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 09/02/2025. 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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Oklahoma City, OK 73102-5621

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IMPORTANT INFORMATION

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

Member Materials

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

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

Booklet	Purpose

Member Handbook for State, Education, and Local Government Employees **("*Member Handbook*")**	• Tells you about your benefits.
	  ○ What benefits are covered and how much you will pay.
	  ○ How they are covered (including limitations and exclusions).
	  ○ How to use them.

Physicians and Health Providers Directory **("*Provider Directory*")**	• Lists our Network of doctors, and Facilities. • Tells you if a Facility is preferred or not.
Pharmacy Directory	• Lists our Network of pharmacies
Formulary Drug List for State, Education, and Local Government Employees **("*Drug Formulary*" or "Formulary")**	• Lists drugs we cover. • Tells you what Tier a drug is in. • Tells you if there are any rules to getting a drug.

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

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

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

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

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

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

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

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

EXCEPTION REQUESTS

Call 1-800-424-1789 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.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	Non-Formulary	Formulary Exclusion
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	Non-Formulary	Formulary Exclusion
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	Non-Formulary	Formulary Exclusion
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	Non-Formulary	Formulary Exclusion
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1 MG/ML ORAL	3	ST; Step Therapy Requirements (TRIAL OF CLONIDINE 0.1 MG ER IN THE PAST 120 DAYS); QL
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*		
atomoxetine hcl capsule 10 mg oral	1	QL

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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; Step Therapy Requirements (TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHLYPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS); QL

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Non-Formulary = Non-Formulary

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHLYPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS); QL

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHLYPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS); QL
STRATTERA CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 18 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 80 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Amphetamine Mixtures*		
ADDERALL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Specialty* = Specialty*
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Drug Name	Tier	Notes
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
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

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Drug Name	Tier	Notes
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

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Drug Name	Tier	Notes
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
amphet-dextroamphet 3-bead er capsule extended release 24 hour 50 mg oral	1	QL
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Amphetamines		

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Drug Name	Tier	Notes
ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
amphetamine er suspension extended release 1.25 mg/ml oral	Non-Formulary	Formulary Exclusion; QL
amphetamine sulfate tablet 10 mg oral	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
amphetamine sulfate tablet 5 mg oral	Non-Formulary	Formulary Exclusion; QL
DESOXYN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
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

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion; QL
DYANAVEL XR TABLET EXTENDED RELEASE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DYANAVEL XR TABLET EXTENDED RELEASE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DYANAVEL XR TABLET EXTENDED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DYANAVEL XR TABLET EXTENDED RELEASE 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; 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

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
methamphetamine hcl tablet 5 mg oral	1	Mony Code (MONY code issue); QL
PROCENTRA SOLUTION 5 MG/5ML ORAL	1	QL
VYVANSE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 70 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
VYVANSE TABLET CHEWABLE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 18 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 9 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
ZENZEDI TABLET 10 MG ORAL	1	QL
ZENZEDI TABLET 15 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ZENZEDI TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZENZEDI TABLET 2.5 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
ZENZEDI TABLET 20 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
ZENZEDI TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZENZEDI TABLET 30 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
ZENZEDI TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZENZEDI TABLET 5 MG ORAL	1	QL
ZENZEDI TABLET 7.5 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
Analeptics		
CAFCIT SOLUTION 60 MG/3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
caffeine citrate solution 20 mg/ml oral	1	

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
caffeine citrate solution 60 mg/3ml intravenous	Non-Formulary	Medical Only Exclusion
caffeine citrate solution 60 mg/3ml oral	1	
caffeine-sodium benzoate solution 125-125 mg/ml injection	Non-Formulary	Non FDA Exclusion
DOPRAM SOLUTION 20 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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
PLENITY CAPSULE ORAL	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PLENITY WELCOME KIT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
Anorexiants Non-Amphetamine		
ADIPEX-P CAPSULE 37.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADIPEX-P TABLET 37.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
benzphetamine hcl tablet 25 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
benzphetamine hcl tablet 50 mg oral	Non-Formulary	Formulary Exclusion; QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion; QL
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
diethylpropion hcl tablet 25 mg oral	Non-Formulary	Formulary Exclusion; QL
LOMAIRA TABLET 8 MG ORAL	3	QL
phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral	Non-Formulary	Formulary Exclusion; QL
phendimetrazine tartrate tablet 35 mg oral	Non-Formulary	Formulary Exclusion; QL
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*		

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Drug Name	Tier	Notes
ZEPBOUND SOLUTION 10 MG/0.5ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion
ZEPBOUND SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA messaging (Non Rebateable)
ZEPBOUND SOLUTION 5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA messaging (Non Rebateable)
ZEPBOUND SOLUTION 7.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion
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

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
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Drug Name	Tier	Notes
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

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Drug Name	Tier	Notes
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	2	PA; QL
Anti-Obesity Agent Combinations*		
CONTRAVE TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**		
SUNOSI TABLET 150 MG ORAL	2	PA; QL
SUNOSI TABLET 75 MG ORAL	2	PA; QL
Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX TABLET 17.8 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
WAKIX TABLET 4.45 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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	3	PA; Specialty*
Stimulant Combinations*		
AZSTARYS CAPSULE 26.1-5.2 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL

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Drug Name	Tier	Notes
AZSTARYS CAPSULE 39.2-7.8 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL
AZSTARYS CAPSULE 52.3-10.4 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Stimulants - Misc.*		
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 55 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 70 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 85 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
armodafinil tablet 150 mg oral	1	QL
armodafinil tablet 200 mg oral	1	QL
armodafinil tablet 200 mg oral	1	Mony Code (MONY Code); QL
armodafinil tablet 250 mg oral	1	QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
armodafinil tablet 50 mg oral	1	QL
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DAYTRANA PATCH 10 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; 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

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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3 = Non Preferred
Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
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
dexmethylphenidate hcl tablet 5 mg oral	1	QL
FOCALIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL
METADATE CD CAPSULE EXTENDED RELEASE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
METADATE CD CAPSULE EXTENDED RELEASE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METHYLIN SOLUTION 10 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; QL
METHYLIN SOLUTION 5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; 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

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
methylphenidate hcl er (cd) capsule extended release 60 mg oral	1	QL
methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral	Non-Formulary	Formulary Exclusion; 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 (la) capsule extended release 24 hour 60 mg oral	Non-Formulary	Formulary Exclusion; 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

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
methylphenidate hcl er (osm) tablet extended release 27 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral	1	QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 45 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 54 mg oral	1	QL
methylphenidate hcl er (osm) tablet extended release 54 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 63 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 72 mg oral	1	QL

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
methylphenidate hcl er (osm) tablet extended release 72 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 72 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral	Non-Formulary	Formulary Exclusion; QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral	Non-Formulary	Formulary Exclusion; 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 er tablet extended release 24 hour 18 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl er tablet extended release 24 hour 27 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl er tablet extended release 24 hour 36 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl er tablet extended release 24 hour 54 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
methylphenidate hcl solution 10 mg/5ml oral	1	QL
methylphenidate hcl solution 5 mg/5ml oral	1	QL

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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 10 mg oral	1	Mony Code (MONY Code); QL
methylphenidate hcl tablet chewable 2.5 mg oral	1	QL
methylphenidate hcl tablet chewable 2.5 mg oral	1	Mony Code (MONY Code); QL
methylphenidate hcl tablet chewable 5 mg oral	1	QL
methylphenidate hcl tablet chewable 5 mg oral	1	Mony Code (MONY Code); 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
methylphenidate patch 30 mg/9hr transdermal	1	QL
modafinil tablet 100 mg oral	1	QL
modafinil tablet 200 mg oral	1	QL

