamber Child Mask/Small	2				
	Flexichamber Device	2				
	InspiraChamber/Large Device	2				
	InspiraChamber/Medium Device	2				
	InspiraChamber/Mouthpiece Device	2				
	InspiraChamber/Small Device	2				
	Inspirease	2				
	Inspirease Reservoir Bags	2				
	LiteAire Device	2				
	Mask Vortex/Child/Frog	2				
	Mask Vortex/Toddler/Ladybug	2				
	Microchamber	2				
	Microchamber Device	2				
	Microspacer	2				
	OptiChamber Advantage-Lg Mask	2				
	OptiChamber Advantage-Med Mask	2				
	OptiChamber Advantage-Sm Mask	2				
	OptiChamber Diamond	2				
	OptiChamber Diamond Device	2				
	OptiChamber Diamond-Lg Mask Device	2				
	OptiChamber Diamond-Md Mask	2				
	OptiChamber Diamond-Sm Mask	2				
	OptiChamber Face Mask-Large	2				
	OptiChamber Face Mask-Medium	2				
	OptiChamber Face Mask-Small	2				
	OptiHaler	2				
	OptiHaler Device	2				
	Panda Mask Large	2				
	Panda Mask Medium	2				
	Panda Mask Small	2				
	Pediatric Panda Mask	2				
	Pocket Chamber Device	2				
	Pocket Spacer Device	2				
	Pro Comfort Spacer Adult	2				
	Pro Comfort Spacer Child	2				
	Pro Comfort Spacer Infant Device	2				
	Procare Spacer/Adult Mask Device	2				
	Procare Spacer/Child Mask Device	2				
	ProChamber VHC Device	2				
	Pure Comfort Spacer Chamber Device	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	RiteFlo Device	2				
	Vortex Hold Chmbr/Mask/Child Device	2				
	Vortex Hold Chmbr/Mask/Toddler Device	2				
	Vortex Valve Chamber-Pedi Mask Device	2				
	Vortex Valved Holding Chamber Device	2				
	Watchhaler Device	2				
MIGRAINE PRODUCTS						
*Calcitonin Gene-Related Peptide Receptor Antag (CGRP)***	Nurtec Tablet Dispersible 75 MG Oral	2	PA		QL	
	Qulipta Tablet 10 MG Oral	2	PA		QL	
	Qulipta Tablet 30 MG Oral	2	PA		QL	
	Qulipta Tablet 60 MG Oral	2	PA		QL	
	Ubrelvy Tablet 100 MG Oral	2	PA		QL	
	Ubrelvy Tablet 50 MG Oral	2	PA		QL	
*CGRP Receptor Antagonists - Monocolonal Antibodies***	Aimovig Solution Auto-Injector 140 MG/ML Subcutaneous	2	PA		QL	
	Aimovig Solution Auto-Injector 70 MG/ML Subcutaneous	2	PA		QL	
	Ajovy Solution Auto-Injector 225 MG/1.5ML Subcutaneous	2	PA		QL	
	Ajovy Solution Prefilled Syringe 225 MG/1.5ML Subcutaneous	2	PA		QL	
	Emgality (300 MG Dose) Solution Prefilled Syringe 100 MG/ML Subcutaneous	2	PA			
	Emgality Solution Auto-Injector 120 MG/ML Subcutaneous	2	PA			
	Emgality Solution Prefilled Syringe 120 MG/ML Subcutaneous	2	PA			
*Ergot Combinations***	Migergot Suppository 2-100 MG Rectal	3	PA			
*Migraine Products - Cyclooxygenase 2 (COX-2) Inhibitors***	Elyxyb Solution 120 MG/4.8ML Oral	3				
*Migraine Products - NSAIDs***	Diclofenac Potassium(Migraine) Packet 50 MG Oral	1				
*Migraine Products***	Dihydroergotamine Mesylate Solution 1 MG/ML Injection	1				
	Dihydroergotamine Mesylate Solution 4 MG/ML Nasal	1	PA			
	Ergomar Tablet Sublingual 2 MG Sublingual	3	PA			
*Selective Serotonin Agonist-NSAID Combinations***	Sumatriptan-Naproxen Sodium Tablet 85-500 MG Oral	1			QL	
*Selective Serotonin Agonists 5-HT(1)***	Almotriptan Malate Tablet 12.5 MG Oral	1		ST	QL	
	Almotriptan Malate Tablet 6.25 MG Oral	1		ST	QL	
	Eletriptan Hydrobromide Tablet 20 MG Oral	1		ST	QL	
	Eletriptan Hydrobromide Tablet 40 MG Oral	1		ST	QL	
	Frovatriptan Succinate Tablet 2.5 MG Oral	1		ST	QL	
	Naratriptan HCl TABLET 1 MG Oral	1			QL	
	Naratriptan HCl Tablet 2.5 MG Oral	1			QL	
	Onzetra Xsail Exhaler Powder 11 MG/NOSEPC Nasal	3		ST	QL	
	Rizatriptan Benzoate Tablet 10 MG Oral	1			QL	
	Rizatriptan Benzoate Tablet 5 MG Oral	1			QL	
	Rizatriptan Benzoate Tablet Dispersible 10 MG Oral	1			QL	
	Rizatriptan Benzoate Tablet Dispersible 5 MG Oral	1			QL	
	SUMAtriptan Solution 20 MG/ACT Nasal	1		ST	QL	
	SUMAtriptan Solution 5 MG/ACT Nasal	1		ST	QL	