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NUVIGIL TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NUVIGIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NUVIGIL TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NUVIGIL TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PROVIGIL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PROVIGIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	3	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS); QL
RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RITALIN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
****Allergenic Extracts******		
acacia pollen solution 1:40 injection	Non-Formulary	Medical Only Exclusion
acacia solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
alder solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
alternaria alternata solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american beech pollen solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
american beech solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
american cockroach solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
american elm solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american elm solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
american sycamore solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
arizona cypress solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
aspen pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigatus solution 1:10 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigatus solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aureobasidium pullulans solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aureobasidium pullulans solution 36000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
australian pine solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bahia solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bald cypress solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bayberry (wax myrtle) solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bermuda grass solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion
bermuda grass solution 10000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
bipolaris sorokiniana solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black walnut pollen (1:10) solution 75000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black walnut pollen (1:20) solution 75000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black walnut pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black walnut pollen solution 20000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black walnut pollen solution 40000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black willow solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black willow solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
black/sweet birch pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
botrytis cinerea solution 1:20 injection	Non-Formulary	Medical Only Exclusion
botrytis cinerea solution 43000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
box elder pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
brome solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
california pepper tree solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
candida albicans extract solution 1:1000 injection	Non-Formulary	Medical Only Exclusion
candida albicans extract solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
cat hair extract solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion
cat hair extract solution 10000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
cat hair extract solution 5000 bau/ml injection	Non-Formulary	Medical Only Exclusion
cattle epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
cedar elm solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
cladosporium cladosporioides solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cladosporium cladosporioides solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
cladosporium cladosporioides solution 64000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
cladosporium sphaerospermum solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cocklebur solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
corn pollen solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
dandelion solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
dog epithelium solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion
dog epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
dog fennel solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
eastern cottonwood solution 1:20 injection	Non-Formulary	Medical Only Exclusion
eastern cottonwood solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
english plantain solution 1:20 injection	Non-Formulary	Medical Only Exclusion
epicoccum nigrum solution 1:10 injection	Non-Formulary	Medical Only Exclusion
fire ant solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
fire ant solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
german cockroach solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
goldenrod solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
grass pollen mixture of 6 solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL	3	
green ash pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
hackberry solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
HONEY BEE VENOM PROTEIN SOLUTION RECONSTITUTED 1300 MCG INJECTION	Non-Formulary	Medical Only Exclusion
HONEY BEE VENOM PROTEIN SOLUTION RECONSTITUTED 550 MCG INJECTION	Non-Formulary	Medical Only Exclusion
horse epithelium solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
horse epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
johnson grass solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
june grass pollen standardized solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
kochia solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
lenscale solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
meadow fescue grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
melaleuca solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mesquite solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 10000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 10000 au/ml subcutaneous	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 30000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 5000 au/ml injection	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
mite (d. pteronyssinus) solution 10000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. pteronyssinus) solution 10000 au/ml subcutaneous	Non-Formulary	Medical Only Exclusion
mite (d. pteronyssinus) solution 30000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. pteronyssinus) solution 5000 au/ml injection	Non-Formulary	Medical Only Exclusion
mixed ragweed solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mixed vespid venom protein solution reconstituted 1300-1300-1300 mcg injection	Non-Formulary	Medical Only Exclusion
mixed vespid venom protein solution reconstituted 550-550-550 mcg injection	Non-Formulary	Medical Only Exclusion
mountain cedar pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mountain cedar solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mouse epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Drug Name	Tier	Notes
mucor solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mucor solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
mucor solution 57000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
mugwort solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
nettle solution 1:40 injection	Non-Formulary	Medical Only Exclusion
olive tree solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
orchard grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
oregon ash pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
pecan pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum solution 1:10 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum solution 1:20 injection	Non-Formulary	Medical Only Exclusion
perennial rye grass pollen solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
perennial rye grass pollen solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
privet solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
queen palm solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
rabbit epithelium solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion
rabbit epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL	3	
red alder pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red cedar solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red maple solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red maple solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
red mulberry solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
red oak solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
red top grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
river birch pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
rough marsh elder solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
rough pigweed solution 1:20 injection	Non-Formulary	Medical Only Exclusion
russian thistle solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
saccharomyces cerevisiae solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sagebrush solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sarocladium strictum solution 78000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
sarocladium strictum solution 94000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
shagbark hickory solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
sheep sorrel solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
short ragweed pollen ext solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
spiny pigweed solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
spring birch pollen solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
sweet gum solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
sweet vernal grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
tall ragweed solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
timothy grass pollen allergen solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
tree mix 9 solution 1:20 injection	Non-Formulary	Medical Only Exclusion
trichophyton mentagrophytes solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
VENOMIL HONEY BEE VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL HONEY BEE VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL MIXED VESPID VENOM SOLUTION RECONSTITUTED 550-550-550 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WASP VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WASP VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WHITE FACED HORNET KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WHITE FACED HORNET KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW HORNET VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
VENOMIL YELLOW HORNET VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
wasp venom protein solution reconstituted 1300 mcg injection	Non-Formulary	Medical Only Exclusion
wasp venom protein solution reconstituted 550 mcg injection	Non-Formulary	Medical Only Exclusion
western juniper solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
western juniper solution 1:40 injection	Non-Formulary	Medical Only Exclusion
white alder solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white ash pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white ash pollen solution 40000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
white birch solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
white birch solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
white mulberry solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
white oak solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
white pine solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
WHITE-FACED HORNET VENOM SOLUTION RECONSTITUTED 1300 MCG INJECTION	Non-Formulary	Medical Only Exclusion
WHITE-FACED HORNET VENOM SOLUTION RECONSTITUTED 550 MCG INJECTION	Non-Formulary	Medical Only Exclusion
yellow dock solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
yellow hornet venom protein solution reconstituted 550 mcg injection	Non-Formulary	Medical Only Exclusion
yellow jacket venom protein solution reconstituted 1300 mcg injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
yellow jacket venom protein solution reconstituted 550 mcg injection	Non-Formulary	Medical Only Exclusion
Mixed Allergenic Extracts*		
cockroach mixed allergen ext solution 1:20 injection	Non-Formulary	Medical Only Exclusion
dust mite mixed allergen ext solution 10000 au/ml injection	Non-Formulary	Medical Only Exclusion
dust mite mixed allergen ext solution 10000 au/ml subcutaneous	Non-Formulary	Medical Only Exclusion
dust mite mixed allergen ext solution 30000 au/ml injection	Non-Formulary	Medical Only Exclusion
mixed feathers solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	3	
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	3	

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Drug Name	Tier	Notes
sheep sorrel-yellow dock solution 1:20 injection	Non-Formulary	Medical Only Exclusion
short ragweed-giant ragweed solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sorrel/dock mix solution 1:20 injection	Non-Formulary	Medical Only Exclusion
ALTERNATIVE MEDICINES		
****Alternative Medicine - Al's******		
alpha-lipoic acid solution 25 mg/ml injection	Non-Formulary	Non FDA Exclusion
NEOKE RA LIPOIC POWDER 800 MG/GM ORAL	Non-Formulary	Non FDA Exclusion
****Alternative Medicine - Me's******		
MELATOL PEDIATRIC SLEEP/CALM LIQUID 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
****Alternative Medicine - Pi's******		
PYCNOGENOL CAPSULE 50 MG ORAL	Non-Formulary	Non FDA Exclusion
****Alternative Medicine - Pr's******		

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Drug Name	Tier	Notes
EC-RX DHEA CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
EC-RX DHEA CREAM 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Alternative Medicine - Ub*		
coenzyme q-10 solution 20 mg/ml injection	Non-Formulary	Non FDA Exclusion
AMEBICIDES*		
Amebicides*		
SOLOSEC PACKET 2 GM ORAL	2	
AMINOGLYCOSIDES*		
Aminoglycosides*		
amikacin sulfate solution 1 gm/4ml injection	Non-Formulary	Medical Only Exclusion
amikacin sulfate solution 500 mg/2ml injection	Non-Formulary	Medical Only Exclusion
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	3	PA; Specialty*
BETHKIS NEBULIZATION SOLUTION 300 MG/4ML INHALATION	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL

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Drug Name	Tier	Notes
gentamicin in saline solution 0.8-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
gentamicin in saline solution 1.2-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
gentamicin in saline solution 1.6-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
gentamicin in saline solution 1-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
gentamicin in saline solution 2-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
gentamicin sulfate solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
gentamicin sulfate solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
gentamicin sulfate solution 40 mg/ml injection	Non-Formulary	Medical Only Exclusion
HUMATIN CAPSULE 250 MG ORAL	2	

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Drug Name	Tier	Notes
KITABIS PAK (W/ NEBULIZER) NEBULIZATION SOLUTION 300 MG/5ML INHALATION	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
neomycin sulfate tablet 500 mg oral	1	
paromomycin sulfate capsule 250 mg oral	1	Mony Code (MONY Code)
streptomycin sulfate solution reconstituted 1 gm intramuscular	Non-Formulary	Medical Only Exclusion
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
TOBI PODHALER CAPSULE 28 MG INHALATION	2	PA; Specialty*; QL
tobramycin nebulization solution 300 mg/4ml inhalation	1	PA; Specialty*; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA; Specialty*; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA; Mony Code (MONY Code); Specialty*; QL

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Drug Name	Tier	Notes
tobramycin sulfate solution 1.2 gm/30ml injection	Non-Formulary	Medical Only Exclusion
tobramycin sulfate solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
tobramycin sulfate solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
tobramycin sulfate solution 2 gm/50ml injection	Non-Formulary	Medical Only Exclusion
tobramycin sulfate solution 80 mg/2ml injection	Non-Formulary	Medical Only Exclusion
tobramycin sulfate solution reconstituted 1.2 gm injection	Non-Formulary	Medical Only Exclusion
ZEMDRI SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ANALGESICS - ANTI-INFLAMMATORY		
****Antirheumatic - Janus Kinase (Jak) Inhibitors******		
OLUMIANT TABLET 1 MG ORAL	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
OLUMIANT TABLET 2 MG ORAL	3	PA; Specialty*; QL
OLUMIANT TABLET 4 MG ORAL	3	PA; Specialty*; QL
RINVOQ LQ SOLUTION 1 MG/ML ORAL	2	PA; Specialty*
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	2	PA; Specialty*
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	2	PA; Specialty*
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	2	PA; Specialty*
XELJANZ SOLUTION 1 MG/ML ORAL	2	PA; Specialty*; QL
XELJANZ TABLET 10 MG ORAL	2	PA; Specialty*; QL
XELJANZ TABLET 5 MG ORAL	2	PA; Specialty*; QL
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	2	PA; Specialty*; QL
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion

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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
Anti-Tnf-Alpha - Monoclonal Antibodies*		
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aacf (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
adalimumab-aacf (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aacf(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aacf(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aaty (1 pen) auto-injector kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aaty (1 pen) auto-injector kit 80 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aaty (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aaty (2 syringe) prefilled syringe kit 20 mg/0.2ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-aaty (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
adalimumab-aaty cd/uc/hs start auto-injector kit 80 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous	2	PA; Specialty*
adalimumab-adaz solution auto-injector 80 mg/0.8ml subcutaneous	2	PA; Specialty*
adalimumab-adaz solution prefilled syringe 10 mg/0.1ml subcutaneous	2	PA; Specialty*
adalimumab-adaz solution prefilled syringe 20 mg/0.2ml subcutaneous	2	PA; Specialty*
adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous	2	PA; Specialty*
adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; PA messaging (Non Rebateable)
adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; PA messaging (Non Rebateable)
adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; PA messaging (Non Rebateable)
adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; PA messaging (Non Rebateable)
adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
adalimumab-fkjp (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-fkjp (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-fkjp (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
adalimumab-ryvk (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; PA messaging (Non Rebateable)
adalimumab-ryvk (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty*; PA messaging (Non Rebateable)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
AMJEVITA-PED 10KG TO <15KG SOLUTION PREFILLED SYRINGE 10 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)

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Specialty* = Specialty*
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Drug Name	Tier	Notes
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)

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Drug Name	Tier	Notes
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA-PED<40KG CROHNS STARTER PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA-PED>/=40KG CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)

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Specialty* = Specialty*
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Drug Name	Tier	Notes
HUMIRA-PED>/=40KG UC STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA-PS/UV/ADOL HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HUMIRA-PSORIASIS/UVEIT STARTER AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients)
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HYRIMOZ-PED<40KG CROHN STARTER SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
HYRIMOZ-PED>/=40KG CROHN START SOLUTION PREFILLED SYRINGE 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
HYRIMOZ-PLAQ PSOR/UVEIT START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
IDACIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
IDACIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
IDACIO-CROHNS/UC STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
IDACIO-PSORIASIS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SIMLANDI (1 SYRINGE) PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA; Specialty*
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*
SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	3	PA; Specialty*
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	3	PA; Specialty*
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUFLYMA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
YUFLYMA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUSIMRY SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Cyclooxygenase 2 (Cox-2) Inhibitors*		
CELEBREX CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
CELEBREX CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion
CELEBREX CAPSULE 400 MG ORAL	Non-Formulary	Formulary Exclusion
CELEBREX CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
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*		

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Drug Name	Tier	Notes
auranofin capsule 3 mg oral	3	
RIDAURA CAPSULE 3 MG ORAL	3	
****Interleukin-1 Blockers******		
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	3	PA; Specialty*
****Interleukin-1 Receptor Antagonist (Il-1Ra)******		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
****Interleukin-1Beta Blockers******		
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
****Interleukin-6 Receptor Inhibitors******		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	3	PA; Specialty*; QL
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	3	PA; Specialty*; QL
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS	3	PA; Specialty*; QL
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	3	PA; Specialty*; QL

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
TOFIDENCE SOLUTION 200 MG/10ML INTRAVENOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
TOFIDENCE SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
TOFIDENCE SOLUTION 80 MG/4ML INTRAVENOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
TYENNE SOLUTION 200 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TYENNE SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TYENNE SOLUTION 80 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TYENNE SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	3	PA; Specialty*
TYENNE SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	3	PA; Specialty*

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
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Drug Name	Tier	Notes
Nonsteroidal Anti-Inflammatory Agent Combinations*		
active injection ket-l kit 30 & 1 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection ketmarc-l kit 30 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
ARTHROTEC TABLET DELAYED RELEASE 50-0.2 MG ORAL	Non-Formulary	Formulary Exclusion
ARTHROTEC TABLET DELAYED RELEASE 75-0.2 MG ORAL	Non-Formulary	Formulary Exclusion
COMBOGESIC SOLUTION 1000-300 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
COMBOGESIC TABLET 325-97.5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
diclofenac-misoprostol tablet delayed release 50-0.2 mg oral	1	

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Drug Name	Tier	Notes
diclofenac-misoprostol tablet delayed release 75-0.2 mg oral	1	
DUEXIS TABLET 800-26.6 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
flexipak therapy pack 75 & 0.025 mg-% combination	Non-Formulary	Non FDA Exclusion
ibuprofen-famotidine tablet 800-26.6 mg oral	1	Non Essential Drug Exclusion
inavix therapy pack 75 & 0.025 mg-% combination	Non-Formulary	Non FDA Exclusion
INFLAMMACIN THERAPY PACK 75 & 0.025 MG-% COMBINATION	Non-Formulary	Non FDA Exclusion
INFLATHERM THERAPY PACK 75 & 3-3 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
KETOROCAINE-L KIT 30 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
KETOROCAINE-LM KIT 30 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ketorolac-bupiv-ketamine solution prefilled syringe 60-150-60 mg/50ml injection	Non-Formulary	Non FDA Exclusion
ketorolac-ropiv-ketamine solution prefilled syringe 15-100-30 mg/50ml injection	Non-Formulary	Non FDA Exclusion
NAPROTIN KIT 500 & 0.025 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
naproxen-esomeprazole mg tablet delayed release 375-20 mg oral	1	Non Essential Drug Exclusion
naproxen-esomeprazole mg tablet delayed release 500-20 mg oral	1	Non Essential Drug Exclusion
NUDICLO TABPAK THERAPY PACK 75 & 0.025 MG-% COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK THERAPY PACK 200 MG COMBINATION	Non-Formulary	Non FDA Exclusion
PREVIDOLRX ANALGESIC THERAPY PACK 75-20-0.025 MG-MG-% COMBINATION	Non-Formulary	Non FDA Exclusion

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PA messaging = PA messaging
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Drug Name	Tier	Notes
previdolrx plus analgesic therapy pack 75 & 0.025 mg-% combination	Non-Formulary	Non FDA Exclusion
READYSHARP ANESTH + KETOROLAC KIT 15 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
TORONOVA II SUIK KIT 30 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
TORONOVA SUIK KIT 30 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZYNRELEF SOLUTION 200-6 MG/7ML INJECTION	Non-Formulary	Medical Only Exclusion
ZYNRELEF SOLUTION 400-12 MG/14ML INJECTION	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
Nonsteroidal Anti-Inflammatory Agents (Nsaids)		
ANJESO INJECTABLE 30 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CALDOLOR SOLUTION 800 MG/200ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CALDOLOR SOLUTION 800 MG/8ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CATAFLAM TABLET 50 MG ORAL	1	
COXANTO CAPSULE 300 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DAYPRO TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
dfs dr/ms/menth/cap pak kit 75 mg combination	Non-Formulary	Non FDA Exclusion
diclofenac capsule 35 mg oral	3	Non Essential Drug Exclusion
diclofenac potassium capsule 25 mg oral	1	Non Essential Drug Exclusion
diclofenac potassium tablet 25 mg oral	1	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
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-NAPROSYN TABLET DELAYED RELEASE 375 MG ORAL	Non-Formulary	Formulary Exclusion
EC-NAPROSYN TABLET DELAYED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
ec-naproxen tablet delayed release 375 mg oral	1	
ec-naproxen tablet delayed release 500 mg oral	1	
etodolac capsule 200 mg oral	1	

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Drug Name	Tier	Notes
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	
FELDENE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
FELDENE CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion
fenoprofen calcium capsule 200 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code Issue)
fenoprofen calcium capsule 200 mg oral	3	Non Essential Drug Exclusion
fenoprofen calcium capsule 200 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
fenoprofen calcium capsule 400 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
fenoprofen calcium tablet 600 mg oral	1	Mony Code (MONY code issue)
FENOPRON CAPSULE 300 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
FENORTHO CAPSULE 200 MG ORAL	3	Non Essential Drug Exclusion
flurbiprofen tablet 100 mg oral	1	
flurbiprofen tablet 50 mg oral	3	
IBU TABLET 400 MG ORAL	1	
IBU TABLET 600 MG ORAL	1	
IBU TABLET 800 MG ORAL	1	
IBUPAK KIT 600 MG ORAL	Non-Formulary	Non FDA Exclusion
ibuprofen lysine solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ibuprofen suspension 100 mg/5ml oral (rx)	1	
ibuprofen suspension 200 mg/10ml oral	1	

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ibuprofen tablet 400 mg oral	1	
ibuprofen tablet 600 mg oral	1	
ibuprofen tablet 800 mg oral	1	
INDOCIN SUPPOSITORY 50 MG RECTAL	1	Non Essential Drug Exclusion
INDOCIN SUSPENSION 25 MG/5ML ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
indomethacin capsule 20 mg oral	3	Non Essential Drug Exclusion
indomethacin capsule 25 mg oral	1	
indomethacin capsule 50 mg oral	1	
indomethacin er capsule extended release 75 mg oral	1	
indomethacin sodium solution reconstituted 1 mg intravenous	Non-Formulary	Medical Only Exclusion
indomethacin sodium solution reconstituted 1 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
indomethacin suppository 100 mg rectal	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
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Drug Name	Tier	Notes
indomethacin suppository 50 mg rectal	1	Non Essential Drug Exclusion
indomethacin suspension 25 mg/5ml oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ketoprofen capsule 25 mg oral	1	Mony Code (MONY Code Issue)
ketoprofen capsule 25 mg oral	1	Mony Code (MONY Code)
ketoprofen capsule 50 mg oral	3	
ketoprofen capsule 75 mg oral	3	
ketoprofen er capsule extended release 24 hour 200 mg oral	1	Mony Code (MONY Code)
ketorolac tromethamine solution 15 mg/ml injection	1	
ketorolac tromethamine solution 15.75 mg/spray nasal	3	Non Essential Drug Exclusion
ketorolac tromethamine solution 30 mg/ml injection	1	

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Drug Name	Tier	Notes
ketorolac tromethamine solution 30 mg/ml injection	Non-Formulary	Non FDA Exclusion
ketorolac tromethamine solution 30 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
ketorolac tromethamine solution 60 mg/2ml intramuscular	1	
ketorolac tromethamine solution 60 mg/2ml intramuscular	1	Mony Code (MONY Code)
ketorolac tromethamine tablet 10 mg oral	1	QL
KIPROFEN CAPSULE 25 MG ORAL	1	Mony Code (MONY CODE ISSUE)
LODINE TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
LOFENA TABLET 25 MG ORAL	1	Non Essential Drug Exclusion
LURBIPR TABLET 100 MG ORAL	1	
meclofenamate sodium capsule 100 mg oral	3	
meclofenamate sodium capsule 50 mg oral	3	

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Drug Name	Tier	Notes
mefenamic acid capsule 250 mg oral	1	
meloxicam capsule 10 mg oral	1	Non Essential Drug Exclusion
meloxicam capsule 5 mg oral	1	Non Essential Drug Exclusion
meloxicam suspension 7.5 mg/5ml oral	3	Non Essential Drug Exclusion
meloxicam tablet 15 mg oral	1	
meloxicam tablet 7.5 mg oral	1	
MOBIC TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
MOBIC TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
nabumetone tablet 500 mg oral	1	
nabumetone tablet 750 mg oral	1	
NALFON CAPSULE 400 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
NALFON TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
NAPROSYN SUSPENSION 125 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
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	Non Essential Drug Exclusion
naproxen sodium er tablet extended release 24 hour 500 mg oral	1	Non Essential Drug Exclusion
naproxen sodium er tablet extended release 24 hour 750 mg oral	1	Non Essential Drug Exclusion
naproxen sodium tablet 275 mg oral	1	
naproxen sodium tablet 550 mg oral	1	