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	SUMAtriptan Succinate Refill Solution Cartridge 4 MG/0.5ML Subcutaneous	1			QL	
				ST	QL	
	SUMAtriptan Succinate Refill Solution Cartridge 6 MG/0.5ML Subcutaneous	1			QL	
				ST	QL	
	SUMAtriptan Succinate Solution 6 MG/0.5ML Subcutaneous	1			QL	
	SUMAtriptan Succinate Solution Auto-Injector 4 MG/0.5ML Subcutaneous	1			QL	
	SUMAtriptan Succinate Solution Auto-Injector 6 MG/0.5ML Subcutaneous	1			QL	
	SUMAtriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	2			QL	
	SUMAtriptan Succinate Tablet 100 MG Oral	1			QL	
	SUMAtriptan Succinate Tablet 25 MG Oral	1			QL	
	SUMAtriptan Succinate Tablet 50 MG Oral	1			QL	
	Tosymra Solution 10 MG/ACT Nasal	3		ST		
	Zembrace SymTouch Solution Auto-Injector 3 MG/0.5ML Subcutaneous	3	PA	ST	QL	
	ZOLMitriptan Solution 2.5 MG Nasal	3		ST	QL	
	ZOLMitriptan Solution 5 MG Nasal	1		ST	QL	
	ZOLMitriptan Tablet 2.5 MG Oral	1			QL	
	ZOLMitriptan Tablet 5 MG Oral	1			QL	
	Zomig Solution 2.5 MG Nasal	3		ST	QL	
	Zomig Tablet 2.5 MG Oral	1			QL	
	Zomig Tablet 5 MG Oral	1			QL	
*Selective Serotonin Agonists 5-HT(1F)***	Reyvow Tablet 100 MG Oral	2	PA		QL	
	Reyvow Tablet 50 MG Oral	2	PA		QL	
MINERALS & ELECTROLYTES						
*Electrolytes & Dextrose***	Dextrose 5%/Electrolyte #48 SOLUTION Intravenous	3				
	Dextrose in Lactated Ringers SOLUTION 5 % Intravenous	1				
	Dextrose-Sodium Chloride Solution 10-0.2 % Intravenous	3				
	Dextrose-Sodium Chloride Solution 10-0.45 % Intravenous	2				
	Dextrose-Sodium Chloride Solution 2.5-0.45 % Intravenous	1				
	Dextrose-Sodium Chloride Solution 5-0.2 % Intravenous	1				
	Dextrose-Sodium Chloride Solution 5-0.225 % Intravenous	1				
	Dextrose-Sodium Chloride Solution 5-0.3 % Intravenous	1				
		3				
	Dextrose-Sodium Chloride Solution 5-0.33 % Intravenous	1				
	Dextrose-Sodium Chloride Solution 5-0.45 % Intravenous	1				
	Dextrose-Sodium Chloride Solution 5-0.9 % Intravenous	1				
	Ionosol-MB in D5W Solution Intravenous	3				
	Isolyte-P in D5W SOLUTION Intravenous	3				
	KCl in Dextrose-NaCl Solution 10-5-0.45 MEQ/L-%-% Intravenous	1				
	KCl in Dextrose-NaCl Solution 20-5-0.2 MEQ/L-%-% Intravenous	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	KCl in Dextrose-NaCl Solution 20-5-0.225 MEQ/L-%-% Intravenous	1				
		3				
	KCl in Dextrose-NaCl Solution 20-5-0.45 MEQ/L-%-% Intravenous	1				
	KCl in Dextrose-NaCl Solution 20-5-0.9 MEQ/L-%-% Intravenous	1				
	KCl in Dextrose-NaCl Solution 30-5-0.45 MEQ/L-%-% Intravenous	1				
	KCl in Dextrose-NaCl Solution 40-5-0.45 MEQ/L-%-% Intravenous	1				
	KCl in Dextrose-NaCl Solution 40-5-0.9 MEQ/L-%-% Intravenous	1				
		3				
	KCl-Lactated Ringers-D5W SOLUTION 20 MEQ/L Intravenous	3				
	Normosol-M in D5W Solution Intravenous	3				
	Normosol-R in D5W Solution Intravenous	3				
*Fluoride Combinations***	Floriva Liquid 0.25-400 MG-UNIT/ML Oral	3				
*Fluoride***	Fluoritab Solution 0.275 (0.125 F) MG/DROP Oral	1				
	Flura-Drops Solution 0.55 (0.25 F) MG/DROP Oral	2				
	NaFrinse Drops Solution 0.275 (0.125 F) MG/DROP Oral	1				
	NaFrinse Tablet Chewable 2.2 (1 F) MG Oral	1				
	Sodium Fluoride Solution 1.1 (0.5 F) MG/ML Oral	1				
	Sodium Fluoride TABLET 1.1 (0.5 F) MG ORAL	2				
	Sodium Fluoride TABLET 2.2 (1 F) MG Oral	1				
	Sodium Fluoride Tablet Chewable 0.55 (0.25 F) MG Oral	1				
	Sodium Fluoride Tablet Chewable 1.1 (0.5 F) MG Oral	1				
	Sodium Fluoride Tablet Chewable 2.2 (1 F) MG Oral	1				
*Phosphate***	Phospha 250 Neutral Tablet 155-852-130 MG Oral	1				
	Phosphorous Tablet 155-852-130 MG Oral	1				
	Phospho-Trin 250 Neutral Tablet 155-852-130 MG Oral	1				
	Phospho-Trin K500 Tablet 500 MG Oral	1				
	Potassium Phosphates-NaCl Solution 15 MMOL/100ML Intravenous	3				
	Sodium Phosphates Solution 15 MMOLE/5ML Intravenous	1				
	Sodium Phosphates Solution 150 MMOLE/50ML Intravenous	1				
	Virt-Phos 250 Neutral Tablet 155-852-130 MG Oral	1				
	Wes-Phos 250 Neutral Tablet 155-852-130 MG Oral	1				
*Potassium***	Klor-Con 10 Tablet Extended Release 10 MEQ Oral	1				
	Klor-Con M10 Tablet Extended Release 10 MEQ Oral	1				
	Klor-Con M15 Tablet Extended Release 15 MEQ Oral	1				
	Klor-Con M20 Tablet Extended Release 20 MEQ Oral	1				
	Klor-Con PACKET 20 MEQ Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Klor-Con Tablet Extended Release 8 MEQ Oral	1				
	K-Tab Tablet Extended Release 8 MEQ Oral	3				
	Pokonza Packet 10 MEQ Oral	3				
	Potassium Chloride Crys ER Tablet Extended Release 10 MEQ Oral	1				
	Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral	1				
	Potassium Chloride Crys ER Tablet Extended Release 20 MEQ Oral	1				
	Potassium Chloride ER Capsule Extended Release 10 MEQ Oral	1				
	Potassium Chloride ER Capsule Extended Release 8 MEQ Oral	1				
	Potassium Chloride ER Tablet Extended Release 10 MEQ Oral	1				
	Potassium Chloride ER Tablet Extended Release 15 MEQ Oral	3				
	Potassium Chloride ER Tablet Extended Release 20 MEQ Oral	1				
	Potassium Chloride ER Tablet Extended Release 8 MEQ Oral	1				
	Potassium Chloride Packet 20 MEQ Oral	1				
	Potassium Chloride Solution 10 % Oral	1				
	Potassium Chloride Solution 20 MEQ/15ML (10%) Oral	1				
	Potassium Chloride Solution 40 MEQ/15ML (20%) Oral	1				
*Sodium***	Sodium Chloride (PF) Solution 0.9 % Injection	1				
	Sodium Chloride Solution 0.45 % Intravenous	1				
	Sodium Chloride Solution 0.9 % Intravenous	1				
	Sodium Chloride Solution 2.5 MEQ/ML Injection	1				
	Sodium Chloride Solution 3 % Intravenous	1				
	Sodium Chloride Solution 4 MEQ/ML Intravenous	1				
	Sodium Chloride Solution 5 % Intravenous	1				
*Zinc***	Galzin Capsule 25 MG Oral	3				
	Galzin Capsule 50 MG Oral	3				
MISCELLANEOUS THERAPEUTIC CLASSES						
*Activated Phosphoinositide 3-kinase Delta Syndrome Agent***	Joenja Tablet 70 MG Oral	4	PA		QL	Non-Preferred Specialty
*Antileprotics***	Thalomid Capsule 100 MG Oral	4	PA			Preferred Specialty
	Thalomid Capsule 150 MG Oral	4	PA			Preferred Specialty
	Thalomid Capsule 200 MG Oral	4	PA			Preferred Specialty
	Thalomid Capsule 50 MG Oral	4	PA			Preferred Specialty
*B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors***	Benlysta Solution Auto-Injector 200 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Benlysta Solution Prefilled Syringe 200 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
	Benlysta SOLUTION RECONSTITUTED 120 MG Intravenous	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Benlysta SOLUTION RECONSTITUTED 400 MG Intravenous	4	PA			Non-Preferred Specialty
*Chelating Agents***	Clovique Capsule 250 MG Oral	4	PA			Preferred Specialty
	penicillAMINE Tablet 250 MG Oral	4	PA			Preferred Specialty
	Trientine HCl Capsule 250 MG Oral	4	PA			Preferred Specialty
	Trientine HCl Capsule 500 MG Oral	4				Non-Preferred Specialty
*Continuous Renal Replacement Therapy (CRRT) Solutions***	Phoxillum B22K4/0 Solution 22-4-1 MEQ-MMOL/L Extracorporeal	3				
*Cyclosporine Analogs***	CycloSPORINE CAPSULE 100 MG Oral	1				
	CycloSPORINE CAPSULE 25 MG ORAL	1				
	cycloSPORINE Modified Capsule 100 MG Oral	1				
	cycloSPORINE Modified Capsule 25 MG Oral	1				
	cycloSPORINE Modified Capsule 50 MG Oral	1				
	CycloSPORINE Modified Solution 100 MG/ML Oral	1				
	Gengraf Capsule 100 MG Oral	1				
	Gengraf Capsule 25 MG Oral	1				
	Gengraf SOLUTION 100 MG/ML ORAL	1				
	Lupkynis Capsule 7.9 MG Oral	4	PA		QL	Non-Preferred Specialty
	Neoral CAPSULE 100 MG ORAL	3				
	Neoral CAPSULE 25 MG ORAL	3				
	Neoral SOLUTION 100 MG/ML ORAL	3				
	SandIMMUNE CAPSULE 100 MG ORAL	3				
	SandIMMUNE CAPSULE 25 MG ORAL	3				
	SandIMMUNE Solution 100 MG/ML Oral	3				
*Enzymes***	Xiaflex Solution Reconstituted 0.9 MG Injection	4	PA			Non-Preferred Specialty
*Farnesyltransferase Inhibitors***	Zokinvy Capsule 50 MG Oral	4	PA			Preferred Specialty
	Zokinvy Capsule 75 MG Oral	4	PA			Preferred Specialty
*Immunomodulators - Combinations***	Vyvgart Hytrulo Solution Prefilled Syringe 1000-10000 MG-UNT/5ML Subcutaneous	4	PA			Non-Preferred Specialty
*Immunomodulators for Myelodysplastic Syndromes***	Lenalidomide Capsule 10 MG Oral	4	PA			Preferred Specialty
	Lenalidomide Capsule 15 MG Oral	4	PA			Preferred Specialty
	Lenalidomide Capsule 2.5 MG Oral	4	PA			Preferred Specialty
	Lenalidomide Capsule 20 MG Oral	4	PA			Preferred Specialty
	Lenalidomide Capsule 25 MG Oral	4	PA			Preferred Specialty
	Lenalidomide Capsule 5 MG Oral	4	PA			Preferred Specialty
	Revlimid Capsule 10 MG Oral	4	PA			Preferred Specialty
	Revlimid Capsule 15 MG Oral	4	PA			Preferred Specialty
	Revlimid Capsule 2.5 MG Oral	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Revlimid Capsule 20 MG Oral	4	PA			Preferred Specialty
	Revlimid Capsule 25 MG Oral	4	PA			Preferred Specialty
	Revlimid Capsule 5 MG Oral	4	PA			Preferred Specialty
*Inosine Monophosphate Dehydrogenase Inhibitors***	CellCept CAPSULE 250 MG Oral	3				
	CellCept SUSPENSION RECONSTITUTED 200 MG/ML ORAL	3				
	CellCept TABLET 500 MG Oral	3				
	Mycophenolate Mofetil Capsule 250 MG Oral	1				
	Mycophenolate Mofetil Suspension Reconstituted 200 MG/ML Oral	1				
	Mycophenolate Mofetil Tablet 500 MG Oral	1				
	Mycophenolate Sodium Tablet Delayed Release 180 MG Oral	1				
	Mycophenolate Sodium Tablet Delayed Release 360 MG Oral	1				
	Mycophenolic Acid Tablet Delayed Release 180 MG Oral	1				
	Mycophenolic Acid Tablet Delayed Release 360 MG Oral	1				
	Myfortic Tablet Delayed Release 180 MG Oral	3				
	Myfortic Tablet Delayed Release 360 MG Oral	3				
	Myhibbin Suspension 200 MG/ML Oral	3	PA		QL	
*Irrigation Solutions***	Ringers Irrigation Solution Irrigation	1				
*Macrolide Immunosuppressants***	Astagraf XL Capsule Extended Release 24 Hour 0.5 MG Oral	3				
	Astagraf XL Capsule Extended Release 24 Hour 1 MG Oral	3				
	Astagraf XL Capsule Extended Release 24 Hour 5 MG Oral	3				
	Envarsus XR Tablet Extended Release 24 Hour 0.75 MG Oral	3				
	Envarsus XR Tablet Extended Release 24 Hour 1 MG Oral	3				
	Envarsus XR Tablet Extended Release 24 Hour 4 MG Oral	3				
	Everolimus Tablet 0.25 MG Oral	1				
	Everolimus Tablet 0.5 MG Oral	1				
	Everolimus Tablet 0.75 MG Oral	1				
	Everolimus Tablet 0.75 MG Oral	1				
	Everolimus Tablet 1 MG Oral	1				
	Prograf CAPSULE 0.5 MG ORAL	3				
	Prograf Capsule 1 MG Oral	3				
	Prograf Capsule 5 MG Oral	3				
	Prograf Packet 0.2 MG Oral	3				
	Prograf Packet 1 MG Oral	3				
	Rapamune Solution 1 MG/ML Oral	3				
	Rapamune Tablet 0.5 MG Oral	3				
	Rapamune Tablet 1 MG Oral	3				
	Rapamune Tablet 2 MG Oral	3				
	Sirolimus Solution 1 MG/ML Oral	1				
	Sirolimus Tablet 0.5 MG Oral	1				
	Sirolimus Tablet 1 MG Oral	1				
	Sirolimus Tablet 2 MG Oral	1				
	Tacrolimus Capsule 0.5 MG Oral	1				
	Tacrolimus Capsule 1 MG Oral	1				
	Tacrolimus Capsule 5 MG Oral	1				
	Zortress Tablet 0.25 MG Oral	3				
	Zortress Tablet 0.5 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Zortress Tablet 0.75 MG Oral	3				
	Zortress Tablet 1 MG Oral	3				
*Monoclonal Antibodies***	Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	4	PA			Non-Preferred Specialty
*Patient Assessment Services - No Drug Dispensed***	EUA Patient Assessment	3				
*PIK3CA-Related Overgrowth Spectrum Agents - PI3K Inhib***	Vijoice Packet 50 MG Oral	4	PA			Preferred Specialty
	Vijoice Tablet Therapy Pack 125 MG Oral	4	PA			Preferred Specialty
	Vijoice Tablet Therapy Pack 200 & 50 MG Oral	4	PA			Preferred Specialty
	Vijoice Tablet Therapy Pack 50 MG Oral	4	PA			Preferred Specialty
*Potassium Removing Agents***	Kionex Suspension 15 GM/60ML Combination	1				
	Lokelma Packet 10 GM Oral	2				
	Lokelma Packet 5 GM Oral	2				
	Sodium Polystyrene Sulfonate Powder Oral	1				
	SPS (Sodium Polystyrene Sulf) Suspension 15 GM/60ML Combination	1				
	SPS (Sodium Polystyrene Sulf) Suspension 30 GM/120ML Rectal	1				
	Veltassa Packet 1 GM Oral	3	PA			
	Veltassa PACKET 16.8 GM ORAL	3	PA			
	Veltassa PACKET 25.2 GM ORAL	3	PA			
	Veltassa Packet 8.4 GM Oral	3	PA			
*Purine Analogs***	Azasan Tablet 100 MG Oral	1				
	Azasan Tablet 75 MG Oral	1				
	azaTHIOprine Tablet 100 MG Oral	1				
	azaTHIOprine Tablet 50 MG Oral	1				
	azaTHIOprine Tablet 75 MG Oral	1				
	Imuran Tablet 50 MG Oral	3				
*ROCK Inhibitors***	Rezurock Tablet 200 MG Oral	4	PA			Non-Preferred Specialty
MOUTH/THROAT/DENTAL AGENTS						
*Anesthetics Topical Oral - Combinations***	First-Mouthwash BLM SUSPENSION MOUTH/THROAT	3				
*Anesthetics Topical Oral***	Lidocaine Viscous HCl Solution 2 % Mouth/Throat	1				
*Anti-infectives - Throat***	Clotrimazole Troche 10 MG Mouth/Throat	1				
	Nystatin Suspension 100000 UNIT/ML Mouth/Throat	1				
	Oravig Tablet 50 MG Buccal	3				
*Antiseptics - Mouth/Throat***	Chlorhexidine Gluconate Solution 0.12 % Mouth/Throat	1				
	Periogard Solution 0.12 % Mouth/Throat	1				
*Dental Products - Combinations***	Denta 5000 Plus Sensitive Gel 1.1-5 % Dental	2				
	Fluoridex Sensitivity Relief Gel 1.1-5 % Dental	1				
	FluoriMax 5000 Sensitive Gel 1.1-5 % Dental	3				
	NaFrinse Daily Acidulated Solution Reconstituted 1 MG/5ML Mouth/Throat	3				
	Sod Fluoride-Potassium Nitrate Gel 1.1-5 % Dental	1				
	Sodium Fluoride 5000 Enamel Gel 1.1-5 % Dental	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Sodium Fluoride 5000 Sensitive Gel 1.1-5 % Dental	1				
*Fluoride Dental Products***	Clinpro 5000 Paste 1.1 % Dental	1				
	Denta 5000 Plus Cream 1.1 % Dental	1				
	DentaGel Gel 1.1 % Dental	1				
	Easygel GEL 0.4 % Dental	1				
	Fluoridex Daily Renewal Concentrate 0.63 % Mouth/Throat	1				
	Fluoridex Enhanced Whitening Paste 1.1 % Dental	1				
	Fluoridex Paste 1.1 % Dental	1				
	FluoriMax 5000 Paste 1.1 % Dental	1				
	Fraiche 5000 Dental Gel 1.1 % Dental	1				
	Just for Kids Gel 0.4 % Dental	1				
	Just Right 5000 Gel 1.1 % Dental	1				
	Just Right 5000 Paste 1.1 % Dental	1				
	NaFrinse Daily/Neutral Solution Reconstituted 0.05 % Mouth/Throat	3				
	NaFrinse Weekly Solution Reconstituted 0.2 % Mouth/Throat	3				
	PerioMed Concentrate 0.63 % Mouth/Throat	1				
	PreviDent Solution 0.2 % Mouth/Throat	1				
	SF 5000 Plus Cream 1.1 % Dental	1				
	SF Gel 1.1 % Dental	1				
	Sodium Fluoride 5000 Plus Cream 1.1 % Dental	1				
	Sodium Fluoride 5000 PPM Cream 1.1 % Dental	1				
	Sodium Fluoride 5000 PPM Gel 1.1 % Dental	1				
	Sodium Fluoride 5000 PPM Paste 1.1 % Dental	1				
	Sodium Fluoride Cream 1.1 % Dental	1				
	Sodium Fluoride Gel 1.1 % Dental	1				
	Sodium Fluoride Solution 0.2 % Mouth/Throat	1				
*Saliva Stimulants***	Cevimeline HCl Capsule 30 MG Oral	1				
	Pilocarpine HCl Tablet 5 MG Oral	1				
	Pilocarpine HCl Tablet 7.5 MG Oral	1				
*Steroids - Mouth/Throat/Dental***	Kourzeq Paste 0.1 % Mouth/Throat	1				
	Oralone Paste 0.1 % Mouth/Throat	1				
	Triamcinolone Acetonide Paste 0.1 % Mouth/Throat	1				
MULTIVITAMINS						
*Prenatal MV & Min w/FE-FA***	Atabex EC Tablet Delayed Release 29-1 MG Oral	3				
	Atabex OB Tablet 29-1 MG Oral	3				
	AzesChew Prenatal/Postnatal Tablet Chewable 13-1 MG Oral	3				
	CitraNatal B-Calm 20-1 MG & 2 x 25 MG Oral	3				
	CitraNatal Bloom Tablet 90-1 MG Oral	3				
	CitraNatal Rx Tablet 27-1 MG Oral	3				
	C-Nate DHA CAPSULE 28-1-200 MG ORAL	3				
	CompleteNate Tablet Chewable 29-1 MG Oral	3				
	Co-Natal FA Tablet Oral	3				
	Concept DHA Capsule 53.5-38-1 MG Oral	3				
	Concept OB CAPSULE 130-92.4-1 MG ORAL	3				
	DermacinRx Pretrate Tablet 1 MG Oral	3				
	Duet DHA 400 25-1 & 400 MG Oral	3				
	Duet DHA Balanced 25-1 & 267 MG Oral	3				
	Elite-OB Tablet 50-1.25 MG Oral	3				
	EnBrace HR CAPSULE ORAL	3				
	FolateXcel Tablet 1 MG Oral	3				
	Folivane-OB Capsule 85-1 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Inatal GT Tablet Oral	3				
	Kosher Prenatal Plus Iron TABLET 30-1 MG ORAL	3				
	NataChew Tablet Chewable 28-1 MG Oral	3				
	Natalvit Tablet Oral	3				
	Neevo DHA CAPSULE 27-1.13 MG Oral	3				
	NeoMaterna Tablet 1 MG Oral	3				
	Neonatal Complete Tablet 27-1 MG Oral	3				
	Neonatal Complete Tablet 29-1 MG Oral	3				
	Neonatal FE Tablet 90-1 MG Oral	3				
	NeoNatal Plus Tablet 27-1 MG Oral	3				
	Nestabs DHA 32-1 MG Oral	3				
	Nestabs TABLET 32-1 MG Oral	3				
	Niva-Plus Tablet 27-1 MG Oral	3				
	OB Complete One Capsule 50-1-476 MG Oral	3				
	OB Complete Petite Capsule 35-5-1-200 MG Oral	3				
	OB Complete Premier Tablet 30-20-1 MG Oral	3				
	OB Complete Tablet 50-1.25 MG Oral	3				
	OB Complete/DHA Capsule 30-10-1-200 MG Oral	3				
	Obstetrix EC (with Docusate) Tablet 29-1 MG Oral	3				
	One Vite Womens Plus Tablet 27-1 MG Oral	3				
	PNV 27-Ca/Fe/FA Tablet 60-1 MG Oral	3				
	PNV Tabs 29-1 Tablet 29-1 MG Oral	3				
	PNV-Omega CAPSULE 28-0.6-0.4-340 MG ORAL	3				
	PNV-Select Tablet 27-0.6-0.4 MG Oral	3				
	Prena1 Pearl Capsule Extended Release 30-1.4-200 MG Oral	3				
	Prenatabs Rx Tablet 29-1 MG Oral	2				
	Prenatal 19 Tablet 29-1 MG Oral	2				
	Prenatal 19 Tablet Chewable 29-1 MG Oral	2				
	Prenatal 19 TABLET CHEWABLE ORAL	2				
	Prenatal Plus Iron Tablet 29-1 MG Oral	2				
	Prenatal Plus Tablet 27-1 MG Oral	2				
	Prenatal Plus Vitamin/Mineral Tablet 27-1 MG Oral	3				
	Prenatal Tablet 27-1 MG Oral	3				
	Prenatal Vitamin Plus Low Iron Tablet 27-1 MG Oral	2				
	Prenatal-U Capsule 106.5-1 MG Oral	2				
	Prenate Elite TABLET 20-0.6-0.4 MG ORAL	3				
	PrenatVite Complete Tablet 1 MG Oral	3				
	PrenatVite Plus Tablet 1 MG Oral	3				
	PrenatVite Rx Tablet 0.8 MG Oral	3				
	PrePLUS Tablet 27-1 MG Oral	3				
	PreTAB Tablet 29-1 MG Oral	3				
	PrimaCare Capsule 30-1-470 MG Oral	3				
	Provida OB CAPSULE 20-20-1.25 MG ORAL	3				
	Relnate DHA Capsule 28-1-200 MG Oral	3				
	Select-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	3				
	Select-OB TABLET CHEWABLE 29-1 MG ORAL	3				
	Se-Natal 19 Tablet 29-1 MG Oral	2				
	Se-Natal 19 Tablet Chewable 29-1 MG Oral	2				
	Taron-C DHA Capsule 35-1 MG Oral	3				
	Thrivite Rx TABLET 29-1 MG ORAL	3				
	TriCare Tablet Oral	3				
	Trinatal Rx 1 Tablet 60-1 MG Oral	3				
	Trinate Tablet Oral	2				
	Vinate DHA RF Capsule 27-1.13 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Vinate II Tablet 29-1 MG Oral	2				
	Vinate One Tablet 60-1 MG Oral	2				
	Virt-C DHA Capsule 53.5-38-1 MG Oral	3				
	Virt-Nate DHA Capsule 28-1-200 MG Oral	3				
	Virt-PN Plus Capsule 28-0.6-0.4-340 MG Oral	3				
	Vitafol Gummies TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	3				
	Vitafol-Nano Tablet 18-0.6-0.4 MG Oral	3				
	Vitafol-OB Tablet Oral	3				
	VitaPearl Capsule Extended Release 30-1.4-200 MG Oral	3				
	Viva DHA Capsule 28-1-200 MG Oral	3				
	VP-PNV-DHA Capsule 28-1-215.8 MG Oral	3				
	WesCap-C DHA Capsule 53.5-38-1 MG Oral	3				
	WesNate DHA Capsule 28-1-200 MG Oral	3				
	WesTab Plus Tablet 27-1 MG Oral	3				
	Zatean-Pn Plus Capsule 28-0.6-0.4-340 MG Oral	3				
*Prenatal MV & Min w/FE-FA-CA-Omega 3 Fish Oil***	Complete Natal DHA 29-1-200 & 200 MG Oral	3				
	Triveen-Duo DHA 29-1-200 & 300 MG Oral	3				
	WesNatal DHA Complete 29-1-200 & 200 MG Oral	3				
*Prenatal MV & Min w/FE-FA-DHA***	CitraNatal 90 DHA 90-1 & 300 MG Oral	3				
	CitraNatal Assure 35-1 & 300 MG Oral	3				
	CitraNatal Bloom DHA 90-1 & 300 MG Oral	3				
	CitraNatal DHA 27-1 & 250 MG Oral	3				
	CitraNatal Essence Therapy Pack 35-1 & 300 MG Oral	3				
	CitraNatal Harmony Capsule 27-1-260 MG Oral	3				
	CitraNatal Medley Capsule 27-1-200 MG Oral	3				
	Neonatal + DHA 29-1 & 200 MG Oral	3				
	Nestabs One CAPSULE 38-1-225 MG Oral	3				
	Obstetrix DHA 29-1 & 350 MG Oral	3				
	Obstetrix One (with Docusate) Capsule 38-1-225 MG Oral	3				
	PNV-DHA CAPSULE 27-0.6-0.4-300 MG ORAL	3				
	PNV-DHA+Docusate Capsule 27-1.25-300 MG Oral	3				
	Prena 1 True 30-1.4 & 300 MG Oral	3				
	Prenaissance Capsule 29-1.25-325 MG Oral	3				
	Prenaissance Plus Capsule 28-1-250 MG Oral	3				
	Prenate DHA CAPSULE 18-0.6-0.4-300 MG ORAL	3				
	Prenate Enhance CAPSULE 28-0.6-0.4-400 MG ORAL	3				
	Prenate Essential CAPSULE 18-0.6-0.4-300 MG ORAL	3				
	Prenate Mini CAPSULE 18-0.6-0.4-350 MG ORAL	3				
	Prenate Pixie CAPSULE 10-0.6-0.4-200 MG ORAL	3				
	Prenate Restore CAPSULE 27-0.6-0.4-400 MG ORAL	3				
	Select-OB+DHA 29-1 & 250 MG Oral	3				
	Taron-Prex Capsule 30-1.2-265 MG Oral	3				
	TriStart DHA CAPSULE 31-0.6-0.4-200 MG ORAL	3				
	TriStart One Capsule 35-1-215 MG Oral	3				
	Virt-PN DHA Capsule 27-0.6-0.4-300 MG Oral	3				
	Vitafol FE+ Capsule 90-0.6-0.4-200 MG Oral	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Vitafol Ultra Capsule 29-0.6-0.4-200 MG Oral	3				
	Vitafol-OB+DHA 65-1 & 250 MG Oral	3				
	Vitafol-One Capsule 29-1-200 MG Oral	3				
	VitaMedMD One Rx/Quatrefolic Capsule 30-0.6-0.4-200 MG Oral	3				
	VitaTrue 30-1.4 & 300 MG Oral	3				
	WesCap-PN DHA Capsule 27-0.6-0.4-300 MG Oral	3				
	WestGel DHA Capsule 31-0.6-0.4-200 MG Oral	3				
	Zatean-Pn DHA Capsule 27-0.6-0.4-300 MG Oral	3				
*Prenatal MV & Minerals w/FA without Iron***	Prenate TABLET CHEWABLE 0.6-0.4 MG ORAL	3				
*Prenatal Vitamins***	Neonatal 19 Tablet 1 MG Oral	3				
	PremesisRx Tablet 1 MG Oral	3				
	Prena1 Tablet Chewable 1.4 MG Oral	3				
	Prenate AM TABLET 1 MG ORAL	3				
	Vitafol Strips Film 1 MG Oral	3				
	VitaMedMD RediChew Rx Tablet Chewable 1.4 MG Oral	3				
MUSCULOSKELETAL THERAPY AGENTS						
*Central Muscle Relaxants***	Baclofen Solution 10 MG/5ML Oral	1				
	Baclofen Solution 5 MG/5ML Oral	1				
		3				
	Baclofen Suspension 25 MG/5ML Oral	1				
	Baclofen Tablet 10 MG Oral	1				
	Baclofen Tablet 20 MG Oral	1				
	Baclofen Tablet 5 MG Oral	1				
	Chlorzoxazone Tablet 250 MG Oral	1				
	Chlorzoxazone Tablet 375 MG Oral	1				
	Chlorzoxazone Tablet 500 MG Oral	1				
	Chlorzoxazone Tablet 750 MG Oral	1				
	Cyclobenzaprine HCl ER Capsule Extended Release 24 Hour 15 MG Oral	1				
	Cyclobenzaprine HCl ER Capsule Extended Release 24 Hour 30 MG Oral	1				
	Cyclobenzaprine HCl Tablet 10 MG Oral	1				
	Cyclobenzaprine HCl Tablet 5 MG Oral	1				
	Cyclobenzaprine HCl Tablet 7.5 MG Oral	1		ST		
	Fexmid Tablet 7.5 MG Oral	1		ST		
	First-Baclofen Suspension 1 MG/ML Oral	3				
	First-Baclofen Suspension 5 MG/ML Oral	3				
	Lorzone Tablet 375 MG Oral	1				
	Lorzone Tablet 750 MG Oral	1				
	Metaxalone Tablet 400 MG Oral	1		ST		
	Metaxalone Tablet 800 MG Oral	1		ST		
	Methocarbamol Tablet 1000 MG Oral	1				
	Methocarbamol Tablet 500 MG Oral	1				
	Methocarbamol Tablet 750 MG Oral	1				
	Orphenadrine Citrate ER Tablet Extended Release 12 Hour 100 MG Oral	1				
	Ozobax Solution 5 MG/5ML Oral	3				
	Tanlor Tablet 1000 MG Oral	1				
	tiZANidine HCl Capsule 2 MG Oral	1				
	tiZANidine HCl Capsule 4 MG Oral	1				
	tiZANidine HCl Capsule 6 MG Oral	1				
	tiZANidine HCl Tablet 2 MG Oral	1				
	tiZANidine HCl Tablet 4 MG Oral	1				
*Direct Muscle Relaxants***	Dantrolene Sodium Capsule 100 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Dantrolene Sodium Capsule 25 MG Oral	1				
	Dantrolene Sodium Capsule 50 MG Oral	1				
*Muscle Relaxant Combinations***	Norgesic Tablet 25-385-30 MG Oral	1				
	Orphenadrine-ASA-Caffeine Tablet 50-770-60 MG Oral	1				
	Orphenadrine-Aspirin-Caffeine Tablet 25-385-30 MG Oral	1				
	Orphengesic Forte Tablet 50-770-60 MG Oral	1				
*Retinoic Acid Receptor Gamma Selective Agonists***	Sohonos Capsule 1 MG Oral	4	PA			Non-Preferred Specialty
	Sohonos Capsule 1.5 MG Oral	4	PA			Non-Preferred Specialty
	Sohonos Capsule 10 MG Oral	4	PA			Non-Preferred Specialty
	Sohonos Capsule 2.5 MG Oral	4	PA			Non-Preferred Specialty
*Viscosupplements***	Durolane Prefilled Syringe 60 MG/3ML Intra-articular	2	PA		QL	
	Euflexxa Solution Prefilled Syringe 20 MG/2ML Intra-Articular	2	PA			
					QL	
	Gelsyn-3 Solution Prefilled Syringe 16.8 MG/2ML Intra-articular	2	PA		QL	
	Supartz FX Solution Prefilled Syringe 25 MG/2.5ML Intra-Articular	2	PA		QL	
NASAL AGENTS - SYSTEMIC AND TOPICAL						
*Antihistamine-Steroid***	Azelastine-Fluticasone Suspension 137-50 MCG/ACT Nasal	1				
*Nasal Anticholinergics***	Ipratropium Bromide Solution 0.03 % Nasal	1				
	Ipratropium Bromide Solution 0.06 % Nasal	1				
*Nasal Antihistamines***	Azelastine HCl Solution 0.1 % Nasal	1				
	Azelastine HCl Solution 0.15 % Nasal	1				
	Azelastine HCl Solution 137 MCG/SPRAY Nasal	1				
	Olopatadine HCl Solution 0.6 % Nasal	1				
*Nasal Steroids***	Beconase AQ Suspension 42 MCG/SPRAY Nasal	3		ST		
	Flunisolide Solution 25 MCG/ACT (0.025%) Nasal	1				
	Fluticasone Propionate Suspension 50 MCG/ACT Nasal	1				
	Mometasone Furoate Suspension 50 MCG/ACT Nasal	1				
	Omnaris Suspension 50 MCG/ACT Nasal	3		ST		
	Qnasl Aerosol Solution 80 MCG/ACT Nasal	3				
	Qnasl Childrens Aerosol Solution 40 MCG/ACT Nasal	3				
	Xhance Exhaler Suspension 93 MCG/ACT Nasal	2		ST		
	Zetonna Aerosol Solution 37 MCG/ACT Nasal	3		ST		
NEUROMUSCULAR AGENTS						
*ALS Agents - Miscellaneous***	Edaravone Solution 30 MG/100ML Intravenous	4	PA			Preferred Specialty
	Edaravone Solution 60 MG/100ML Intravenous	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Radicava ORS Starter Kit Suspension 105 MG/5ML Oral	4	PA		QL	Non-Preferred Specialty
	Radicava ORS Suspension 105 MG/5ML Oral	4	PA		QL	Non-Preferred Specialty
*Benzathiazoles***	Exservan Film 50 MG Oral	4	PA			Non-Preferred Specialty
	Riluzole Tablet 50 MG Oral	4	PA			Preferred Specialty
	Teglutik Suspension 50 MG/10ML Oral	4	PA			Non-Preferred Specialty
	Tiglutik Suspension 50 MG/10ML Oral	4	PA			Non-Preferred Specialty
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***	Skyclarys Capsule 50 MG Oral	4	PA			Non-Preferred Specialty
*Muscular Dystrophy - Histone Deacetylase Inhibitors**	DUVYZAT Suspension 8.86 MG/ML Oral	4	PA		QL	Non-Preferred Specialty
*Neuromuscular Blocking Agent - Neurotoxins***	Botox Solution Reconstituted 100 UNIT Injection	4	PA			Non-Preferred Specialty
	Botox SOLUTION RECONSTITUTED 200 UNIT Injection	4	PA			Non-Preferred Specialty
	Dysport Solution Reconstituted 300 UNIT Intramuscular	4	PA			Non-Preferred Specialty
	Dysport SOLUTION RECONSTITUTED 500 UNIT Intramuscular	4	PA			Non-Preferred Specialty
	Myobloc SOLUTION 10000 UNIT/2ML Intramuscular	4	PA			Non-Preferred Specialty
	Myobloc SOLUTION 2500 UNIT/0.5ML Intramuscular	4	PA			Non-Preferred Specialty
	Myobloc SOLUTION 5000 UNIT/ML Intramuscular	4	PA			Non-Preferred Specialty
	Xeomin Solution Reconstituted 100 UNIT Intramuscular	4	PA			Non-Preferred Specialty
	Xeomin SOLUTION RECONSTITUTED 200 UNIT Intramuscular	4	PA			Non-Preferred Specialty
	Xeomin Solution Reconstituted 50 UNIT Intramuscular	4	PA			Non-Preferred Specialty
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***	Daybue Solution 200 MG/ML Oral	4	PA			Non-Preferred Specialty
*Spinal Muscular Atrophy-SMN2 Splicing Modifiers***	Evrysdi Solution Reconstituted 0.75 MG/ML Oral	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Evrysdi Tablet 5 MG Oral	4	PA			Non-Preferred Specialty
NUTRIENTS						
*Carbohydrates***	Dextrose Solution 10 % Intravenous	1				
	Dextrose Solution 20 % Intravenous	3				
	Dextrose Solution 250 MG/ML Intravenous	2				
	Dextrose Solution 40 % Intravenous	3				
	Dextrose Solution 5 % Intravenous	1				
		2				
	Dextrose Solution 50 % Intravenous	1				
	Dextrose Solution 70 % Intravenous	1				
		3				
	Glucose (Dextrose) Solution 50 % Intravenous	3				
*Lipids***	Dojolvi Liquid 100 % Oral	4	PA			Non-Preferred Specialty
OPHTHALMIC AGENTS						
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***	Simbrinza Suspension 1-0.2 % Ophthalmic	2				
*Beta-blockers - Ophthalmic Combinations***	Brimonidine Tartrate-Timolol Solution 0.2-0.5 % Ophthalmic	1				
	Dorzolamide HCl-Timolol Mal PF Solution 2-0.5 % Ophthalmic	1				
	Dorzolamide HCl-Timolol Mal Solution 2-0.5 % Ophthalmic	1				
*Beta-blockers - Ophthalmic***	Betaxolol HCl Solution 0.5 % Ophthalmic	1				
	Betimol Solution 0.25 % Ophthalmic	3				
	Betoptic-S Suspension 0.25 % Ophthalmic	3				
	Carteolol HCl SOLUTION 1 % Ophthalmic	1				
	Levobunolol HCl Solution 0.5 % Ophthalmic	1				
	Timolol Hemihydrate Solution 0.5 % Ophthalmic	1				
	Timolol Maleate (Once-Daily) Solution 0.5 % Ophthalmic	1				
	Timolol Maleate Gel Forming Solution 0.25 % Ophthalmic	1				
	Timolol Maleate Gel Forming Solution 0.5 % Ophthalmic	1				
	Timolol Maleate Ocudose Solution 0.5 % Ophthalmic	1				
	Timolol Maleate PF Solution 0.25 % Ophthalmic	1				
	Timolol Maleate PF Solution 0.5 % Ophthalmic	1				
	Timolol Maleate Solution 0.25 % Ophthalmic	1				
	Timolol Maleate Solution 0.5 % Ophthalmic	1				
*Cholinergic Agonists***	Tyrvaya Solution 0.03 MG/ACT Nasal	2	PA			
*Cycloplegic Mydriatic Combinations***	Cyclomydril SOLUTION 0.2-1 % OPHTHALMIC	3				
*Cycloplegic Mydriatics***	Altafrin Solution 10 % Ophthalmic	1				
	Altafrin Solution 2.5 % Ophthalmic	1				
	Atropine Sulfate Solution 1 % Ophthalmic	1				
		3				
	Cyclopentolate HCl Solution 0.5 % Ophthalmic	1				
	Cyclopentolate HCl Solution 1 % Ophthalmic	1				
	Cyclopentolate HCl Solution 2 % Ophthalmic	1				
	Isopto Atropine Solution 1 % Ophthalmic	3				
	Phenylephrine HCl Solution 10 % Ophthalmic	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Phenylephrine HCl Solution 2.5 % Ophthalmic	1				
		2				
*Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag***	Xiidra Solution 5 % Ophthalmic	2				
*Miotics - Direct Acting Pupil Selective***	Vizz Solution 1.44 % Ophthalmic	3			QL	
*Miotics - Direct Acting***	Pilocarpine HCl Solution 1 % Ophthalmic	1				
	Pilocarpine HCl Solution 1.25 % Ophthalmic	1	PA		QL	
	Pilocarpine HCl Solution 2 % Ophthalmic	1				
	Pilocarpine HCl Solution 4 % Ophthalmic	1				
	Qlosi Solution 0.4 % Ophthalmic	3	PA		QL	
*Ophthalmic Antiallergic***	Alocril SOLUTION 2 % OPHTHALMIC	3				
	Alomide Solution 0.1 % Ophthalmic	3				
	Azelastine HCl Solution 0.05 % Ophthalmic	1				
	Bepotastine Besilate Solution 1.5 % Ophthalmic	1				
	Cromolyn Sodium Solution 4 % Ophthalmic	1				
	Epinastine HCl Solution 0.05 % Ophthalmic	1				
	Lastacaft Solution 0.25 % Ophthalmic	3				
	Olopatadine HCl Solution 0.1 % Ophthalmic	1				
	Olopatadine HCl Solution 0.2 % Ophthalmic	1				
	Pazeo Solution 0.7 % Ophthalmic	2				
	Zerviate Solution 0.24 % Ophthalmic	3				
*Ophthalmic Antibiotics***	Bacitracin Ointment 500 UNIT/GM Ophthalmic	2				
	Besivance Suspension 0.6 % Ophthalmic	2				
	Ciprofloxacin HCl Solution 0.3 % Ophthalmic	1				
	Erythromycin Ointment 5 MG/GM Ophthalmic	1				
		2				
	Gatifloxacin Solution 0.5 % Ophthalmic	1				
	Gentak Ointment 0.3 % Ophthalmic	1				
	Gentamicin Sulfate Solution 0.3 % Ophthalmic	1				
	levoFLOXacin Solution 0.5 % Ophthalmic	1				
		2				
	Moxifloxacin HCl Solution 0.5 % Ophthalmic	1				
	Ofloxacin Solution 0.3 % Ophthalmic	1				
	Tobramycin Solution 0.3 % Ophthalmic	1				
*Ophthalmic Antifungal***	Natacyn Suspension 5 % Ophthalmic	2				
*Ophthalmic Anti-infective Combinations***	AK-Poly-Bac Ointment 500-10000 UNIT/GM Ophthalmic	1				
	Bacitracin-Polymyxin B Ointment 500-10000 UNIT/GM Ophthalmic	1				
	Neomycin-Bacitracin Zn-Polymyx Ointment 3.5-400-10000 Ophthalmic	1				
	Neomycin-Bacitracin Zn-Polymyx Ointment 5-400-10000 Ophthalmic	1				
	Neomycin-Polymyxin-Gramicidin Solution 1.75-10000-.025 Ophthalmic	1				
	Neo-Polycin Ointment 3.5-400-10000 Ophthalmic	1				
	Polycin Ointment 500-10000 UNIT/GM Ophthalmic	1				
	Polymyxin B-Trimethoprim Solution 10000-0.1 UNIT/ML-% Ophthalmic	1				
*Ophthalmic Antivirals***	Trifluridine Solution 1 % Ophthalmic	1				
*Ophthalmic Carbonic Anhydrase Inhibitors***	Brinzolamide Suspension 1 % Ophthalmic	1				
	Dorzolamide HCl Solution 2 % Ophthalmic	1				
*Ophthalmic Diagnostic Products***	Fluorescein-Benoxinate Solution 0.25-0.4 % Ophthalmic	1				
*Ophthalmic Ectoparasiticide**	Xdemvy Solution 0.25 % Ophthalmic	3	PA			

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Ophthalmic Immunomodulators***	cycloSPORINE Emulsion 0.05 % Ophthalmic	1				
	Restasis Emulsion 0.05 % Ophthalmic	2				
*Ophthalmic Kinase Inhibitors - Combinations***	rocklatan Solution 0.02-0.005 % Ophthalmic	3		ST		
*Ophthalmic Local Anesthetics***	Altacaine Solution 0.5 % Ophthalmic	1				
	Tetracaine HCl Solution 0.5 % Ophthalmic	1				
*Ophthalmic Nerve Growth Factors***	Oxervate Solution 0.002 % Ophthalmic	4	PA			Non-Preferred Specialty
*Ophthalmic Nonsteroidal Anti-inflammatory Agents***	Bromfenac Sodium Solution 0.075 % Ophthalmic	1				
	Diclofenac Sodium Solution 0.1 % Ophthalmic	1				
	Flurbiprofen Sodium Solution 0.03 % Ophthalmic	1				
	Ilevro Suspension 0.3 % Ophthalmic	3				
	Ketorolac Tromethamine Solution 0.4 % Ophthalmic	1				
	Ketorolac Tromethamine Solution 0.5 % Ophthalmic	1				
*Ophthalmic Rho Kinase Inhibitors***	Rhopressa Solution 0.02 % Ophthalmic	3		ST		
*Ophthalmic Selective Alpha Adrenergic Agonists***	Apraclonidine HCl Solution 0.5 % Ophthalmic	1				
	Brimonidine Tartrate Solution 0.1 % Ophthalmic	1				
	Brimonidine Tartrate Solution 0.15 % Ophthalmic	1				
	Brimonidine Tartrate Solution 0.2 % Ophthalmic	1				
*Ophthalmic Steroid Combinations***	Bacitra-Neomycin-Polymyxin-HC Ointment 1 % Ophthalmic	1				
	Blephamide S.O.P. Ointment 10-0.2 % Ophthalmic	3				
	Blephamide Suspension 10-0.2 % Ophthalmic	3				
	Neomycin-Polymyxin-Dexameth Ointment 3.5-10000-0.1 Ophthalmic	1				
	Neomycin-Polymyxin-Dexameth Suspension 0.1 % Ophthalmic	1				
	Neomycin-Polymyxin-Dexameth Suspension 3.5-10000-0.1 Ophthalmic	1				
	Neo-Polycin HC Ointment 1 % Ophthalmic	1				
	Pred-G S.O.P. Ointment 0.3-0.6 % Ophthalmic	3				
	Pred-G Suspension 0.3-1 % Ophthalmic	3				
	Sulfacetamide-prednisoLONE Solution 10-0.23 % Ophthalmic	1				
	TobraDex ST Suspension 0.3-0.05 % Ophthalmic	3				
	Tobramycin-Dexamethasone Suspension 0.3-0.1 % Ophthalmic	1				
	Zylet SUSPENSION 0.5-0.3 % OPHTHALMIC	3				
*Ophthalmic Steroids***	Clobetasol Propionate Suspension 0.05 % Ophthalmic	3		ST		
	Dexamethasone Sodium Phosphate Solution 0.1 % Ophthalmic	1				
	Difluprednate Emulsion 0.05 % Ophthalmic	1				
	Eysuvis Suspension 0.25 % Ophthalmic	2			QL	
	Flarex Suspension 0.1 % Ophthalmic	3				
	Fluorometholone Suspension 0.1 % Ophthalmic	1				
	Lotemax Ointment 0.5 % Ophthalmic	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Lotemax SM Gel 0.38 % Ophthalmic	2				
	Loteprednol Etabonate Gel 0.5 % Ophthalmic	1				
	Loteprednol Etabonate Suspension 0.2 % Ophthalmic	1				
	Loteprednol Etabonate Suspension 0.5 % Ophthalmic	1				
	Maxidex Suspension 0.1 % Ophthalmic	3				
	prednisoLONE Acetate Suspension 1 % Ophthalmic	1				
	PrednisoLONE Sodium Phosphate Solution 1 % Ophthalmic	3				
*Ophthalmic Sulfonamides***	Sulfacetamide Sodium Ointment 10 % Ophthalmic	1				
	Sulfacetamide Sodium Solution 10 % Ophthalmic	1				
*Ophthalmics - Cystinosis Agents**	Cystadrops Solution 0.37 % Ophthalmic	4	PA			Non-Preferred Specialty
	Cystaran Solution 0.44 % Ophthalmic	4	PA			Non-Preferred Specialty
*Ophthalmics Misc. - Other***	Miebo Solution 1.338 GM/ML Ophthalmic	2				
*Prostaglandins - Ophthalmic***	Latanoprost Solution 0.005 % Ophthalmic	1				
	Lumigan Solution 0.01 % Ophthalmic	2				
	Tafluprost (PF) Solution 0.0015 % Ophthalmic	1				
	Travoprost (BAK Free) Solution 0.004 % Ophthalmic	1				
	Vyzulta Solution 0.024 % Ophthalmic	3				
OTIC AGENTS						
*Otic Agents - Miscellaneous***	Acetic Acid Solution 2 % Otic	1				
*Otic Anti-infectives***	Ciprofloxacin HCl Solution 0.2 % Otic	1				
	Ofloxacin Solution 0.3 % Otic	1				
*Otic Steroid-Anti-infective Combinations***	Cipro HC Suspension 0.2-1 % Otic	3				
	Ciprofloxacin-Dexamethasone Suspension 0.3-0.1 % Otic	1				
	Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	3				
	Cortisporin-TC Suspension 3.3-3-10-0.5 MG/ML Otic	3				
	Neomycin-Polymyxin-HC Solution 1 % Otic	1				
	Neomycin-Polymyxin-HC Solution 3.5-10000-1 Otic	1				
	Neomycin-Polymyxin-HC Suspension 3.5-10000-1 Otic	1				
	Otovel Solution 0.3-0.025 % Otic	3				
*Otic Steroids***	Flac Oil 0.01 % Otic	1				
	Fluocinolone Acetonide Oil 0.01 % Otic	1				
	Hydrocortisone-Acetic Acid Solution 1-2 % Otic	1				
OXYTOCICS						
*Abortifacients/Cervical Ripening - Prostaglandins***	Cervidil Insert 10 MG Vaginal	3				
*Oxytocics***	Methergine Tablet 0.2 MG Oral	1				
	Methylergonovine Maleate Tablet 0.2 MG Oral	1				
PASSIVE IMMUNIZING AND TREATMENT AGENTS						