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Drug Name	Tier	Notes
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	
NEOPROFEN SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NUDROXIPAK DSDR-50 KIT 50 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK DSDR-75 KIT 75 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK E-400 KIT 400 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK I-800 KIT 800 MG COMBINATION	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
NUDROXIPAK M-15 KIT 15 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK N-500 KIT 500 MG COMBINATION	Non-Formulary	Non FDA Exclusion
oxaprozin capsule 300 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
oxaprozin tablet 600 mg oral	1	
piroxicam capsule 10 mg oral	1	
piroxicam capsule 20 mg oral	1	
QMIIZ ODT TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
QMIIZ ODT TABLET DISPERSIBLE 7.5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
RELAFEN DS TABLET 1000 MG ORAL	3	Non Essential Drug Exclusion
RELAFEN TABLET 500 MG ORAL	1	
RELAFEN TABLET 750 MG ORAL	1	

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Drug Name	Tier	Notes
SPRIX SOLUTION 15.75 MG/SPRAY NASAL	3	Non Essential Drug Exclusion
sulindac tablet 150 mg oral	1	
sulindac tablet 200 mg oral	1	
TIVORBEX CAPSULE 20 MG ORAL	3	Non Essential Drug Exclusion
TOLECTIN 600 TABLET 600 MG ORAL	3	
tolmetin sodium capsule 400 mg oral	3	
tolmetin sodium tablet 600 mg oral	3	
TRESNI SUPPOSITORY 100 MG RECTAL	Non-Formulary	Non FDA Exclusion
VIVLODEX CAPSULE 10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
VIVLODEX CAPSULE 5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZIPSOR CAPSULE 25 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZORVOLEX CAPSULE 18 MG ORAL	3	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
ZORVOLEX CAPSULE 35 MG ORAL	3	Non Essential Drug Exclusion
****Nsaid-Dietary Management Combinations******		
PRASTERA KIT 200 & 400 MG ORAL	Non-Formulary	Non FDA Exclusion
****Nsaid-Pyrimidine Synthesis Inhibitors Combinations******		
LEFLUNICLO KIT 20 & 1 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
****Phosphodiesterase 4 (Pde4) Inhibitors******		
OTEZLA TABLET 20 MG ORAL	2	PA; Specialty*; QL
OTEZLA TABLET 30 MG ORAL	2	PA; Specialty*; QL
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
OTEZLA TABLET THERAPY PACK 4 X 10 & 51 X20 MG ORAL	2	PA; Specialty*; QL
Pyrimidine Synthesis Inhibitors*		
ARAVA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ARAVA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
leflunomide tablet 10 mg oral	1	
leflunomide tablet 20 mg oral	1	
Selective Costimulation Modulators*		
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	3	PA; Specialty*
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	3	PA; Specialty*
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	3	PA; Specialty*
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	3	PA; Specialty*

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Drug Name	Tier	Notes
ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
****Soluble Tumor Necrosis Factor Receptor Agents******		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	2	PA; Specialty*
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	2	PA; Specialty*
ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	2	PA; Specialty*
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
ANALGESICS - NONNARCOTIC		
****Analgesics - Selective Nav1.8 Sodium Channel Inhibitors******		
JOURNAVX TABLET 50 MG ORAL	3	PA; QL
****Analgesics Other******		
acetaminophen solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
acetaminophen solution 1000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
acetaminophen solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
clonidine hcl (analgesia) solution 100 mcg/ml epidural	Non-Formulary	Medical Only Exclusion
clonidine hcl (analgesia) solution 500 mcg/ml epidural	Non-Formulary	Medical Only Exclusion
DURACLON SOLUTION 100 MCG/ML EPIDURAL	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
LOTREXONE CAPSULE 1.5 MG ORAL	Non-Formulary	Non FDA Exclusion
LOTREXONE CAPSULE 4.5 MG ORAL	Non-Formulary	Non FDA Exclusion
NALTREX CAPSULE 1.5 MG ORAL	Non-Formulary	Non FDA Exclusion
NALTREX CAPSULE 4.5 MG ORAL	Non-Formulary	Non FDA Exclusion
OFIRMEV SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Analgesics-Sedatives*		
ALLZITAL TABLET 25-325 MG ORAL	1	Non Essential Drug Exclusion; Mony Code (MONY Code Issue)
ALLZITAL TABLET 25-325 MG ORAL	3	Non Essential Drug Exclusion
BAC (BUTALBITAL-ACETAMIN-CAFF) TABLET 50-325-40 MG ORAL	1	
BUPAP TABLET 50-300 MG ORAL	1	Non Essential Drug Exclusion
butalbital-acetaminophen capsule 50-300 mg oral	1	Non Essential Drug Exclusion
butalbital-acetaminophen capsule 50-300 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
butalbital-acetaminophen capsule 50-300 mg oral	Non-Formulary	Non Essential Drug Exclusion; Mony Code (MONY Code); Formulary Exclusion
butalbital-acetaminophen tablet 50-300 mg oral	1	Non Essential Drug Exclusion
butalbital-acetaminophen tablet 50-325 mg oral	1	
butalbital-apap-caffeine capsule 50-300-40 mg oral	1	
butalbital-apap-caffeine capsule 50-325-40 mg oral	1	
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	
ESGIC TABLET 50-325-40 MG ORAL	Non-Formulary	Formulary Exclusion
FIORICET CAPSULE 50-300-40 MG ORAL	Non-Formulary	Formulary Exclusion
FIORINAL CAPSULE 50-325-40 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
TENCON TABLET 50-325 MG ORAL	1	Mony Code (MONY Code)
VTOL LQ SOLUTION 50-325-40 MG/15ML ORAL	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
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	

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Drug Name	Tier	Notes
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	

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
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	
DOLOBID TABLET 250 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DOLOBID TABLET 375 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
salsalate tablet 500 mg oral	Non-Formulary	Formulary Exclusion
salsalate tablet 750 mg oral	Non-Formulary	Formulary Exclusion
sb aspirin adult low strength tablet delayed release 81 mg oral	1	

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Drug Name	Tier	Notes
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	
sm childrens aspirin tablet chewable 81 mg oral	1	
ST JOSEPH ASPIRIN TABLET DELAYED RELEASE 81 MG ORAL	1	

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Drug Name	Tier	Notes
ST JOSEPH LOW DOSE TABLET CHEWABLE 81 MG ORAL	1	
ST JOSEPH LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	1	
Selective N-Type Neuronal Calcium Channel Blockers*		
PRIALT SOLUTION 100 MCG/ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
PRIALT SOLUTION 500 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
PRIALT SOLUTION 500 MCG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
ANALGESICS - OPIOID*		
Codeine Combinations*		
acetaminophen-codeine solution 120-12 mg/5ml oral	1	Mony Code (MONY Code Issue)

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Drug Name	Tier	Notes
acetaminophen-codeine solution 120-12 mg/5ml oral	3	
acetaminophen-codeine solution 120-12 mg/5ml oral	1	Mony Code (MONY CODE ISSUE)
acetaminophen-codeine solution 120-12 mg/5ml oral	1	
acetaminophen-codeine solution 300-30 mg/12.5ml oral	1	Mony Code (MONY code issue)
acetaminophen-codeine solution 300-30 mg/12.5ml oral	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	

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Drug Name	Tier	Notes
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	
FIORICET/CODEINE CAPSULE 50-300-40-30 MG ORAL	Non-Formulary	Formulary Exclusion
FIORINAL/CODEINE #3 CAPSULE 50-325-40-30 MG ORAL	Non-Formulary	Formulary Exclusion
Dihydrocodeine Combinations*		
apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral	1	Mony Code (MONY Code)
apap-caff-dihydrocodeine tablet 325-30-16 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
TREZIX CAPSULE 320.5-30-16 MG ORAL	3	

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Drug Name	Tier	Notes
Fentanyl Combinations*		
fentanyl cit-bupivacaine hcl solution 2-0.125 mcg/ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl citrate-ropivacaine solution prefilled syringe 0.1-0.15 mg/50ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural	Non-Formulary	Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.3-0.2-0.9 mg/150ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
fentanyl cit-ropivacaine-nacl solution 0.4-0.1-0.9 mg/200ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.4-0.2-0.9 mg/200ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural	Non-Formulary	Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.5-0.2-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution prefilled syringe 0.1-0.1-0.9 mg/50ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.0625-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
fentanyl-bupivacaine-nacl solution 0.5-0.04-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.0625-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.075-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.125-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.8-0.1667-0.9 mg/200ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 1-0.125-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 2-0.125-0.9 mcg/ml-%-% injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
fentanyl-bupivacaine-nacl solution prefilled syringe 0.1-0.125-0.9 mg/50ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
****Hydrocodone Combinations******		
hydrocodone-acetaminophen solution 10-300 mg/15ml oral	3	QL
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	1	
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	1	Mony Code (MONY Code)
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	2	
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
hydrocodone-ibuprofen tablet 10-200 mg oral	1	
hydrocodone-ibuprofen tablet 10-200 mg oral	1	Mony Code (MONY code issue)
hydrocodone-ibuprofen tablet 5-200 mg oral	1	
hydrocodone-ibuprofen tablet 5-200 mg oral	1	Mony Code (MONY Code)
hydrocodone-ibuprofen tablet 7.5-200 mg oral	1	
LORTAB ELIXIR 10-300 MG/15ML ORAL	3	QL
NORCO TABLET 10-325 MG ORAL	Non-Formulary	Formulary Exclusion
NORCO TABLET 5-325 MG ORAL	Non-Formulary	Formulary Exclusion
NORCO TABLET 7.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
Opioid Agonists*		
ACTIQ LOZENGE ON A HANDLE 1200 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 1600 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL

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Drug Name	Tier	Notes
ACTIQ LOZENGE ON A HANDLE 200 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 400 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 600 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 800 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
alfentanil hcl solution 1000 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
alfentanil hcl solution 2500 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG ORAL	Non-Formulary	Formulary Exclusion
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 30 MG ORAL	Non-Formulary	Formulary Exclusion
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG ORAL	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
codeine sulfate tablet 15 mg oral	1	Mony Code (MONY Code)
codeine sulfate tablet 30 mg oral	1	
codeine sulfate tablet 30 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
codeine sulfate tablet 60 mg oral	1	Mony Code (MONY Code)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	Non Essential Drug Exclusion
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	Non Essential Drug Exclusion
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	Non Essential Drug Exclusion
DEMEROL SOLUTION 100 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DEMEROL SOLUTION 25 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DEMEROL SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DEMEROL SOLUTION 75 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID LIQUID 1 MG/ML ORAL	Non-Formulary	Formulary Exclusion
DILAUDID SOLUTION 0.2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID SOLUTION 1 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID SOLUTION 2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
DILAUDID TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
DILAUDID TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
DSUVIA TABLET SUBLINGUAL 30 MCG SUBLINGUAL	Non-Formulary	Medical Only Exclusion
DURAGESIC-100 PATCH 72 HOUR 100 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
DURAGESIC-12 PATCH 72 HOUR 12 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DURAGESIC-25 PATCH 72 HOUR 25 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DURAGESIC-50 PATCH 72 HOUR 50 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DURAGESIC-75 PATCH 72 HOUR 75 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
duramorph solution 0.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
duramorph solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 1000 mcg/20ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 250 mcg/5ml injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
fentanyl citrate (pf) solution 2500 mcg/50ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 50 mcg/ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 50 mcg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
fentanyl citrate (pf) solution 500 mcg/10ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 500 mcg/10ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
fentanyl citrate (pf) solution cartridge 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution cartridge 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
fentanyl citrate lozenge on a handle 1200 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 1200 mcg buccal	1	PA; Mony Code (MONY code issue); QL

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Drug Name	Tier	Notes
fentanyl citrate lozenge on a handle 1600 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 1600 mcg buccal	1	PA; Mony Code (MONY code issue); QL
fentanyl citrate lozenge on a handle 200 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 200 mcg buccal	1	PA; Mony Code (MONY code issue); QL
fentanyl citrate lozenge on a handle 400 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 400 mcg buccal	1	PA; Mony Code (MONY code issue); QL
fentanyl citrate lozenge on a handle 600 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 600 mcg buccal	1	PA; Mony Code (MONY code issue); QL

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
fentanyl citrate lozenge on a handle 800 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 800 mcg buccal	1	PA; Mony Code (MONY code issue); QL
fentanyl citrate pf solution prefilled syringe 25 mcg/0.5ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate pf solution prefilled syringe 50 mcg/ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution 1000 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 1000 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 1500 mcg/30ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution 1500 mcg/30ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 1600 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
fentanyl citrate solution 2000 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 2500 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 10 mcg/ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/10ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
fentanyl citrate solution prefilled syringe 100 mcg/2ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 1000 mcg/20ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 1250 mcg/25ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 1500 mcg/30ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 20 mcg/2ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 250 mcg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 250 mcg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 2500 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
fentanyl citrate solution prefilled syringe 2750 mcg/55ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 50 mcg/5ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 50 mcg/ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 500 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion
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 citrate-nacl solution 1.25-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% injection	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% injection	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 5-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 5-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/2ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution prefilled syringe 1000-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
fentanyl citrate-nacl solution prefilled syringe 2500-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 5-0.9 mcg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 500-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 550-0.9 mcg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
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	

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Drug Name	Tier	Notes
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 10 mg oral	1	Mony Code (MONY Code)
hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral	1	Mony Code (MONY Code)
hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral	1	Mony Code (MONY Code)
hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral	1	Mony Code (MONY Code)
hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral	1	Mony Code (MONY Code)
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	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydromorphone hcl er tablet extended release 24 hour 8 mg oral	1	
hydromorphone hcl liquid 1 mg/ml oral	1	
hydromorphone hcl pf solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 50 mg/5ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 50 mg/5ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
hydromorphone hcl pf solution 500 mg/50ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl solution 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl solution 0.2 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydromorphone hcl solution 0.2 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl solution 0.25 mg/0.5ml injection	3	
hydromorphone hcl solution 0.5 mg/ml injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
hydromorphone hcl suppository 3 mg rectal	Non-Formulary	Non FDA Exclusion
hydromorphone hcl tablet 2 mg oral	1	
hydromorphone hcl tablet 4 mg oral	1	
hydromorphone hcl tablet 8 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 100-0.9 mg/100ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 100-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 25-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
hydromorphone hcl-nacl solution 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 6-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 0.2-0.9 mg/0.2ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 0.5-0.9 mg/0.5ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 1-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydromorphone hcl-nacl solution prefilled syringe 10-0.9 mg/50ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 10-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 15-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 2-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 25-0.9 mg/25ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 25-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydromorphone hcl-nacl solution prefilled syringe 5-0.9 mg/25ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 55-0.9 mg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 6-0.9 mg/30ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 6-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL	Non-Formulary	Formulary Exclusion
INFUMORPH 200 SOLUTION 200 MG/20ML (10 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
INFUMORPH 500 SOLUTION 500 MG/20ML (25 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
levorphanol tartrate tablet 3 mg oral	1	
levorphanol tartrate tablet 3 mg oral	1	Mony Code (MONY code issue)
levorphanol tartrate tablet 3 mg oral	1	Mony Code (MONY Code)
meperidine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
meperidine hcl solution 25 mg/ml injection	Non-Formulary	Medical Only Exclusion
meperidine hcl solution 50 mg/5ml oral	Non-Formulary	Formulary Exclusion
meperidine hcl solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
meperidine hcl tablet 50 mg oral	Non-Formulary	Formulary Exclusion
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 10 mg/5ml oral	Non-Formulary	Formulary Exclusion
methadone hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
methadone hcl solution 5 mg/5ml oral	1	

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Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
methadone hcl solution 5 mg/5ml oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
methadone hcl solution prefilled syringe 10 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
methadone hcl tablet 10 mg oral	1	
methadone hcl tablet 5 mg oral	1	
methadone hcl tablet soluble 40 mg oral	1	
methadone hcl-sodium chloride solution prefilled syringe 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
methadone hcl-sodium chloride solution prefilled syringe 10-0.8 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
methadone hcl-sodium chloride solution prefilled syringe 5-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
METHADOSE CONCENTRATE 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
METHADOSE SUGAR-FREE CONCENTRATE 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
METHADOSE TABLET SOLUBLE 40 MG ORAL	1	
MITIGO SOLUTION 200 MG/20ML (10 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
MITIGO SOLUTION 500 MG/20ML (25 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
morphine sulfate (concentrate) solution 100 mg/5ml oral	1	
morphine sulfate (concentrate) solution 100 mg/5ml oral	1	Mony Code (MONY code issue)
morphine sulfate (concentrate) solution 20 mg/ml oral	1	
morphine sulfate (pf) solution 0.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
morphine sulfate (pf) solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate (pf) solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 8 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 8 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
morphine sulfate er beads capsule extended release 24 hour 120 mg oral	1	Mony Code (MONY Code)
morphine sulfate er beads capsule extended release 24 hour 30 mg oral	1	Mony Code (MONY Code)
morphine sulfate er beads capsule extended release 24 hour 45 mg oral	1	Mony Code (MONY Code)
morphine sulfate er beads capsule extended release 24 hour 60 mg oral	1	Mony Code (MONY Code)
morphine sulfate er beads capsule extended release 24 hour 75 mg oral	1	Mony Code (MONY Code)
morphine sulfate er beads capsule extended release 24 hour 90 mg oral	1	Mony Code (MONY Code)
morphine sulfate er capsule extended release 24 hour 10 mg oral	1	
morphine sulfate er capsule extended release 24 hour 10 mg oral	1	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
morphine sulfate er capsule extended release 24 hour 100 mg oral	1	
morphine sulfate er capsule extended release 24 hour 100 mg oral	1	Mony Code (MONY code issue)
morphine sulfate er capsule extended release 24 hour 20 mg oral	1	
morphine sulfate er capsule extended release 24 hour 20 mg oral	1	Mony Code (MONY code issue)
morphine sulfate er capsule extended release 24 hour 30 mg oral	1	
morphine sulfate er capsule extended release 24 hour 30 mg oral	1	Mony Code (MONY code issue)
morphine sulfate er capsule extended release 24 hour 40 mg oral	3	
morphine sulfate er capsule extended release 24 hour 50 mg oral	1	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
morphine sulfate er capsule extended release 24 hour 50 mg oral	1	Mony Code (MONY code issue)
morphine sulfate er capsule extended release 24 hour 60 mg oral	1	
morphine sulfate er capsule extended release 24 hour 60 mg oral	1	Mony Code (MONY code issue)
morphine sulfate er capsule extended release 24 hour 80 mg oral	1	
morphine sulfate er capsule extended release 24 hour 80 mg oral	1	Mony Code (MONY code issue)
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	