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Antiviral Monoclonal Antibodies***	Beyfortus Solution Prefilled Syringe 100 MG/ML Intramuscular	2				
	Beyfortus Solution Prefilled Syringe 50 MG/0.5ML Intramuscular	2				
	Synagis Solution 100 MG/ML Intramuscular	4	PA			Non-Preferred Specialty
	Synagis Solution 50 MG/0.5ML Intramuscular	4	PA			Non-Preferred Specialty
*Immune Serums***	Alyglo Solution 10 GM/100ML Intravenous	4	PA			Non-Preferred Specialty
	Alyglo Solution 20 GM/200ML Intravenous	4	PA			Non-Preferred Specialty
	Alyglo Solution 5 GM/50ML Intravenous	4	PA			Non-Preferred Specialty
	Bivigam Solution 10 GM/100ML Intravenous	4	PA			Non-Preferred Specialty
	Bivigam Solution 5 GM/50ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF Solution 0.5 GM/10ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF Solution 10 GM/100ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF SOLUTION 10 GM/200ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF Solution 2.5 GM/50ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF Solution 20 GM/200ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF SOLUTION 20 GM/400ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF SOLUTION 5 GM/100ML Intravenous	4	PA			Non-Preferred Specialty
	Flebogamma DIF Solution 5 GM/50ML Intravenous	4	PA			Non-Preferred Specialty
	GamaSTAN Injectable Intramuscular	4	PA			Non-Preferred Specialty
	Gammagard S/D Less IgA Solution Reconstituted 10 GM Intravenous	4	PA			Preferred Specialty
	Gammagard S/D Less IgA Solution Reconstituted 5 GM Intravenous	4	PA			Preferred Specialty
	Gammagard Solution 1 GM/10ML Injection	4	PA			Preferred Specialty
	Gammagard Solution 10 GM/100ML Injection	4	PA			Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Gammagard Solution 2.5 GM/25ML Injection	4	PA			Preferred Specialty
	Gammagard Solution 20 GM/200ML Injection	4	PA			Preferred Specialty
	Gammagard Solution 30 GM/300ML Injection	4	PA			Preferred Specialty
	Gammagard Solution 5 GM/50ML Injection	4	PA			Preferred Specialty
	Gammaked Solution 10 GM/100ML Injection	4	PA			Non-Preferred Specialty
	Gammaked Solution 20 GM/200ML Injection	4	PA			Non-Preferred Specialty
	Gammaked Solution 5 GM/50ML Injection	4	PA			Non-Preferred Specialty
	Gammaplex SOLUTION 10 GM/100ML Intravenous	4	PA			Preferred Specialty
	Gammaplex SOLUTION 10 GM/200ML Intravenous	4	PA			Preferred Specialty
	Gammaplex SOLUTION 20 GM/200ML Intravenous	4	PA			Preferred Specialty
	Gammaplex SOLUTION 20 GM/400ML Intravenous	4	PA			Preferred Specialty
	Gammaplex SOLUTION 5 GM/100ML Intravenous	4	PA			Preferred Specialty
	Gammaplex SOLUTION 5 GM/50ML Intravenous	4	PA			Preferred Specialty
	Gamunex-C SOLUTION 1 GM/10ML INJECTION	4	PA			Non-Preferred Specialty
	Gamunex-C SOLUTION 10 GM/100ML INJECTION	4	PA			Non-Preferred Specialty
	Gamunex-C SOLUTION 2.5 GM/25ML INJECTION	4	PA			Non-Preferred Specialty
	Gamunex-C SOLUTION 20 GM/200ML INJECTION	4	PA			Non-Preferred Specialty
	Gamunex-C SOLUTION 40 GM/400ML INJECTION	4	PA			Non-Preferred Specialty
	Gamunex-C SOLUTION 5 GM/50ML INJECTION	4	PA			Non-Preferred Specialty
	Hizentra Solution 1 GM/5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hizentra Solution 10 GM/50ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hizentra Solution 2 GM/10ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hizentra Solution 4 GM/20ML Subcutaneous	4	PA			Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Hizentra Solution Prefilled Syringe 1 GM/5ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hizentra Solution Prefilled Syringe 10 GM/50ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hizentra Solution Prefilled Syringe 2 GM/10ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hizentra Solution Prefilled Syringe 4 GM/20ML Subcutaneous	4	PA			Non-Preferred Specialty
	HyperRHO S/D Solution Prefilled Syringe 1500 UNIT Intramuscular	3				
	HyperRHO S/D Solution Prefilled Syringe 250 UNIT Intramuscular	3				
	MICRhoGAM Ultra-Filtered Plus Solution Prefilled Syringe 250 UNIT Intramuscular	3				
	Octagam Solution 1 GM/20ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 10 GM/100ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 10 GM/200ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 2 GM/20ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 2.5 GM/50ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 20 GM/200ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 25 GM/500ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 30 GM/300ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 5 GM/100ML Intravenous	4	PA			Preferred Specialty
	Octagam Solution 5 GM/50ML Intravenous	4	PA			Preferred Specialty
	Panzyga Solution 1 GM/10ML Intravenous	4	PA			Preferred Specialty
	Panzyga Solution 10 GM/100ML Intravenous	4	PA			Preferred Specialty
	Panzyga Solution 2.5 GM/25ML Intravenous	4	PA			Preferred Specialty
	Panzyga Solution 20 GM/200ML Intravenous	4	PA			Preferred Specialty
	Panzyga Solution 30 GM/300ML Intravenous	4	PA			Preferred Specialty
	Panzyga Solution 5 GM/50ML Intravenous	4	PA			Preferred Specialty
	Privigen Solution 10 GM/100ML Intravenous	4	PA			Preferred Specialty
	Privigen SOLUTION 20 GM/200ML Intravenous	4	PA			Preferred Specialty
	Privigen Solution 40 GM/400ML Intravenous	4	PA			Preferred Specialty
	Privigen Solution 5 GM/50ML Intravenous	4	PA			Preferred Specialty
	RhoGAM Ultra-Filtered Plus Solution Prefilled Syringe 1500 UNIT Intramuscular	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Rhophylac Solution Prefilled Syringe 1500 UNIT/2ML Injection	3				
	WinRho SDF Solution 1500 UNIT/1.3ML Injection	3				
	WinRho SDF Solution 15000 UNIT/13ML Injection	3				
	WinRho SDF Solution 2500 UNIT/2.2ML Injection	3				
	WinRho SDF Solution 5000 UNIT/4.4ML Injection	3				
*Passive Immunizing Agents - Combinations***	Hyqvia KIT 10 GM/100ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hyqvia KIT 2.5 GM/25ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hyqvia KIT 20 GM/200ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hyqvia KIT 30 GM/300ML Subcutaneous	4	PA			Non-Preferred Specialty
	Hyqvia KIT 5 GM/50ML Subcutaneous	4	PA			Non-Preferred Specialty
PENICILLINS						
*Aminopenicillins***	Amoxicillin Capsule 250 MG Oral	1				
	Amoxicillin Capsule 500 MG Oral	1				
	Amoxicillin Suspension Reconstituted 125 MG/5ML Oral	1				
	Amoxicillin Suspension Reconstituted 200 MG/5ML Oral	1				
	Amoxicillin Suspension Reconstituted 250 MG/5ML Oral	1				
	Amoxicillin Suspension Reconstituted 400 MG/5ML Oral	1				
	Amoxicillin Tablet 500 MG Oral	1				
	Amoxicillin Tablet 875 MG Oral	1				
	Amoxicillin Tablet Chewable 125 MG Oral	3				
	Amoxicillin Tablet Chewable 250 MG Oral	1				
	Ampicillin Capsule 500 MG Oral	1				
*Natural Penicillins***	Bicillin L-A Suspension Prefilled Syringe 1200000 UNIT/2ML Intramuscular	3				
	Bicillin L-A Suspension Prefilled Syringe 600000 UNIT/ML Intramuscular	3				
	Extencilline Suspension Reconstituted 1200000 UNIT Intramuscular	3				
	Extencilline Suspension Reconstituted 2400000 UNIT Intramuscular	3				
	Lentocilin Suspension Reconstituted 1200000 UNIT Intramuscular	3				
	Penicillin V Potassium Solution Reconstituted 125 MG/5ML Oral	1				
	Penicillin V Potassium Solution Reconstituted 250 MG/5ML Oral	1				
	Penicillin V Potassium Tablet 250 MG Oral	1				
	Penicillin V Potassium Tablet 500 MG Oral	1				
*Penicillin Combinations***	Amoxicillin-Pot Clavulanate ER Tablet Extended Release 12 Hour 1000-62.5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Amoxicillin-Pot Clavulanate Suspension Reconstituted 200-28.5 MG/5ML Oral	1				
	Amoxicillin-Pot Clavulanate Suspension Reconstituted 250-62.5 MG/5ML Oral	1				
	Amoxicillin-Pot Clavulanate Suspension Reconstituted 400-57 MG/5ML Oral	1				
	Amoxicillin-Pot Clavulanate Suspension Reconstituted 600-42.9 MG/5ML Oral	1				
	Amoxicillin-Pot Clavulanate Tablet 250-125 MG Oral	1				
	Amoxicillin-Pot Clavulanate Tablet 500-125 MG Oral	1				
	Amoxicillin-Pot Clavulanate Tablet 875-125 MG Oral	1				
	Amoxicillin-Pot Clavulanate Tablet Chewable 200-28.5 MG Oral	1				
	Amoxicillin-Pot Clavulanate Tablet Chewable 400-57 MG Oral	1				
	Augmentin Suspension Reconstituted 125-31.25 MG/5ML Oral	3				
*Penicillinase-Resistant Penicillins***	Dicloxacillin Sodium Capsule 250 MG Oral	1				
	Dicloxacillin Sodium Capsule 500 MG Oral	1				
PHARMACEUTICAL ADJUVANTS						
*Parenteral Vehicles***	Saline Bacteriostatic Solution 0.9 % Injection	1				
	Saline-Phenol SOLUTION 0.4-0.9 % INJECTION	3				
	Sodium Chloride Bacteriostatic Solution 0.9 % Injection	1				
		3				
	Sterile Water for Injection Solution Injection	1				
		2				
		3				
PROGESTINS						
*Progestins***	Gallifrey Tablet 5 MG Oral	1				
	medroxyPROGESTERone Acetate Tablet 10 MG Oral	1				
	medroxyPROGESTERone Acetate Tablet 2.5 MG Oral	1				
	MedroxyPROGESTERone Acetate Tablet 5 MG Oral	1				
	Norethindrone Acetate Tablet 5 MG Oral	1				
	Progesterone Capsule 100 MG Oral	1				
	Progesterone Capsule 200 MG Oral	1				
	Progesterone Oil 50 MG/ML Intramuscular	1				
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.						
*Agents for Opioid Withdrawal***	Lofexidine HCl Tablet 0.18 MG Oral	1			QL	
	Lucemyra Tablet 0.18 MG Oral	3			QL	
*Alcohol Deterrents***	Acamprosate Calcium Tablet Delayed Release 333 MG Oral	1				
	Disulfiram Tablet 250 MG Oral	1				
	Disulfiram Tablet 500 MG Oral	1				
*Anti-Cataplectic Agents***	Sodium Oxybate Solution 500 MG/ML Oral	4	PA		QL	Non-Preferred Specialty
*Anti-Cataplectic Combinations***	Xywav Solution 500 MG/ML Oral	4	PA		QL	Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Antidementia Agent Combinations***	Memantine HCl-Donepezil HCl Capsule Extended Release 24 Hour 14-10 MG Oral	1		ST	QL	
	Memantine HCl-Donepezil HCl Capsule Extended Release 24 Hour 21-10 MG Oral	1		ST	QL	
	Memantine HCl-Donepezil HCl Capsule Extended Release 24 Hour 28-10 MG Oral	1		ST	QL	
	Namzaric Capsule ER 24 Hour Therapy Pack 7 & 14 & 21 &28 -10 MG Oral	3		ST	QL	
	Namzaric Capsule Extended Release 24 Hour 21-10 MG Oral	3		ST	QL	
	Namzaric CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG Oral	3		ST	QL	
*Antisense Oligonucleotide (ASO) Inhibitor Agents***	Tegsedi Solution Prefilled Syringe 284 MG/1.5ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
	Wainua Solution Auto-Injector 45 MG/0.8ML Subcutaneous	4	PA			Non-Preferred Specialty
*Benzodiazepines & Tricyclic Agents***	Chlordiazepoxide-Amitriptyline TABLET 10-25 MG ORAL	1				
	Chlordiazepoxide-Amitriptyline TABLET 5-12.5 MG ORAL	3				
*Cholinomimetics - ACHE Inhibitors***	Donepezil HCl Tablet 10 MG Oral	1				
	Donepezil HCl Tablet 23 MG Oral	1				
	Donepezil HCl Tablet 5 MG Oral	1				
	Donepezil HCl Tablet Dispersible 10 MG Oral	1				
	Donepezil HCl Tablet Dispersible 5 MG Oral	1				
	Galantamine Hydrobromide ER Capsule Extended Release 24 Hour 16 MG Oral	1				
	Galantamine Hydrobromide ER Capsule Extended Release 24 Hour 24 MG Oral	1				
	Galantamine Hydrobromide ER Capsule Extended Release 24 Hour 8 MG Oral	1				
	Galantamine Hydrobromide Solution 4 MG/ML Oral	1				
	Galantamine Hydrobromide Tablet 12 MG Oral	1				
	Galantamine Hydrobromide Tablet 4 MG Oral	1				
	Galantamine Hydrobromide Tablet 8 MG Oral	1				
	Rivastigmine Patch 24 Hour 13.3 MG/24HR Transdermal	1				
	Rivastigmine Patch 24 Hour 4.6 MG/24HR Transdermal	1				
	Rivastigmine Patch 24 Hour 9.5 MG/24HR Transdermal	1				
	Rivastigmine Tartrate Capsule 1.5 MG Oral	1				
	Rivastigmine Tartrate Capsule 3 MG Oral	1				
	Rivastigmine Tartrate Capsule 4.5 MG Oral	1				
	Rivastigmine Tartrate Capsule 6 MG Oral	1				
	Zunveyl Tablet Delayed Release 10 MG Oral	3		ST	QL	
	Zunveyl Tablet Delayed Release 15 MG Oral	3		ST	QL	
	Zunveyl Tablet Delayed Release 5 MG Oral	3		ST	QL	
*Fibromyalgia Agent - SNRIs***	Savella Tablet 100 MG Oral	3		ST		
	Savella Tablet 12.5 MG Oral	3		ST		
	Savella Tablet 25 MG Oral	3		ST		
	Savella Tablet 50 MG Oral	3		ST		
	Savella Titration Pack 12.5 & 25 & 50 MG Oral	3		ST		
*Melanocortin Receptor Agonists***	Vyleesi Solution Auto-Injector 1.75 MG/0.3ML Subcutaneous	3	PA		QL	
*Movement Disorder Drug Therapy***	Austedo TABLET 12 MG Oral	4	PA		QL	Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Austedo TABLET 6 MG Oral	4	PA		QL	Preferred Specialty
	Austedo TABLET 9 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Patient Titration Tablet Extended Release Therapy Pack 12 & 18 & 24 & 30 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Patient Titration Tablet Extended Release Therapy Pack 6 & 12 & 24 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 12 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 18 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 24 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 30 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 36 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 42 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 48 MG Oral	4	PA		QL	Preferred Specialty
	Austedo XR Tablet Extended Release 24 Hour 6 MG Oral	4	PA		QL	Preferred Specialty
	Ingrezza Capsule 40 MG Oral	4	PA		QL	Preferred Specialty
	Ingrezza Capsule 60 MG Oral	4	PA		QL	Preferred Specialty
	Ingrezza CAPSULE 80 MG Oral	4	PA		QL	Preferred Specialty
	Ingrezza Capsule Therapy Pack 40 & 80 MG Oral	4	PA		QL	Preferred Specialty
	Tetrabenazine Tablet 12.5 MG Oral	4	PA			Preferred Specialty
	Tetrabenazine Tablet 25 MG Oral	4	PA			Preferred Specialty
*MS Agents - Pyrimidine Synthesis Inhibitors***	Teriflunomide Tablet 14 MG Oral	4	PA		QL	Preferred Specialty
	Teriflunomide Tablet 7 MG Oral	4	PA		QL	Preferred Specialty
*Multiple Sclerosis Agents - Antimetabolites***	Mavenclad (10 Tabs) Tablet Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
	Mavenclad (4 Tabs) Tablet Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
	Mavenclad (5 Tabs) Tablet Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
	Mavenclad (6 Tabs) Tablet Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
	Mavenclad (7 Tabs) Tablet Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
	Mavenclad (8 Tabs) Tablet Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
	Mavenclad (9 Tabs) Tablet Therapy Pack 10 MG Oral	4	PA			Preferred Specialty
*Multiple Sclerosis Agents - Interferons***	Avonex Pen Auto-Injector Kit 30 MCG/0.5ML Intramuscular	4	PA		QL	Preferred Specialty
	Avonex Prefilled Prefilled Syringe Kit 30 MCG/0.5ML Intramuscular	4	PA		QL	Preferred Specialty
	Betaseron KIT 0.3 MG Subcutaneous	4	PA		QL	Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Plegridy Solution Auto-Injector 125 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Intramuscular	4	PA		QL	Preferred Specialty
	Plegridy Solution Prefilled Syringe 125 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Plegridy Starter Pack Solution Auto-Injector 63 & 94 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Plegridy Starter Pack Solution Prefilled Syringe 63 & 94 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Rebif Rebidose Solution Auto-Injector 22 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Rebif Rebidose Solution Auto-Injector 44 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Rebif Rebidose Titration Pack Solution Auto-injector 6X8.8 & 6X22 MCG Subcutaneous	4	PA		QL	Preferred Specialty
	Rebif Solution Prefilled Syringe 22 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Rebif Solution Prefilled Syringe 44 MCG/0.5ML Subcutaneous	4	PA		QL	Preferred Specialty
	Rebif Titration Pack Solution Prefilled Syringe 6X8.8 & 6X22 MCG Subcutaneous	4	PA		QL	Preferred Specialty
*Multiple Sclerosis Agents - Monoclonal Antibodies***	Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	4	PA			Preferred Specialty
	Lemtrada SOLUTION 12 MG/1.2ML Intravenous	4	PA		QL	Non-Preferred Specialty
	Ocrevus SOLUTION 300 MG/10ML Intravenous	4	PA		QL	Preferred Specialty
	Tysabri CONCENTRATE 300 MG/15ML Intravenous	4	PA		QL	Preferred Specialty
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***	Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	4	PA		QL	Preferred Specialty
	Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	4	PA		QL	Preferred Specialty
	Dimethyl Fumarate Starter Pack Capsule Delayed Release Therapy Pack 120 & 240 MG Oral	4	PA		QL	Preferred Specialty
	Vumerity Capsule Delayed Release 231 MG Oral	4	PA		QL	Preferred Specialty
*Multiple Sclerosis Agents - Potassium Channel Blockers***	Dalfampridine ER Tablet Extended Release 12 Hour 10 MG Oral	4	PA		QL	Preferred Specialty
*Multiple Sclerosis Agents***	Copaxone Solution Prefilled Syringe 40 MG/ML Subcutaneous	4	PA		QL	Preferred Specialty
	Glatiramer Acetate Solution Prefilled Syringe 20 MG/ML Subcutaneous	4	PA		QL	Preferred Specialty
	Glatiramer Acetate Solution Prefilled Syringe 40 MG/ML Subcutaneous	4	PA		QL	Preferred Specialty
	Glatopa Solution Prefilled Syringe 20 MG/ML Subcutaneous	4	PA		QL	Preferred Specialty
	Glatopa Solution Prefilled Syringe 40 MG/ML Subcutaneous	4	PA		QL	Preferred Specialty
*N-Methyl-D-Aspartate (NMDA) Receptor Antagonists***	Memantine HCl ER Capsule Extended Release 24 Hour 14 MG Oral	1				
	Memantine HCl ER Capsule Extended Release 24 Hour 21 MG Oral	1				
	Memantine HCl ER Capsule Extended Release 24 Hour 28 MG Oral	1				
	Memantine HCl ER Capsule Extended Release 24 Hour 7 MG Oral	1				
	Memantine HCl Solution 10 MG/5ML Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Memantine HCl Solution 2 MG/ML Oral	1				
	Memantine HCl Tablet 10 MG Oral	1				
	Memantine HCl Tablet 28 x 5 MG & 21 x 10 MG Oral	1				
	Memantine HCl Tablet 5 MG Oral	1				
*Phenothiazines & Tricyclic Agents***	Perphenazine-Amitriptyline Tablet 2-10 MG Oral	3				
	Perphenazine-Amitriptyline Tablet 2-25 MG Oral	1				
	Perphenazine-Amitriptyline TABLET 4-10 MG ORAL	3				
	Perphenazine-Amitriptyline Tablet 4-25 MG Oral	3				
	Perphenazine-Amitriptyline Tablet 4-50 MG Oral	3				
*Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents***	Gralise Tablet 300 MG Oral	3			QL	
	Gralise Tablet 450 MG Oral	3			QL	
	Gralise Tablet 600 MG Oral	3			QL	
	Gralise Tablet 750 MG Oral	3			QL	
	Gralise Tablet 900 MG Oral	3			QL	
*Premenstrual Dysphoric Disorder (PMDD) Agents - SSRIs***	FLUoxetine HCl (PMDD) Tablet 10 MG Oral	3				
	FLUoxetine HCl (PMDD) Tablet 20 MG Oral	3				
*Pseudobulbar Affect Agent Combinations***	Nuedexta Capsule 20-10 MG Oral	2	PA		QL	
*Psychotherapeutic and Neurological Agents - Misc.***	Aqneursa Packet 1 GM Oral	4	PA		QL	Preferred Specialty
	Miplyffa Capsule 124 MG Oral	4	PA		QL	Preferred Specialty
	Miplyffa Capsule 47 MG Oral	4	PA		QL	Preferred Specialty
	Miplyffa Capsule 62 MG Oral	4	PA		QL	Preferred Specialty
	Miplyffa Capsule 93 MG Oral	4	PA		QL	Preferred Specialty
	Pimozide Tablet 1 MG Oral	1				
	Pimozide Tablet 2 MG Oral	1				
*Restless Leg Syndrome (RLS) Agents***	Horizant Tablet Extended Release 300 MG Oral	3			QL	
	Horizant Tablet Extended Release 600 MG Oral	3			QL	
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***	Addyi TABLET 100 MG ORAL	3	PA			
*Small Interfering Ribonucleic Acid (siRNA) Agents***	Amvuttra Solution Prefilled Syringe 25 MG/0.5ML Subcutaneous	4	PA		QL	Non-Preferred Specialty
*Smoking Deterrents***	APO-Varenicline Tablet 0.5 MG Oral	1				
	APO-Varenicline Tablet 1 MG Oral	1				
	buPROPion HCl ER (Smoking Det) Tablet Extended Release 12 Hour 150 MG Oral	1				
	Chantix Starting Month Pak Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42 Oral	2				
	CVS Nicotine Gum 2 MG Mouth/Throat	1				
	CVS Nicotine Gum 4 MG Mouth/Throat	1				
	CVS Nicotine Lozenge 2 MG Mouth/Throat	1				
	CVS Nicotine Patch 24 Hour 14 MG/24HR Transdermal	1				
	CVS Nicotine Patch 24 Hour 21 MG/24HR Transdermal	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	CVS Nicotine Patch 24 Hour 7 MG/24HR Transdermal	1				
	CVS Nicotine Polacrilex Gum 2 MG Mouth/Throat	1				
	CVS Nicotine Polacrilex Gum 4 MG Mouth/Throat	1				
	CVS Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	CVS Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	EQ Nicotine Gum 4 MG Mouth/Throat	1				
	EQ Nicotine Lozenge 4 MG Mouth/Throat	1				
	EQ Nicotine Patch 24 Hour 14 MG/24HR Transdermal	1				
	EQ Nicotine Patch 24 Hour 21 MG/24HR Transdermal	1				
	EQ Nicotine Polacrilex Gum 2 MG Mouth/Throat	1				
	EQ Nicotine Polacrilex Gum 4 MG Mouth/Throat	1				
	EQ Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	EQ Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	EQ Nicotine Step 3 Patch 24 Hour 7 MG/24HR Transdermal	1				
	EQL Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	EQL Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	FT Nicotine Lozenge 2 MG Mouth/Throat	1				
	FT Nicotine Mini Lozenge 2 MG Mouth/Throat	1				
	FT Nicotine Mini Lozenge 4 MG Mouth/Throat	1				
	GNP Nicotine Gum 2 MG Mouth/Throat	1				
	GNP Nicotine Gum 4 MG Mouth/Throat	1				
	GNP Nicotine Mini Lozenge 2 MG Mouth/Throat	1				
	GNP Nicotine Mini Lozenge 4 MG Mouth/Throat	1				
	GNP Nicotine Patch 24 Hour 14 MG/24HR Transdermal	1				
	GNP Nicotine Patch 24 Hour 21 MG/24HR Transdermal	1				
	GNP Nicotine Patch 24 Hour 7 MG/24HR Transdermal	1				
	GNP Nicotine Polacrilex Gum 2 MG Mouth/Throat	1				
	GNP Nicotine Polacrilex Gum 4 MG Mouth/Throat	1				
	GNP Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	GNP Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	GoodSense Nicotine Gum 2 MG Mouth/Throat	1				
	GoodSense Nicotine Gum 4 MG Mouth/Throat	1				
	GoodSense Nicotine Lozenge 2 MG Mouth/Throat	1				
	GoodSense Nicotine Lozenge 4 MG Mouth/Throat	1				
	Habitrol Patch 24 Hour 21 MG/24HR Transdermal	1				
	HM Nicotine Patch 24 Hour 14 MG/24HR Transdermal	1				
	HM Nicotine Patch 24 Hour 21 MG/24HR Transdermal	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	HM Nicotine Patch 24 Hour 7 MG/24HR Transdermal	1				
	HM Nicotine Polacrilex Gum 2 MG Mouth/Throat	1				
	HM Nicotine Polacrilex Gum 4 MG Mouth/Throat	1				
	HM Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	HM Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	KLS Quit2 Gum 2 MG Mouth/Throat	1				
	KLS Quit2 Lozenge 2 MG Mouth/Throat	1				
	KLS Quit4 Gum 4 MG Mouth/Throat	1				
	KLS Quit4 Lozenge 4 MG Mouth/Throat	1				
	Nicotine Mini Lozenge 2 MG Mouth/Throat	1				
	Nicotine Mini Lozenge 4 MG Mouth/Throat	1				
	Nicotine Patch 24 Hour 14 MG/24HR Transdermal	1				
	Nicotine Patch 24 Hour 21 MG/24HR Transdermal	1				
	Nicotine Patch 24 Hour 7 MG/24HR Transdermal	1				
	Nicotine Polacrilex Gum 2 MG Mouth/Throat	1				
	Nicotine Polacrilex Gum 4 MG Mouth/Throat	1				
	Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	Nicotine Polacrilex Mini Lozenge 2 MG Mouth/Throat	1				
	Nicotine Step 1 Patch 24 Hour 21 MG/24HR Transdermal	1				
	Nicotine Step 2 Patch 24 Hour 14 MG/24HR Transdermal	1				
	Nicotine Step 3 Patch 24 Hour 7 MG/24HR Transdermal	1				
	Nicotrol Inhaler 10 MG Inhalation	2				
	Nicotrol NS Solution 10 MG/ML Nasal	2				
	PX Stop Smoking Aid Gum 2 MG Mouth/Throat	1				
	PX Stop Smoking Aid Gum 4 MG Mouth/Throat	1				
	PX Stop Smoking Aid Lozenge 2 MG Mouth/Throat	1				
	PX Stop Smoking Aid Lozenge 4 MG Mouth/Throat	1				
	QC Nicotine Transdermal System Patch 24 Hour 14 MG/24HR Transdermal	1				
	QC Nicotine Transdermal System Patch 24 Hour 21 MG/24HR Transdermal	1				
	RA Mini Nicotine Lozenge 2 MG Mouth/Throat	1				
	RA Mini Nicotine Lozenge 4 MG Mouth/Throat	1				
	RA Nicotine Gum 2 MG Mouth/Throat	1				
	RA Nicotine Gum 4 MG Mouth/Throat	1				
	RA Nicotine Gum Gum 2 MG Mouth/Throat	1				
	RA Nicotine Gum Gum 4 MG Mouth/Throat	1				
	RA Nicotine Patch 24 Hour 14 MG/24HR Transdermal	1				
	RA Nicotine Patch 24 Hour 21 MG/24HR Transdermal	1				
	RA Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	RA Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	SM Nicotine Gum 4 MG Mouth/Throat	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	SM Nicotine Lozenge 2 MG Mouth/Throat	1				
	SM Nicotine Patch 24 Hour 14 MG/24HR Transdermal	1				
	SM Nicotine Patch 24 Hour 21 MG/24HR Transdermal	1				
	SM Nicotine Patch 24 Hour 7 MG/24HR Transdermal	1				
	SM Nicotine Polacrilex Gum 2 MG Mouth/Throat	1				
	SM Nicotine Polacrilex Gum 4 MG Mouth/Throat	1				
	SM Nicotine Polacrilex Lozenge 2 MG Mouth/Throat	1				
	SM Nicotine Polacrilex Lozenge 4 MG Mouth/Throat	1				
	Thrive Gum 2 MG Mouth/Throat	1				
	Varenicline Tartrate (Starter) Tablet Therapy Pack 0.5 MG X 11 & 1 MG X 42 Oral	1				
		2				
	Varenicline Tartrate Tablet 0.5 MG Oral	1				
		2				
	Varenicline Tartrate Tablet 1 MG Oral	1				
		2				
	Varenicline Tartrate(Continue) Tablet 1 MG Oral	1				
*Sphingosine 1-Phosphate (S1P) Receptor Modulators***	Fingolimod HCl Capsule 0.5 MG Oral	4	PA		QL	Preferred Specialty
	Mayzent Starter Pack Tablet Therapy Pack 12 x 0.25 MG Oral	4	PA		QL	Preferred Specialty
	Mayzent Starter Pack Tablet Therapy Pack 7 x 0.25 MG Oral	4	PA		QL	Preferred Specialty
	Mayzent Tablet 0.25 MG Oral	4	PA		QL	Preferred Specialty
	Mayzent Tablet 1 MG Oral	4	PA		QL	Preferred Specialty
	Mayzent Tablet 2 MG Oral	4	PA		QL	Preferred Specialty
	Zeposia 7-Day Starter Pack Capsule Therapy Pack 4 x 0.23MG & 3 x 0.46MG Oral	4	PA		QL	Non-Preferred Specialty
	Zeposia Capsule 0.92 MG Oral	4	PA		QL	Non-Preferred Specialty
	Zeposia Starter Kit Capsule Therapy Pack 0.23MG & 0.46MG & 0.92MG Oral	4	PA		QL	Non-Preferred Specialty
	Zeposia Starter Kit Capsule Therapy Pack 0.23MG &0.46MG 0.92MG(21) Oral	4	PA		QL	Non-Preferred Specialty
*Thienbenzodiazepines & SSRIs***	OLANZapine-FLUoxetine HCl Capsule 12-25 MG Oral	1				
	OLANZapine-FLUoxetine HCl Capsule 12-50 MG Oral	1				
	OLANZapine-FLUoxetine HCl Capsule 3-25 MG Oral	1				
	OLANZapine-FLUoxetine HCl Capsule 6-25 MG Oral	1				
	OLANZapine-FLUoxetine HCl Capsule 6-50 MG Oral	1				
*Vasomotor Symptom Agents - SSRIs***	PARoxetine Mesylate CAPSULE 7.5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
RESPIRATORY AGENTS - MISC.						
*Alpha-Proteinase Inhibitor (Human)***	Glassia Solution 1000 MG/50ML Intravenous	4	PA			Non-Preferred Specialty
	Glassia Solution 4 GM/200ML Intravenous	4	PA			Non-Preferred Specialty
	Glassia Solution 5 GM/250ML Intravenous	4	PA			Non-Preferred Specialty
	Prolastin-C SOLUTION 1000 MG/20ML Intravenous	4	PA			Preferred Specialty
	Prolastin-C Solution Reconstituted 1000 MG Intravenous	4	PA			Preferred Specialty
*CFTR Potentiators***	Kalydeco Packet 13.4 MG Oral	4	PA			Preferred Specialty
	Kalydeco Packet 25 MG Oral	4	PA			Preferred Specialty
	Kalydeco Packet 5.8 MG Oral	4	PA			Preferred Specialty
	Kalydeco PACKET 50 MG ORAL	4	PA			Preferred Specialty
	Kalydeco PACKET 75 MG ORAL	4	PA			Preferred Specialty
	Kalydeco Tablet 150 MG Oral	4	PA			Preferred Specialty
*Cystic Fibrosis Agent - Combinations***	Alyftrek Tablet 10-50-125 MG Oral	4	PA			Preferred Specialty
	Alyftrek Tablet 4-20-50 MG Oral	4	PA			Preferred Specialty
	Orkambi Packet 100-125 MG Oral	4	PA			Non-Preferred Specialty
	Orkambi Packet 150-188 MG Oral	4	PA			Non-Preferred Specialty
	Orkambi Packet 75-94 MG Oral	4	PA			Non-Preferred Specialty
	Orkambi TABLET 100-125 MG ORAL	4	PA			Preferred Specialty
	Orkambi TABLET 200-125 MG ORAL	4	PA			Non-Preferred Specialty
	Symdeko Tablet Therapy Pack 100-150 & 150 MG Oral	4	PA			Preferred Specialty
	Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	4	PA			Preferred Specialty
	Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	4	PA			Preferred Specialty
	Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	4	PA			Preferred Specialty
	Trikafta Therapy Pack 100-50-75 & 75 MG Oral	4	PA			Preferred Specialty
	Trikafta Therapy Pack 80-40-60 & 59.5 MG Oral	4	PA			Preferred Specialty
*Cystic Fibrosis Agents - Miscellaneous***	Bronchitol Capsule 40 MG Inhalation	4	PA		QL	Non-Preferred Specialty