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Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
morphine sulfate er tablet extended release 30 mg oral	1	
morphine sulfate er tablet extended release 60 mg oral	1	
morphine sulfate solution 0.5 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion
morphine sulfate solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY Code)
morphine sulfate solution 10 mg/5ml oral	1	
morphine sulfate solution 10 mg/5ml oral	1	Mony Code (MONY code issue)
morphine sulfate solution 10 mg/ml intravenous	1	Mony Code (MONY code issue)
morphine sulfate solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
morphine sulfate solution 20 mg/5ml oral	1	
morphine sulfate solution 20 mg/5ml oral	1	Mony Code (MONY code issue)
morphine sulfate solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 50 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 8 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate suppository 10 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate suppository 20 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate suppository 30 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate suppository 5 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate tablet 15 mg oral	1	
morphine sulfate tablet 15 mg oral	1	Mony Code (MONY Code)
morphine sulfate tablet 30 mg oral	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
morphine sulfate tablet 30 mg oral	1	Mony Code (MONY Code)
morphine sulfate tablet 30 mg oral	2	
morphine sulfate-nacl solution 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 250-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 500-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 150-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
morphine sulfate-nacl solution prefilled syringe 2-0.9 mg/2ml-% injection	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 2-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 4-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 5-0.9 mg/5ml-% injection	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 55-0.9 mg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion
MS CONTIN TABLET EXTENDED RELEASE 100 MG ORAL	Non-Formulary	Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL	Non-Formulary	Formulary Exclusion
MS CONTIN TABLET EXTENDED RELEASE 200 MG ORAL	Non-Formulary	Formulary Exclusion
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion
MS CONTIN TABLET EXTENDED RELEASE 60 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
OLINVYK SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OLINVYK SOLUTION 2 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OLINVYK SOLUTION 30 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OXAYDO TABLET 5 MG ORAL	3	
OXAYDO TABLET 7.5 MG ORAL	3	
oxycodone hcl capsule 5 mg oral	Non-Formulary	Formulary Exclusion
oxycodone hcl concentrate 100 mg/5ml oral	1	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral	3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral	1	Mony Code (MONY Code)
oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral	1	Mony Code (MONY Code)
oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral	3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral	1	Mony Code (MONY Code)
oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral	1	Mony Code (MONY Code)
oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral	3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral	1	Mony Code (MONY Code)

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Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral	1	Mony Code (MONY Code)
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral	3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral	1	Mony Code (MONY Code)
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	
oxycodone hcl tablet abuse-deterrent 10 mg oral	Non-Formulary	Formulary Exclusion
oxycodone hcl tablet abuse-deterrent 15 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
oxycodone hcl tablet abuse-deterrent 30 mg oral	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
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New to Market Exclusion = New to Market Exclusion
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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
oxycodone hcl tablet abuse-deterrent 5 mg oral	Non-Formulary	Formulary Exclusion
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	

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	Mony Code (MONY Code)
oxymorphone hcl er tablet extended release 12 hour 40 mg oral	1	Mony Code (MONY Code)
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	Non Essential Drug Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
remifentanil hcl solution reconstituted 1 mg intravenous	Non-Formulary	Medical Only Exclusion
remifentanil hcl solution reconstituted 2 mg intravenous	Non-Formulary	Medical Only Exclusion
remifentanil hcl solution reconstituted 5 mg intravenous	Non-Formulary	Medical Only Exclusion
ROXICODONE TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
ROXICODONE TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
ROXICODONE TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ROXYBOND TABLET ABUSE-DETERRENT 10 MG ORAL	Non-Formulary	Formulary Exclusion
ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL	Non-Formulary	Formulary Exclusion
ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL	Non-Formulary	Formulary Exclusion
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
sufentanil citrate solution 100 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
sufentanil citrate solution 100 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
sufentanil citrate solution 250 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
sufentanil citrate solution 250 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
sufentanil citrate solution 50 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
SYNAPRYN FUSEPAQ SUSPENSION RECONSTITUTED 10 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
tramadol hcl (er biphasic) capsule extended release 24 hour 100 mg oral	3	Non Essential Drug Exclusion
tramadol hcl (er biphasic) capsule extended release 24 hour 200 mg oral	3	Non Essential Drug Exclusion
tramadol hcl (er biphasic) capsule extended release 24 hour 300 mg oral	3	Non Essential Drug Exclusion
tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral	1	
tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral	1	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral	1	
tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral	1	Mony Code (MONY code issue)
tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral	1	
tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral	1	Mony Code (MONY code issue)
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	Non Essential Drug Exclusion
tramadol hcl tablet 100 mg oral	1	

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Drug Name	Tier	Notes
tramadol hcl tablet 25 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
tramadol hcl tablet 50 mg oral	1	
tramadol hcl tablet 75 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ULTIVA SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTIVA SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTIVA SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTRAM TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
nalocet tablet 2.5-300 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
oxycodone-acetaminophen solution 10-300 mg/5ml oral	3	Non Essential Drug Exclusion
oxycodone-acetaminophen solution 5-325 mg/5ml oral	3	
oxycodone-acetaminophen tablet 10-300 mg oral	3	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 10-325 mg oral	1	
oxycodone-acetaminophen tablet 2.5-300 mg oral	3	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 2.5-325 mg oral	1	
oxycodone-acetaminophen tablet 5-300 mg oral	3	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 5-325 mg oral	1	
oxycodone-acetaminophen tablet 7.5-300 mg oral	3	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 7.5-325 mg oral	1	
PERCOCET TABLET 10-325 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
PERCOCET TABLET 2.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
PERCOCET TABLET 5-325 MG ORAL	Non-Formulary	Formulary Exclusion
PERCOCET TABLET 7.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
PROLATE SOLUTION 10-300 MG/5ML ORAL	3	Non Essential Drug Exclusion
PROLATE TABLET 10-300 MG ORAL	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
PROLATE TABLET 5-300 MG ORAL	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
PROLATE TABLET 7.5-300 MG ORAL	3	Non Essential Drug Exclusion
Opioid Partial Agonists*		
BELBUCA FILM 150 MCG BUCCAL	2	
BELBUCA FILM 300 MCG BUCCAL	2	
BELBUCA FILM 450 MCG BUCCAL	2	
BELBUCA FILM 600 MCG BUCCAL	2	
BELBUCA FILM 75 MCG BUCCAL	2	

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Drug Name	Tier	Notes
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

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Drug Name	Tier	Notes
BUNAVAIL FILM 4.2-0.7 MG BUCCAL	Non-Formulary	Formulary Exclusion; QL
BUPRENEX SOLUTION 0.3 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
buprenorphine hcl solution 0.3 mg/ml injection	Non-Formulary	Medical Only Exclusion
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	

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Drug Name	Tier	Notes
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
buprenorphine patch weekly 10 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 10 mcg/hr transdermal	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
buprenorphine patch weekly 15 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 15 mcg/hr transdermal	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
buprenorphine patch weekly 20 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 20 mcg/hr transdermal	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion

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Drug Name	Tier	Notes
buprenorphine patch weekly 5 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 5 mcg/hr transdermal	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
buprenorphine patch weekly 7.5 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 7.5 mcg/hr transdermal	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
butorphanol tartrate solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
butorphanol tartrate solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
butorphanol tartrate solution 10 mg/ml nasal	1	
butorphanol tartrate solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
nalbuphine hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
nalbuphine hcl solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion
pentazocine-naloxone hcl tablet 50-0.5 mg oral	Non-Formulary	Formulary Exclusion
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	3	PA; Specialty*; QL
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	3	PA; Specialty*; QL
SUBOXONE FILM 12-3 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
SUBOXONE FILM 2-0.5 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SUBOXONE FILM 4-1 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SUBOXONE FILM 8-2 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
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*		

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Drug Name	Tier	Notes
SEGLENTIS TABLET 56-44 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
tramadol-acetaminophen tablet 37.5-325 mg oral	1	
ULTRACET TABLET 37.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
ANDROGENS-ANABOLIC		
****Anabolic Steroids******		
oxandrolone tablet 10 mg oral	1	
oxandrolone tablet 10 mg oral	1	Mony Code (MONY code issue)
oxandrolone tablet 2.5 mg oral	1	
oxandrolone tablet 2.5 mg oral	1	Mony Code (MONY code issue)
****Androgens******		
ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	3	PA
ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	3	PA

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Drug Name	Tier	Notes
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; Specialty*
AZMIRO SOLUTION PREFILLED SYRINGE 200 MG/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
danazol capsule 100 mg oral	1	
danazol capsule 200 mg oral	1	

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Drug Name	Tier	Notes
danazol capsule 50 mg oral	1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	3	PA
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	1	PA
ec-rx testosterone cream 0.2 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx testosterone cream 0.4 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx testosterone cream 10 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx testosterone cream 20 % transdermal	Non-Formulary	Non FDA Exclusion
FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion
JATENZO CAPSULE 158 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
JATENZO CAPSULE 198 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
JATENZO CAPSULE 237 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
KYZATREX CAPSULE 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL

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Drug Name	Tier	Notes
KYZATREX CAPSULE 150 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
KYZATREX CAPSULE 200 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
methitest tablet 10 mg oral	3	
methyltestosterone capsule 10 mg oral	1	
methyltestosterone capsule 10 mg oral	1	Mony Code (MONY Code)
NATESTO GEL 5.5 MG/ACT NASAL	3	PA
TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL	3	PA
TESTONE CIK KIT 200 MG/ML INTRAMUSCULAR	Non-Formulary	Non FDA Exclusion
TESTOPEL PELLET 75 MG IMPLANT	3	PA
testosterone cypionate solution 100 mg/ml intramuscular	1	PA
testosterone cypionate solution 200 mg/ml injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
testosterone cypionate solution 200 mg/ml intramuscular	1	PA
testosterone enanthate solution 200 mg/ml intramuscular	1	PA; Mony Code (MONY Code)
testosterone gel 1.62 % transdermal	1	PA
testosterone gel 10 mg/act (2%) transdermal	1	PA; Mony Code (MONY code issue)
testosterone gel 10 mg/act (2%) transdermal	1	PA; Mony Code (MONY Code)
testosterone gel 12.5 mg/act (1%) transdermal	1	PA
testosterone gel 12.5 mg/act (1%) transdermal	1	PA; Mony Code (MONY Code)
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	1	PA; Mony Code (MONY code issue)
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	3	PA
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA