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Bronchitol Tolerance Test Capsule 40 MG Inhalation	4	PA		QL	Non-Preferred Specialty
*Dipeptidyl Peptidase 1 (DPP1) Inhibitors***	Brinsupri Tablet 10 MG Oral	4	PA		QL	Non-Preferred Specialty
	Brinsupri Tablet 25 MG Oral	4	PA		QL	Non-Preferred Specialty
*Hydrolytic Enzymes***	Pulmozyme Solution 2.5 MG/2.5ML Inhalation	4	PA		QL	Preferred Specialty
*Pulmonary Fibrosis Agents - Kinase Inhibitors***	Ofev CAPSULE 100 MG ORAL	4	PA		QL	Non-Preferred Specialty
	Ofev CAPSULE 150 MG ORAL	4	PA		QL	Non-Preferred Specialty
*Pulmonary Fibrosis Agents***	Pirfenidone Capsule 267 MG Oral	4	PA		QL	Preferred Specialty
	Pirfenidone Tablet 267 MG Oral	4	PA		QL	Preferred Specialty
	Pirfenidone Tablet 534 MG Oral	4	PA		QL	Non-Preferred Specialty
	Pirfenidone Tablet 801 MG Oral	4	PA		QL	Preferred Specialty
SULFONAMIDES						
*Sulfonamides***	sulfADIAZINE Tablet 500 MG Oral	1				
TETRACYCLINES						
*Aminomethylcyclines***	Nuzyra Tablet 150 MG Oral	3			QL	
*Tetracyclines***	Avidoxy Tablet 100 MG Oral	1				
	Demeclocycline HCl Tablet 150 MG Oral	1				
	Demeclocycline HCl Tablet 300 MG Oral	1				
	Doxycycline Hyclate Capsule 100 MG Oral	1				
	Doxycycline Hyclate Capsule 50 MG Oral	1				
	Doxycycline Hyclate Tablet 100 MG Oral	1				
	Doxycycline Hyclate Tablet 150 MG Oral	1		ST		
	Doxycycline Hyclate Tablet 20 MG Oral	1				
	Doxycycline Hyclate Tablet 50 MG Oral	1		ST		
	Doxycycline Hyclate Tablet 75 MG Oral	1		ST		
	Doxycycline Hyclate Tablet Delayed Release 100 MG Oral	1		ST		
	Doxycycline Hyclate Tablet Delayed Release 150 MG Oral	1		ST		
	Doxycycline Hyclate Tablet Delayed Release 200 MG Oral	1		ST		
	Doxycycline Hyclate Tablet Delayed Release 50 MG Oral	1		ST		
	Doxycycline Hyclate Tablet Delayed Release 75 MG Oral	1		ST		
	Doxycycline Hyclate Tablet Delayed Release 80 MG Oral	3		ST		
	Doxycycline Monohydrate Capsule 100 MG Oral	1				
	Doxycycline Monohydrate Capsule 150 MG Oral	1		ST		
	Doxycycline Monohydrate Capsule 50 MG Oral	1				
	Doxycycline Monohydrate Capsule 75 MG Oral	1		ST		
	Doxycycline Monohydrate Suspension Reconstituted 25 MG/5ML Oral	1				
	Doxycycline Monohydrate Tablet 100 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Doxycycline Monohydrate Tablet 150 MG Oral	1				
	Doxycycline Monohydrate Tablet 50 MG Oral	1				
	Doxycycline Monohydrate Tablet 75 MG Oral	1				
	Lymepak Tablet 100 MG Oral	1				
	Minocycline HCl Capsule 100 MG Oral	1				
	Minocycline HCl Capsule 50 MG Oral	1				
	Minocycline HCl Capsule 75 MG Oral	1				
	Minocycline HCl ER Tablet Extended Release 24 Hour 115 MG Oral	1		ST		
	Minocycline HCl ER Tablet Extended Release 24 Hour 45 MG Oral	1		ST		
	Minocycline HCl ER Tablet Extended Release 24 Hour 55 MG Oral	1		ST		
	Minocycline HCl ER Tablet Extended Release 24 Hour 65 MG Oral	1		ST		
	Minocycline HCl ER Tablet Extended Release 24 Hour 80 MG Oral	1		ST		
	Minocycline HCl ER Tablet Extended Release 24 Hour 90 MG Oral	1		ST		
	Minocycline HCl Tablet 100 MG Oral	1				
	Minocycline HCl Tablet 50 MG Oral	1				
	Minocycline HCl Tablet 75 MG Oral	1				
	Mondoxyne NL Capsule 100 MG Oral	1				
	Mondoxyne NL Capsule 75 MG Oral	1		ST		
	Morgidox Capsule 100 MG Oral	1				
	TargaDOX Tablet 50 MG Oral	1		ST		
	Tetracycline HCl Capsule 250 MG Oral	1				
	Tetracycline HCl Capsule 500 MG Oral	1				
THYROID AGENTS						
*Antithyroid Agents***	methIMAzole Tablet 10 MG Oral	1				
	methIMAzole Tablet 5 MG Oral	1				
	Propylthiouracil Tablet 50 MG Oral	1				
*Thyroid Hormones***	Armour Thyroid Tablet 120 MG Oral	3				
	Armour Thyroid Tablet 15 MG Oral	2				
		3				
	Armour Thyroid Tablet 180 MG Oral	3				
	Armour Thyroid TABLET 240 MG Oral	3				
	Armour Thyroid Tablet 30 MG Oral	3				
	Armour Thyroid Tablet 300 MG Oral	3				
	Armour Thyroid Tablet 60 MG Oral	3				
	Armour Thyroid Tablet 90 MG Oral	3				
	Ermeza Solution 150 MCG/5ML Oral	3				
	Euthyrox Tablet 100 MCG Oral	1				
	Euthyrox Tablet 112 MCG Oral	1				
	Euthyrox Tablet 125 MCG Oral	1				
	Euthyrox Tablet 137 MCG Oral	1				
	Euthyrox Tablet 150 MCG Oral	1				
	Euthyrox Tablet 175 MCG Oral	1				
	Euthyrox Tablet 200 MCG Oral	1				
	Euthyrox Tablet 25 MCG Oral	1				
	Euthyrox Tablet 50 MCG Oral	1				
	Euthyrox Tablet 75 MCG Oral	1				
	Euthyrox Tablet 88 MCG Oral	1				
	Levo-T Tablet 100 MCG Oral	1				
	Levo-T TABLET 112 MCG ORAL	1				
	Levo-T Tablet 125 MCG Oral	1				
	Levo-T TABLET 137 MCG ORAL	1				
	Levo-T TABLET 150 MCG ORAL	1				
	Levo-T TABLET 175 MCG ORAL	1				
	Levo-T TABLET 200 MCG ORAL	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Levo-T Tablet 25 MCG Oral	1				
	Levo-T TABLET 300 MCG ORAL	1				
	Levo-T Tablet 50 MCG Oral	1				
	Levo-T Tablet 75 MCG Oral	1				
	Levo-T TABLET 88 MCG ORAL	1				
	Levothyroxine Sodium Capsule 100 MCG Oral	3				
	Levothyroxine Sodium Capsule 112 MCG Oral	3				
	Levothyroxine Sodium Capsule 125 MCG Oral	3				
	Levothyroxine Sodium Capsule 13 MCG Oral	3				
	Levothyroxine Sodium Capsule 137 MCG Oral	3				
	Levothyroxine Sodium Capsule 150 MCG Oral	3				
	Levothyroxine Sodium Capsule 175 MCG Oral	3				
	Levothyroxine Sodium Capsule 200 MCG Oral	3				
	Levothyroxine Sodium Capsule 25 MCG Oral	3				
	Levothyroxine Sodium Capsule 50 MCG Oral	3				
	Levothyroxine Sodium Capsule 75 MCG Oral	3				
	Levothyroxine Sodium Capsule 88 MCG Oral	3				
	Levothyroxine Sodium Tablet 100 MCG Oral	1				
	Levothyroxine Sodium Tablet 112 MCG Oral	1				
	Levothyroxine Sodium Tablet 125 MCG Oral	1				
	Levothyroxine Sodium Tablet 137 MCG Oral	1				
	Levothyroxine Sodium Tablet 150 MCG Oral	1				
	Levothyroxine Sodium Tablet 175 MCG Oral	1				
	Levothyroxine Sodium Tablet 200 MCG Oral	1				
	Levothyroxine Sodium Tablet 25 MCG Oral	1				
	Levothyroxine Sodium Tablet 300 MCG Oral	1				
	Levothyroxine Sodium Tablet 50 MCG Oral	1				
	Levothyroxine Sodium Tablet 75 MCG Oral	1				
	Levothyroxine Sodium Tablet 88 MCG Oral	1				
	Levoxyl TABLET 100 MCG ORAL	1				
	Levoxyl TABLET 112 MCG ORAL	1				
	Levoxyl TABLET 125 MCG ORAL	1				
	Levoxyl TABLET 137 MCG ORAL	1				
	Levoxyl TABLET 150 MCG ORAL	1				
	Levoxyl TABLET 175 MCG ORAL	1				
	Levoxyl TABLET 200 MCG ORAL	1				
	Levoxyl TABLET 25 MCG ORAL	1				
	Levoxyl TABLET 50 MCG ORAL	1				
	Levoxyl TABLET 75 MCG ORAL	1				
	Levoxyl TABLET 88 MCG ORAL	1				
	Liothyronine Sodium Tablet 25 MCG Oral	1				
	Liothyronine Sodium Tablet 5 MCG Oral	1				
	Liothyronine Sodium Tablet 50 MCG Oral	1				
	Niva Thyroid Tablet 120 MG Oral	3				
	Niva Thyroid Tablet 15 MG Oral	3				
	Niva Thyroid Tablet 30 MG Oral	3				
	Niva Thyroid Tablet 60 MG Oral	3				
	Niva Thyroid Tablet 90 MG Oral	3				
	NP Thyroid Tablet 120 MG Oral	1				
		2				
	NP Thyroid Tablet 15 MG Oral	1				
		2				
	NP Thyroid Tablet 30 MG Oral	1				
		2				
	NP Thyroid Tablet 60 MG Oral	1				
		2				
	NP Thyroid Tablet 90 MG Oral	1				
		2				
	Synthroid Tablet 100 MCG Oral	2		ST		
	Synthroid Tablet 112 MCG Oral	2		ST		
	Synthroid Tablet 125 MCG Oral	2		ST		

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Synthroid Tablet 137 MCG Oral	2		ST		
	Synthroid Tablet 150 MCG Oral	2		ST		
	Synthroid Tablet 175 MCG Oral	2		ST		
	Synthroid Tablet 200 MCG Oral	2		ST		
	Synthroid Tablet 25 MCG Oral	2		ST		
	Synthroid Tablet 300 MCG Oral	2		ST		
	Synthroid Tablet 50 MCG Oral	2		ST		
	Synthroid Tablet 75 MCG Oral	2		ST		
	Synthroid Tablet 88 MCG Oral	2		ST		
	Thyquidity Solution 100 MCG/5ML Oral	3		ST		
	Thyroid Tablet 120 MG Oral	2				
		3				
	Thyroid Tablet 15 MG Oral	2				
		3				
	Thyroid Tablet 30 MG Oral	2				
		3				
	Thyroid Tablet 60 MG Oral	2				
		3				
	Thyroid Tablet 90 MG Oral	2				
		3				
	Tirosint Capsule 100 MCG Oral	3				
	Tirosint Capsule 112 MCG Oral	3				
	Tirosint Capsule 125 MCG Oral	3				
	Tirosint Capsule 13 MCG Oral	3				
	Tirosint Capsule 137 MCG Oral	3				
	Tirosint Capsule 150 MCG Oral	3				
	Tirosint Capsule 175 MCG Oral	3				
	Tirosint Capsule 200 MCG Oral	3				
	Tirosint Capsule 25 MCG Oral	3				
	Tirosint Capsule 37.5 MCG Oral	3				
	Tirosint Capsule 44 MCG Oral	3				
	Tirosint Capsule 50 MCG Oral	3				
	Tirosint Capsule 62.5 MCG Oral	3				
	Tirosint Capsule 75 MCG Oral	3				
	Tirosint Capsule 88 MCG Oral	3				
	Tirosint-SOL Solution 100 MCG/ML Oral	3				
	Tirosint-SOL Solution 112 MCG/ML Oral	3				
	Tirosint-SOL Solution 125 MCG/ML Oral	3				
	Tirosint-SOL Solution 13 MCG/ML Oral	3				
	Tirosint-SOL Solution 137 MCG/ML Oral	3				
	Tirosint-SOL Solution 150 MCG/ML Oral	3				
	Tirosint-SOL Solution 175 MCG/ML Oral	3				
	Tirosint-SOL Solution 200 MCG/ML Oral	3				
	Tirosint-SOL Solution 25 MCG/ML Oral	3				
	Tirosint-SOL Solution 37.5 MCG/ML Oral	3				
	Tirosint-SOL Solution 44 MCG/ML Oral	3				
	Tirosint-SOL Solution 50 MCG/ML Oral	3				
	Tirosint-SOL Solution 62.5 MCG/ML Oral	3				
	Tirosint-SOL Solution 75 MCG/ML Oral	3				
	Tirosint-SOL Solution 88 MCG/ML Oral	3				
	Unithroid Tablet 100 MCG Oral	1				
	Unithroid Tablet 112 MCG Oral	1				
	Unithroid Tablet 125 MCG Oral	1				
	Unithroid Tablet 137 MCG Oral	1				
	Unithroid Tablet 150 MCG Oral	1				
	Unithroid Tablet 175 MCG Oral	1				
	Unithroid Tablet 200 MCG Oral	1				
	Unithroid Tablet 25 MCG Oral	1				
	Unithroid Tablet 300 MCG Oral	1				
	Unithroid Tablet 50 MCG Oral	1				
	Unithroid Tablet 75 MCG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Unithroid Tablet 88 MCG Oral	1				
TOXOIDS						
*Toxoid Combinations***	Adacel Suspension 5-2-15.5 LF-MCG/0.5 Intramuscular	2				
	Boostrix Suspension 5-2.5-18.5 LF-MCG/0.5 Intramuscular	2				
	Boostrix Suspension Prefilled Syringe 5-2.5-18.5 LF-MCG/0.5 Intramuscular	2				
	Daptacel Suspension 23-15-5 Intramuscular	2				
	Diphtheria-Tetanus Toxoids DT Suspension 25-5 LFU/0.5ML Intramuscular	2				
	Infanrix Suspension 25-58-10 Intramuscular	2				
	Kinrix Suspension Intramuscular	2				
	Kinrix Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Pediarix Suspension Prefilled Syringe Intramuscular	2				
	Pentacel Suspension Reconstituted Intramuscular	2				
	Quadracel Suspension Intramuscular	2				
	Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	TDVax Suspension 2-2 LF/0.5ML Intramuscular	2				
	Tenivac Injectable 5-2 LFU Intramuscular	2				
	Vaxelis Suspension Intramuscular	2				
	Vaxelis Suspension Prefilled Syringe Intramuscular	2				
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS						
*Anticholinergic Combinations***	Belladonna Alkaloids-Opium Suppository 16.2-30 MG Rectal	3				
	Belladonna Alkaloids-Opium Suppository 16.2-60 MG Rectal	3				
	Donnatal Elixir 16.2 MG/5ML Oral	3				
	Donnatal Tablet 16.2 MG Oral	3				
	PHENobarbital-Belladonna Alk Elixir 16.2 MG/5ML Oral	1				
	PHENobarbital-Belladonna Alk Tablet 16.2 MG Oral	1				
	Phenohytro Elixir 16.2 MG/5ML Oral	1				
	Phenohytro Tablet 16.2 MG Oral	1				
*Antispasmodics***	Dicyclomine HCl Capsule 10 MG Oral	1				
	Dicyclomine HCl Solution 10 MG/5ML Oral	1				
	Dicyclomine HCl Tablet 20 MG Oral	1				
*Belladonna Alkaloids***	Anaspaz Tablet Dispersible 0.125 MG Oral	3				
	Ed-Spaz Tablet Dispersible 0.125 MG Oral	1				
	Hyoscyamine Sulfate Elixir 0.125 MG/5ML Oral	1				
	Hyoscyamine Sulfate ER Tablet Extended Release 12 Hour 0.375 MG Oral	1				
	Hyoscyamine Sulfate Solution 0.125 MG/ML Oral	1				
	Hyoscyamine Sulfate Solution 0.5 MG/ML Injection	1				
	Hyoscyamine Sulfate Tablet 0.125 MG Oral	1				
	Hyoscyamine Sulfate Tablet Dispersible 0.125 MG Oral	1				
	Hyoscyamine Sulfate Tablet Sublingual 0.125 MG Sublingual	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Hyosyne Elixir 0.125 MG/5ML Oral	1				
	Hyosyne Solution 0.125 MG/ML Oral	1				
	Levbid Tablet Extended Release 12 Hour 0.375 MG Oral	3				
	Levsin Solution 0.5 MG/ML Injection	3				
	Levsin Tablet 0.125 MG Oral	3				
	Levsin/SL Tablet Sublingual 0.125 MG Sublingual	3				
	NuLev Tablet Dispersible 0.125 MG Oral	1				
	Oscimin SR Tablet Extended Release 12 Hour 0.375 MG Oral	1				
	Oscimin TABLET 0.125 MG ORAL	1				
	Oscimin Tablet Sublingual 0.125 MG Sublingual	1				
*H-2 Antagonists***	Cimetidine HCl Solution 300 MG/5ML Oral	1				
	Cimetidine HCl Solution 400 MG/6.67ML Oral	1				
	Cimetidine Tablet 200 MG Oral	1				
	Cimetidine Tablet 300 MG Oral	1				
	Cimetidine Tablet 400 MG Oral	1				
	Cimetidine Tablet 800 MG Oral	1				
	Famotidine (PF) Solution 20 MG/2ML Intravenous	1				
	Famotidine Suspension Reconstituted 40 MG/5ML Oral	1				
	Famotidine Tablet 20 MG Oral	1				
	Famotidine Tablet 40 MG Oral	1				
	Nizatidine Capsule 150 MG Oral	1				
	Nizatidine Capsule 300 MG Oral	3				
	Nizatidine Solution 15 MG/ML Oral	1				
*Misc. Anti-Ulcer***	Sucralfate Suspension 1 GM/10ML Oral	1				
	Sucralfate Tablet 1 GM Oral	1				
*PPI - Potassium-Competitive Acid Blockers (P-CAB)***	Voquezna Tablet 10 MG Oral	3	PA			
	Voquezna Tablet 20 MG Oral	3	PA			
*Proton Pump Inhibitor-Antacid Combinations***	Omeprazole-Sodium Bicarbonate Capsule 20-1100 MG Oral	1			QL	
	Omeprazole-Sodium Bicarbonate Capsule 40-1100 MG Oral	1			QL	
	Omeprazole-Sodium Bicarbonate Packet 20-1680 MG Oral	1				
	Omeprazole-Sodium Bicarbonate Packet 40-1680 MG Oral	1				
*Proton Pump Inhibitors***	AcipHex Sprinkle Capsule Sprinkle 10 MG Oral	3		ST	QL	
	AcipHex Sprinkle Capsule Sprinkle 5 MG Oral	3		ST	QL	
	Dexlansoprazole Capsule Delayed Release 30 MG Oral	1			QL	
	Dexlansoprazole Capsule Delayed Release 60 MG Oral	1			QL	
	Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral	1			QL	
	Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral	1			QL	
	Esomeprazole Magnesium Packet 10 MG Oral	1			QL	
	Esomeprazole Magnesium Packet 2.5 MG Oral	1			QL	
	Esomeprazole Magnesium Packet 20 MG Oral	1			QL	
	Esomeprazole Magnesium Packet 40 MG Oral	1			QL	
	Esomeprazole Magnesium Packet 5 MG Oral	1			QL	
	Esomeprazole Strontium Capsule Delayed Release 49.3 MG Oral	3		ST	QL	
	First-Lansoprazole SUSPENSION 3 MG/ML ORAL	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	First-Omeprazole Suspension 2 MG/ML Oral	1				
	First-Pantoprazole Suspension 4 MG/ML Oral	3				
	Lansoprazole Capsule Delayed Release 15 MG Oral	1			QL	
	Lansoprazole Capsule Delayed Release 30 MG Oral	1			QL	
	Lansoprazole Tablet Delayed Release Dispersible 15 MG Oral	1			QL	
	Lansoprazole Tablet Delayed Release Dispersible 30 MG Oral	1			QL	
	Omeprazole Capsule Delayed Release 10 MG Oral	1			QL	
	Omeprazole Capsule Delayed Release 20 MG Oral	1			QL	
	Omeprazole Capsule Delayed Release 40 MG Oral	1			QL	
	Pantoprazole Sodium Packet 40 MG Oral	1				
	Pantoprazole Sodium Tablet Delayed Release 20 MG Oral	1			QL	
	Pantoprazole Sodium Tablet Delayed Release 40 MG Oral	1			QL	
	PriLOSEC Packet 10 MG Oral	3		ST		
	PriLOSEC Packet 2.5 MG Oral	3		ST		
	RABEprazole Sodium Capsule Sprinkle 10 MG Oral	3		ST	QL	
	RABEprazole Sodium Tablet Delayed Release 20 MG Oral	1			QL	
*Quaternary Anticholinergics***	Glycate Tablet 1.5 MG Oral	3				
	Glycopyrrolate Solution 1 MG/5ML Oral	1				
	Glycopyrrolate Tablet 1 MG Oral	1				
	Glycopyrrolate Tablet 1.5 MG Oral	1				
		3				
	Glycopyrrolate Tablet 2 MG Oral	1				
	Methscopolamine Bromide Tablet 2.5 MG Oral	1				
	Methscopolamine Bromide Tablet 5 MG Oral	1				
*Ulcer Anti-Infective w/ Bismuth Combinations***	Bis Subcit-Metronid-Tetracyc Capsule 140-125-125 MG Oral	1				
	Bismuth/Metronidaz/Tetracyclin Capsule 140-125-125 MG Oral	1				
*Ulcer Anti-Infective w/ Proton Pump Inhibitors***	Amoxicill-Clarithro-Lansopraz Therapy Pack 500 & 500 & 30 MG Oral	1				
	Talicia Capsule Delayed Release 250-12.5-10 MG Oral	2			QL	
*Ulcer Drugs - Prostaglandins***	miSOPROStol Tablet 100 MCG Oral	1				
	miSOPROStol Tablet 200 MCG Oral	1				
URINARY ANTISPASMODICS						
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***	Fesoterodine Fumarate ER Tablet Extended Release 24 Hour 4 MG Oral	1				
	Fesoterodine Fumarate ER Tablet Extended Release 24 Hour 8 MG Oral	1				
	Oxybutynin Chloride ER Tablet Extended Release 24 Hour 10 MG Oral	1				
	Oxybutynin Chloride ER Tablet Extended Release 24 Hour 15 MG Oral	1				
	Oxybutynin Chloride ER Tablet Extended Release 24 Hour 5 MG Oral	1				
	oxyBUTYnin Chloride Solution 5 MG/5ML Oral	1				
	Oxybutynin Chloride Tablet 5 MG Oral	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Oxytrol Patch Twice Weekly 3.9 MG/24HR Transdermal	3		ST		
	Solifenacin Succinate Tablet 10 MG Oral	1		ST		
	Solifenacin Succinate Tablet 5 MG Oral	1		ST		
	Tolterodine Tartrate ER Capsule Extended Release 24 Hour 2 MG Oral	1				
	Tolterodine Tartrate ER Capsule Extended Release 24 Hour 4 MG Oral	1				
	Tolterodine Tartrate Tablet 1 MG Oral	1				
	Tolterodine Tartrate Tablet 2 MG Oral	1				
	Trospium Chloride ER Capsule Extended Release 24 Hour 60 MG Oral	1				
	Trospium Chloride Tablet 20 MG Oral	1				
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***	Gemtesa Tablet 75 MG Oral	3		ST		
	Mirabegron ER Tablet Extended Release 24 Hour 25 MG Oral	1				
	Mirabegron ER Tablet Extended Release 24 Hour 50 MG Oral	1				
	Myrbetriq Suspension Reconstituted ER 8 MG/ML Oral	2		ST		
	Myrbetriq Tablet Extended Release 24 Hour 25 MG Oral	2		ST		
	Myrbetriq Tablet Extended Release 24 Hour 50 MG Oral	2		ST		
*Urinary Antispasmodics - Cholinergic Agonists***	Bethanechol Chloride Tablet 10 MG Oral	1				
	Bethanechol Chloride Tablet 25 MG Oral	1				
	Bethanechol Chloride Tablet 5 MG Oral	1				
	Bethanechol Chloride Tablet 50 MG Oral	1				
VACCINES						
*Bacterial Vaccines***	ActHIB SOLUTION RECONSTITUTED Intramuscular	2				
	BCG Vaccine Solution Reconstituted 50 MG Injection	3				
	Bexsero Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	BioThrax SUSPENSION Intramuscular	3				
	Capvaxive Solution Prefilled Syringe 0.5 ML Intramuscular	3				
	Hiberix Solution Reconstituted 10 MCG Injection	2				
	Menactra Solution Intramuscular	2				
	MenQuadfi Solution 0.5 ML Intramuscular	2				
	Menveo Solution Intramuscular	2				
	Menveo Solution Reconstituted Intramuscular	2				
	Pedvax HIB Suspension 7.5 MCG/0.5ML Intramuscular	2				
	Penbraya Suspension Reconstituted Intramuscular	2				
	Pneumovax 23 Solution 25 MCG/0.5ML Injection	2				
	Pneumovax 23 Solution Prefilled Syringe 25 MCG/0.5ML Injection	2				
	Prevnar 13 Suspension Intramuscular	2				
	Prevnar 20 Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Trumenba Suspension Prefilled Syringe 0.5 ML Intramuscular	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Typhim VI Solution 25 MCG/0.5ML Intramuscular	3				
	Typhim VI Solution Prefilled Syringe 25 MCG/0.5ML Intramuscular	3				
	Vaxchora Suspension Reconstituted Oral	3				
	Vaxneuvance Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Vivotif Capsule Delayed Release Oral	3				
*Viral Vaccine Combinations***	M-M-R II Solution Reconstituted Injection	2				
	Priorix Suspension Reconstituted Subcutaneous	2				
	ProQuad Suspension Reconstituted Subcutaneous	2				
	Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	2				
*Viral Vaccines***	Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular	2				
	ACAM2000 Solution Reconstituted Injection	3				
	Afluria Preservative Free Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Afluria Quadrivalent Suspension Intramuscular	2				
	Afluria Quadrivalent Suspension Prefilled Syringe 0.25 ML Intramuscular	2				
	Afluria Quadrivalent Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Afluria Suspension Intramuscular	2				
	Arexvy Suspension Reconstituted 120 MCG/0.5ML Intramuscular	2				
	Comirnaty Suspension 30 MCG/0.3ML Intramuscular	2				
		3				
	Comirnaty Suspension Prefilled Syringe 30 MCG/0.3ML Intramuscular	2				
	Dengvaxia Suspension Reconstituted Subcutaneous	3				
	Engerix-B Suspension 20 MCG/ML Injection	2				
	Engerix-B Suspension Prefilled Syringe 10 MCG/0.5ML Injection	2				
	Engerix-B Suspension Prefilled Syringe 20 MCG/ML Injection	2				
	Ervebo Suspension Intramuscular	3				
	Fluad Quadrivalent Prefilled Syringe 0.5 ML Intramuscular	2				
	Fluad Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Fluarix Quadrivalent Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Fluarix Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Flublok Quadrivalent Solution Prefilled Syringe 0.5 ML Intramuscular	2				
	Flublok Solution Prefilled Syringe 0.5 ML Intramuscular	2				
	Flucelvax Quadrivalent Suspension Intramuscular	2				
	Flucelvax Quadrivalent Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Flucelvax Suspension Intramuscular	2				
	Flucelvax Suspension Prefilled Syringe 0.5 ML Intramuscular	2				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Flulaval Quadrivalent Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Flulaval Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	FluMist Liquid Nasal	2				
	FluMist Quadrivalent Suspension Nasal	2				
	Fluzone High-Dose Quadrivalent Suspension Prefilled Syringe 0.7 ML Intramuscular	2				
	Fluzone High-Dose Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Fluzone Quadrivalent Suspension 0.5 ML Intramuscular	2				
	Fluzone Quadrivalent Suspension Intramuscular	2				
	Fluzone Quadrivalent Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Fluzone Suspension Intramuscular	2				
	Fluzone Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Gardasil 9 Suspension 0.5 ML Intramuscular	2				
	Gardasil 9 Suspension Prefilled Syringe 0.5 ML Intramuscular	2				
	Havrix Suspension 1440 EL U/ML Intramuscular	2				
	Havrix Suspension Prefilled Syringe 720 EL U/0.5ML Intramuscular	2				
	Heplisav-B Solution Prefilled Syringe 20 MCG/0.5ML Intramuscular	2				
	Ipol Injectable Injection	2				
	Ixiaro Suspension Intramuscular	3				
	Janssen COVID-19 Vaccine Suspension 0.5 ML Intramuscular	3				
	Jynneos Suspension 0.5 ML Subcutaneous	2				
	Moderna COVID-19 Bival 6m-5y Suspension 10 MCG/0.2ML Intramuscular	3				
	Moderna COVID-19 Bivalent Suspension 50 MCG/0.5ML Intramuscular	3				
	Moderna COVID-19 Vac (Booster) Suspension 50 MCG/0.5ML Intramuscular	3				
	Moderna COVID-19 Vac 6m-11y Suspension 25 MCG/0.25ML Intramuscular	2				
	Moderna COVID-19 Vac 6m-11y Suspension Prefilled Syringe 25 MCG/0.25ML Intramuscular	2				
	Moderna COVID-19 Vacc 6-11y Suspension 50 MCG/0.5ML Intramuscular	3				
	Moderna COVID-19 Vacc 6m-5y Suspension 25 MCG/0.25ML Intramuscular	3				
	Moderna COVID-19 Vaccine Suspension 100 MCG/0.5ML Intramuscular	3				
	MResvia Suspension Prefilled Syringe 50 MCG/0.5ML Intramuscular	3				
	Novavax COVID-19 Vaccine Suspension 5 MCG/0.5ML Intramuscular	2				
		3				
	Novavax COVID-19 Vaccine Suspension Prefilled Syringe 5 MCG/0.5ML Intramuscular	2				
	Pfizer COVID-19 Bival 6mo-4yr Suspension 3 MCG/0.2ML Intramuscular	3				
	Pfizer COVID-19 Vac Bival 5-11 Suspension 10 MCG/0.2ML Intramuscular	3				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
	Pfizer COVID-19 Vac Bivalent Suspension 30 MCG/0.3ML Intramuscular	3				
	Pfizer COVID-19 Vac-TriS 5-11y Suspension 10 MCG/0.2ML Intramuscular	3				
	Pfizer COVID-19 Vac-TriS 5-11y Suspension 10 MCG/0.3ML Intramuscular	2				
	Pfizer COVID-19 Vac-TriS 6m-4y Suspension 3 MCG/0.2ML Intramuscular	3				
	Pfizer COVID-19 Vac-TriS 6m-4y Suspension 3 MCG/0.3ML Intramuscular	2				
	Pfizer-BioNT COVID-19 Vac-TriS Suspension 30 MCG/0.3ML Intramuscular	3				
	Pfizer-BioNTech COVID-19 Vacc Suspension 30 MCG/0.3ML Intramuscular	3				
	PreHevbrio Suspension 10 MCG/ML Intramuscular	2				
	RabAvert Suspension Reconstituted Intramuscular	2				
	Recombivax HB Suspension 10 MCG/ML Injection	2				
	Recombivax HB SUSPENSION 40 MCG/ML Injection	2				
	Recombivax HB Suspension 5 MCG/0.5ML Injection	2				
	Recombivax HB Suspension Prefilled Syringe 10 MCG/ML Injection	2				
	Recombivax HB Suspension Prefilled Syringe 5 MCG/0.5ML Injection	2				
	Rotarix Suspension Oral	2				
	Rotarix Suspension Reconstituted Oral	2				
	RotaTeq Solution Oral	2				
	Shingrix Suspension Reconstituted 50 MCG/0.5ML Intramuscular	2				
	Spikevax COVID-19 Vaccine Suspension 100 MCG/0.5ML Intramuscular	3				
	Spikevax Suspension 50 MCG/0.5ML Intramuscular	2				
	Spikevax Suspension Prefilled Syringe 50 MCG/0.5ML Intramuscular	2				
	Stamaril Suspension Reconstituted Injection	3				
	Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	3				
	Ticovac Suspension Prefilled Syringe 2.4 MCG/0.5ML Intramuscular	3				
	Vaqta Suspension 25 UNIT/0.5ML Intramuscular	2				
	Vaqta SUSPENSION 50 UNIT/ML Intramuscular	2				
	Varivax Suspension Reconstituted 1350 PFU/0.5ML Injection	2				
	Vimkunya Suspension Prefilled Syringe 40 MCG/0.8ML Intramuscular	3				
	YF-VAX INJECTABLE Subcutaneous	3				
VAGINAL AND RELATED PRODUCTS						
*Imidazole-Related Antifungals***	Gynazole-1 Cream 2 % Vaginal	3				
	Miconazole 3 SUPPOSITORY 200 MG VAGINAL	3				
	Terconazole Cream 0.4 % Vaginal	1				
	Terconazole Cream 0.8 % Vaginal	1				
	Terconazole Suppository 80 MG Vaginal	1				