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Notes
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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 gel 50 mg/5gm (1%) transdermal	1	PA; Mony Code (MONY Code)
testosterone pellet 100 mg implant	Non-Formulary	Non FDA Exclusion
testosterone pellet 200 mg implant	Non-Formulary	Non FDA Exclusion
testosterone pellet 25 mg implant	Non-Formulary	Non FDA Exclusion
testosterone pellet 37.5 mg implant	Non-Formulary	Non FDA Exclusion
testosterone pellet 50 mg implant	Non-Formulary	Non FDA Exclusion
testosterone pellet 87.5 mg implant	Non-Formulary	Non FDA Exclusion
testosterone solution 30 mg/act transdermal	1	PA
TLANDO CAPSULE 112.5 MG ORAL	3	PA; QL
UNDECATREX CAPSULE 200 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL

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Drug Name	Tier	Notes
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	
budesonide foam 2 mg/act rectal	1	

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Drug Name	Tier	Notes
CORTENEMA ENEMA 100 MG/60ML RECTAL	Non-Formulary	Formulary Exclusion
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	
RECTIV OINTMENT 0.4 % RECTAL	Non-Formulary	Formulary Exclusion
Rectal Anesthetic/Steroids		
ANA-LEX KIT 2-2 % RECTAL	Non-Formulary	Non FDA Exclusion
ANALPRAM HC CREAM 2.5-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ANALPRAM HC SINGLES CREAM 2.5-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ANALPRAM-HC CREAM 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ANALPRAM-HC LOTION 2.5-1 % EXTERNAL	3	
hydrocortisone ace-pramoxine cream 1-1 % external	1	Mony Code (MONY code issue)
hydrocortisone ace-pramoxine suppository 25-18 mg rectal	Non-Formulary	Non FDA Exclusion
hydrocort-pramoxine (perianal) cream 2.5-1 % external	Non-Formulary	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	Non-Formulary	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	Non-Formulary	Non FDA Exclusion
lidocaine-hydrocortisone ace gel 2.8-0.55 % rectal	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace kit 2-2 % rectal	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-1 % rectal	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-2.5 % rectal	Non-Formulary	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 3-2.5 % rectal	Non-Formulary	Formulary Exclusion
LIDOCORT CREAM 3-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PROCORT CREAM 1.85-1.15 % EXTERNAL	Non-Formulary	Formulary Exclusion
PROCTOFOAM HC FOAM 1-1 % EXTERNAL	3	
Rectal Local Anesthetics*		
lidocaine (anorectal) suppository 50 mg rectal	Non-Formulary	Non FDA Exclusion
Rectal Products - Misc.*		
BARRIGEL GEL 20 MG/ML RECTAL	Non-Formulary	Non FDA Exclusion
Rectal Steroids*		
anucort-hc suppository 25 mg rectal	1	
ANUSOL-HC CREAM 2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ANUSOL-HC SUPPOSITORY 25 MG RECTAL	1	
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	Non-Formulary	Non FDA Exclusion
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	1	
HEMMOREX-HC SUPPOSITORY 30 MG RECTAL	1	
hydrocortisone (perianal) cream 1 % external	1	Mony Code (MONY code issue)
hydrocortisone (perianal) cream 2.5 % external	1	
hydrocortisone acetate suppository 25 mg rectal	Non-Formulary	Non FDA Exclusion
hydrocortisone acetate suppository 25 mg rectal	1	
hydrocortisone acetate suppository 30 mg rectal	1	
hydrocortisone acetate suppository 30 mg rectal	Non-Formulary	Non FDA Exclusion
hydrocortisone acetate suppository 30 mg rectal	Non-Formulary	Formulary Exclusion
PROCTOCORT CREAM 1 % EXTERNAL	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion

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Drug Name	Tier	Notes
PROCTOCORT SUPPOSITORY 30 MG RECTAL	Non-Formulary	Formulary Exclusion
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	
ANTACIDS		
****Antacids - Bicarbonate******		
sodium bicarbonate powder oral (rx)	Non-Formulary	Formulary Exclusion
ANTHELMINTICS		
****Anthelmintics******		
albendazole tablet 200 mg oral	1	
ALBENZA TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
benznidazole tablet 100 mg oral	2	

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Drug Name	Tier	Notes
benznidazole tablet 12.5 mg oral	2	
BILTRICIDE TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
EMVERM TABLET CHEWABLE 100 MG ORAL	3	
ivermectin tablet 3 mg oral	1	QL
ivermectin tablet 6 mg oral	Non-Formulary	Formulary Exclusion
praziquantel tablet 600 mg oral	1	
STROMECTOL TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ANTIANGINAL AGENTS		
****Antianginals-Other******		
ASPRUZYO SPRINKLE PACKET 1000 MG ORAL	Non-Formulary	Formulary Exclusion
ASPRUZYO SPRINKLE PACKET 500 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000 MG ORAL	Non-Formulary	Formulary Exclusion
RANEXA TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion
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	
ISORDIL TITRADOSE TABLET 40 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ISORDIL TITRADOSE TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
isosorbide dinitrate tablet 10 mg oral	1	

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Drug Name	Tier	Notes
isosorbide dinitrate tablet 20 mg oral	1	
isosorbide dinitrate tablet 30 mg oral	1	
isosorbide dinitrate tablet 30 mg oral	1	Mony Code (MONY Code)
isosorbide dinitrate tablet 40 mg oral	1	Non Essential Drug Exclusion
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	Mony Code (MONY code issue)
isosorbide mononitrate tablet 10 mg oral	1	
isosorbide mononitrate tablet 20 mg oral	1	Mony Code (MONY code issue)
isosorbide mononitrate tablet 20 mg oral	1	

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Drug Name	Tier	Notes
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	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	
nitroglycerin in d5w solution 100-5 mcg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
nitroglycerin in d5w solution 200-5 mcg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
nitroglycerin in d5w solution 400-5 mcg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
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	

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Drug Name	Tier	Notes
nitroglycerin patch 24 hour 0.6 mg/hr transdermal	1	
nitroglycerin solution 0.4 mg/spray translingual	1	
nitroglycerin solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
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	Mony Code (MONY code issue)
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	Non-Formulary	Formulary Exclusion
NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL	Non-Formulary	Formulary Exclusion
NITROSTAT TABLET SUBLINGUAL 0.3 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
NITROSTAT TABLET SUBLINGUAL 0.6 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
NITRO-TIME CAPSULE EXTENDED RELEASE 2.5 MG ORAL	1	Mony Code (MONY Code)
NITRO-TIME CAPSULE EXTENDED RELEASE 6.5 MG ORAL	1	Mony Code (MONY Code)
NITRO-TIME CAPSULE EXTENDED RELEASE 9 MG ORAL	1	Mony Code (MONY Code)
ANTIANXIETY AGENTS		
****Antianxiety Agents - Misc.******		
BUCAPSOL CAPSULE 10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
BUCAPSOL CAPSULE 15 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
BUCAPSOL CAPSULE 7.5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
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	
droperidol solution 2.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
droperidol solution 2.5 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
droperidol solution prefilled syringe 0.625 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
hydroxyzine hcl solution 25 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion
hydroxyzine hcl solution 50 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
hydroxyzine hcl syrup 10 mg/5ml oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	Mony Code (MONY Code)
hydroxyzine pamoate capsule 25 mg oral	1	
hydroxyzine pamoate capsule 50 mg oral	1	
meprobamate tablet 200 mg oral	Non-Formulary	Formulary Exclusion
meprobamate tablet 400 mg oral	Non-Formulary	Formulary Exclusion
VISTARIL CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
VISTARIL CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
Benzodiazepines		
alprazolam er tablet extended release 24 hour 0.5 mg oral	1	
alprazolam er tablet extended release 24 hour 1 mg oral	1	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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	
alprazolam xr tablet extended release 24 hour 0.5 mg oral	1	

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Drug Name	Tier	Notes
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	
ATIVAN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
ATIVAN SOLUTION 4 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
ATIVAN TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
ATIVAN TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
ATIVAN TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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 10 mg/2ml injection	Non-Formulary	Medical Only Exclusion
diazepam solution 5 mg/5ml oral	1	
diazepam solution 5 mg/5ml oral	1	Mony Code (MONY Code)
diazepam solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion
diazepam solution auto-injector 10 mg/2ml intramuscular	Non-Formulary	Medical Only Exclusion
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	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL	1	
lorazepam solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
lorazepam solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
lorazepam tablet 0.5 mg oral	1	
lorazepam tablet 1 mg oral	1	
lorazepam tablet 2 mg oral	1	
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL	Non-Formulary	Formulary Exclusion
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL	Non-Formulary	Formulary Exclusion
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL	Non-Formulary	Formulary Exclusion
oxazepam capsule 10 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
oxazepam capsule 10 mg oral	1	Mony Code (MONY Code)
oxazepam capsule 15 mg oral	1	
oxazepam capsule 15 mg oral	1	Mony Code (MONY Code)
oxazepam capsule 30 mg oral	1	
oxazepam capsule 30 mg oral	1	Mony Code (MONY Code)
TRANXENE-T TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
VALIUM TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VALIUM TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
VALIUM TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
ANTIARRHYTHMICS		
****Antiarrhythmics - Misc.******		
adenosine solution 12 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
adenosine solution 6 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
****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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	3	
procainamide hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
procainamide hcl solution 500 mg/ml injection	Non-Formulary	Medical Only Exclusion
procainamide hcl solution 500 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
quinidine gluconate er tablet extended release 324 mg oral	1	
quinidine sulfate tablet 200 mg oral	1	Mony Code (MONY code issue)
quinidine sulfate tablet 200 mg oral	1	Mony Code (MONY Code)
quinidine sulfate tablet 300 mg oral	1	Mony Code (MONY code issue)
quinidine sulfate tablet 300 mg oral	1	Mony Code (MONY Code)
Antiarrhythmics Type I-B*		