Drug Category and Class	Drug Name	Tier	PA	ST	QL	Specialty Drug Type
*Miscellaneous Vaginal Products***	Intrarosa Insert 6.5 MG Vaginal	3				
*Spermicides***	Encare Suppository 100 MG Vaginal	2				
	Options Gynol II Contraceptive Gel 3 % Vaginal	2				
	Shur-Seal Contraceptive Gel 2 % Vaginal	2				
	Today Sponge 1000 MG Vaginal	2				
	VCF Vaginal Contraceptive Film 28 % Vaginal	2				
	VCF Vaginal Contraceptive Foam 12.5 % Vaginal	2				
	VCF Vaginal Contraceptive Gel 4 % Vaginal	3				
*Vaginal Anti-infectives***	Clindamycin Phosphate Cream 2 % Vaginal	1				
	Clindesse Cream 2 % Vaginal	3				
	metroNIDAZOLE Gel 0.75 % Vaginal	1				
	Nuvessa Gel 1.3 % Vaginal	3				
	Vandazole Gel 0.75 % Vaginal	1				
*Vaginal Contraceptive pH Modulator - Combinations***	Phexxi Gel 1.8-1-0.4 % Vaginal	3				
*Vaginal Estrogens***	Estradiol Cream 0.1 MG/GM Vaginal	1				
	Estradiol Tablet 10 MCG Vaginal	1				
	Estring Ring 2 MG Vaginal	2				
	Estring Ring 7.5 MCG/24HR Vaginal	2				
	Premarin Cream 0.625 MG/GM Vaginal	2				
	Yuvafem Tablet 10 MCG Vaginal	1				
*Vaginal Progestins***	Crinone Gel 4 % Vaginal	2				
	Crinone Gel 8 % Vaginal	2				
	Endometrin Insert 100 MG Vaginal	2	PA			
	First-Progesterone VGS Suppository 100 MG Vaginal	3				
	First-Progesterone VGS Suppository 200 MG Vaginal	3				
VASOPRESSORS						
*Anaphylaxis Therapy Agents***	Adrenalin Solution 1 MG/ML Injection	3				
	Auvi-Q Solution Auto-Injector 0.1 MG/0.1ML Injection	2			QL	
	Auvi-Q Solution Auto-Injector 0.15 MG/0.15ML Injection	2			QL	

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed and required to protect the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your PHI. Our current Notice is posted at www.GlobalHealth.com.

How GlobalHealth May Use or Disclose Your Health Information

For Treatment. We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

For Payment. We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

For Health Plan Operations. We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatory compliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc. We will not use or disclose your genetic information for underwriting purposes.

Health-Related Business and Services. We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

Where Permitted or Required by Law. We may use and/or disclose information about you as permitted or required by law. For example, we may disclose information:

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;

- To law enforcement upon receipt of a court order, warrant, summons, or other similar process;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability;
- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services ("CMS"), State Department of Health, Insurance Department, etc.;
- For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers' Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat); and
- In the course of any administrative or judicial proceeding, where required by law.

Business Associates. We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

Personal/Authorized Representatives. We may use and/or disclose PHI to your authorized representative.

Family, Friends, Caregivers. We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

Emergencies. We may use and/or disclose your PHI if necessary in an emergency if the use or disclosure is necessary for your emergency treatment.

Military/Veterans. If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

Inmates. If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official.

Appointment Reminders. We may use and/or disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

Medication and Refill Reminders. We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

Limited Data Set. If we use your PHI to make a "limited data set," we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

Other Uses. If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner.

NOTE: We will disclose your PHI for purposes not described in this notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization. The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

Your Health Information Rights

Right to Inspect and Copy
You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to our Privacy Officer.

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 do 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/#/.

Effective Date: 10/01/2023

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Revised: 04/01/2011
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 Sprachassistenzdienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos 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 المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل بالرقم 1-877-280-5600 (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 लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी नि: 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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