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
lidocaine hcl (cardiac) pf solution 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) pf solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) pf solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 200 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
lidocaine hcl (cardiac) solution prefilled syringe 60 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Medical Only Exclusion
lidocaine in d5w solution 2-5 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
lidocaine in d5w solution 4-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
lidocaine in d5w solution 8-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
mexiletine hcl capsule 150 mg oral	1	
mexiletine hcl capsule 150 mg oral	1	Mony Code (MONY Code)
mexiletine hcl capsule 200 mg oral	1	
mexiletine hcl capsule 200 mg oral	1	Mony Code (MONY Code)
mexiletine hcl capsule 250 mg oral	1	
mexiletine hcl capsule 250 mg oral	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
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	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 225 MG ORAL	Non-Formulary	Formulary Exclusion

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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325 MG ORAL	Non-Formulary	Formulary Exclusion
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425 MG ORAL	Non-Formulary	Formulary Exclusion
****Antiarrhythmics Type Iii******		
amiodarone hcl in dextrose solution 450-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amiodarone hcl in dextrose solution 900-5 mg/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amiodarone hcl solution 150 mg/3ml intravenous	Non-Formulary	Medical Only Exclusion
amiodarone hcl solution 450 mg/9ml intravenous	Non-Formulary	Medical Only Exclusion
amiodarone hcl solution 900 mg/18ml intravenous	Non-Formulary	Medical Only Exclusion
amiodarone hcl solution 900 mg/18ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
amiodarone hcl tablet 100 mg oral	1	

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
amiodarone hcl tablet 200 mg oral	1	
amiodarone hcl tablet 400 mg oral	Non-Formulary	Formulary Exclusion
bretylium tosylate solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
CORVERT SOLUTION 1 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dofetilide capsule 125 mcg oral	1	
dofetilide capsule 250 mcg oral	1	
dofetilide capsule 500 mcg oral	1	
ibutilide fumarate solution 1 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
MULTAQ TABLET 400 MG ORAL	2	
NEXTERONE SOLUTION 150-4.21 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NEXTERONE SOLUTION 360-4.14 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PACERONE TABLET 100 MG ORAL	1	

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Drug Name	Tier	Notes
PACERONE TABLET 200 MG ORAL	1	
PACERONE TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
TIKOSYN CAPSULE 125 MCG ORAL	Non-Formulary	Formulary Exclusion
TIKOSYN CAPSULE 250 MCG ORAL	Non-Formulary	Formulary Exclusion
TIKOSYN CAPSULE 500 MCG ORAL	Non-Formulary	Formulary Exclusion
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 DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
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
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	2	QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL
BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; 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

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Drug Name	Tier	Notes
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
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
DULERA AEROSOL 100-5 MCG/ACT INHALATION	2	QL
DULERA AEROSOL 200-5 MCG/ACT INHALATION	2	QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
DULERA AEROSOL 50-5 MCG/ACT INHALATION	2	QL
fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone-salmeterol aerosol 115-21 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone-salmeterol aerosol 230-21 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone-salmeterol aerosol 45-21 mcg/act inhalation	Non-Formulary	Formulary Exclusion; 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	Mony Code (MONY Code); QL

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Drug Name	Tier	Notes
fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation	1	Mony Code (MONY Code); 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	Mony Code (MONY Code); 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
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
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
umeclidinium-vilanterol aerosol powder breath activated 62.5-25 mcg/act inhalation	Non-Formulary	New to Market Exclusion; QL
UTIBRON NEOHALER CAPSULE 27.5-15.6 MCG INHALATION	Non-Formulary	Formulary Exclusion; 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

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Drug Name	Tier	Notes
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	2	PA; Specialty*
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	2	PA; Specialty*
Anti-Inflammatory Agents*		
cromolyn sodium nebulization solution 20 mg/2ml inhalation	1	
cromolyn sodium nebulization solution 20 mg/2ml inhalation	1	Mony Code (MONY Code)
Beta Adrenergics*		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Non-Formulary	Non FDA Exclusion
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
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	Mony Code (MONY CODE ISSUE)
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	

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	Mony Code (MONY Code)
BROVANA NEBULIZATION SOLUTION 15 MCG/2ML INHALATION	Non-Formulary	Formulary Exclusion
formoterol fumarate nebulization solution 20 mcg/2ml inhalation	Non-Formulary	Formulary Exclusion
formoterol fumarate nebulization solution 20 mcg/2ml inhalation	Non-Formulary	Non FDA Exclusion
isoproterenol hcl solution 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
isoproterenol-sodium chloride solution 200-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
ISUPREL SOLUTION 0.2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation	1	

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Drug Name	Tier	Notes
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	
levalbuterol tartrate aerosol 45 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
PERFOROMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	Non-Formulary	Formulary Exclusion
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PROAIR HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
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 solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
terbutaline sulfate tablet 2.5 mg oral	1	
terbutaline sulfate tablet 5 mg oral	1	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
XOPENEX CONCENTRATE NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
XOPENEX NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION	Non-Formulary	Formulary Exclusion
XOPENEX NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION	Non-Formulary	Formulary Exclusion
XOPENEX NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION	Non-Formulary	Formulary Exclusion; QL
LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION	Non-Formulary	Formulary Exclusion; QL
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	Non-Formulary	Formulary Exclusion; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL
tiotropium bromide monohydrate capsule 18 mcg inhalation	1	QL
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	QL

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Drug Name	Tier	Notes
Interleukin-5 Antagonists (Igg1 Kappa)*		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	2	PA; Specialty*
FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	2	PA; Specialty*
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; Specialty*
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	2	PA; Specialty*
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
Interleukin-5 Antagonists (Igg4 Kappa)		
CINQAIR SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Leukotriene Receptor Antagonists		
ACCOLATE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ACCOLATE TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
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	
SINGULAIR PACKET 4 MG ORAL	Non-Formulary	Formulary Exclusion
SINGULAIR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
SINGULAIR TABLET CHEWABLE 4 MG ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SINGULAIR TABLET CHEWABLE 5 MG ORAL	Non-Formulary	Formulary Exclusion
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*		
DALIRESP TABLET 250 MCG ORAL	Non-Formulary	Formulary Exclusion
DALIRESP TABLET 500 MCG ORAL	Non-Formulary	Formulary Exclusion
roflumilast tablet 250 mcg oral	1	
roflumilast tablet 500 mcg oral	1	
Steroid Inhalants*		

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Drug Name	Tier	Notes
ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL

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Drug Name	Tier	Notes
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

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Drug Name	Tier	Notes
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
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate hfa aerosol 110 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
fluticasone propionate hfa aerosol 220 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT SUSPENSION 0.25 MG/2ML INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT SUSPENSION 0.5 MG/2ML INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT SUSPENSION 1 MG/2ML INHALATION	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
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	2	PA; Specialty*; QL
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	2	PA; Specialty*; QL
Xanthines*		
aminophylline solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ELIXOPHYLLIN ELIXIR 80 MG/15ML ORAL	1	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	

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Drug Name	Tier	Notes
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 300 mg oral	1	Mony Code (MONY code issue)
theophylline er tablet extended release 12 hour 450 mg oral	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
theophylline er tablet extended release 12 hour 450 mg oral	1	Mony Code (MONY code issue)
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		
****Anticoagulants - Misc.******		
sodium citrate lock flush solution 4 % intravenous	Non-Formulary	Non FDA Exclusion
sodium citrate lock flush solution prefilled syringe 120 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
sodium citrate solution prefilled syringe 4 % in vitro	Non-Formulary	Non FDA Exclusion
****Coumarin Anticoagulants******		
JANTOVEN TABLET 1 MG ORAL	1	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 tablet 2.5 mg oral	1	
SAVAYSA TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
SAVAYSA TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
SAVAYSA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL	2	
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL	2	

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Drug Name	Tier	Notes
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*		
BD HEPARIN POSIFLUSH SOLUTION 10 UNIT/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
BD HEPARIN POSIFLUSH SOLUTION 100 UNIT/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
heparin (porcine) in nacl solution 1000-0.9 ut/500ml-% intravenous	1	
heparin (porcine) in nacl solution 12500-0.45 ut/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin (porcine) in nacl solution 2000-0.9 unit/l-% intravenous	1	

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Drug Name	Tier	Notes
heparin (porcine) in nacl solution 2500-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/500ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin (porcine) in nacl solution 30000-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 4000-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion
heparin (porcine) in nacl solution 500-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
heparin (porcine) in nacl solution prefilled syringe 20-0.9 unt/20ml-% intravenous	Non-Formulary	Non FDA Exclusion
heparin (porcine) in nacl solution prefilled syringe 50-0.9 unt/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
heparin na (pork) lock flsh pf solution 1 unit/ml intravenous	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
heparin na (pork) lock flsh pf solution 10 unit/ml intravenous	Non-Formulary	Formulary Exclusion
heparin na (pork) lock flsh pf solution 10 unit/ml intravenous	Non-Formulary	Mony Code (MONY CODE ISSUE); Formulary Exclusion
heparin na (pork) lock flsh pf solution 100 unit/ml intravenous	Non-Formulary	Formulary Exclusion
heparin sod (porcine) in d5w solution 100 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
heparin sod (porcine) in d5w solution 100 unit/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
heparin sod (porcine) in d5w solution 25000-5 ut/500ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin sod (porcine) in d5w solution 25000-5 ut/500ml-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
heparin sod (porcine) in d5w solution 40-5 unit/ml-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
heparin sod (pork) lock flush solution 10 unit/ml intravenous	1	
heparin sod (pork) lock flush solution 10 unit/ml intravenous	Non-Formulary	Formulary Exclusion
heparin sod (pork) lock flush solution 100 unit/ml intravenous	1	
heparin sod (pork) lock flush solution 100 unit/ml intravenous	Non-Formulary	Formulary Exclusion
heparin sodium (porcine) pf solution 1000 unit/ml injection	1	

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Insufficient Evidence = Insufficient Evidence
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Drug Name	Tier	Notes
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	
heparin sodium (porcine) solution prefilled syringe 5000 unit/0.5ml injection	Non-Formulary	Formulary Exclusion
hepmed kit 100&0.9&2.5-2.5 ut/ml&%&% combination	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
In Vitro/Lock Anticoagulant Combinations*		
DEFENCATH SOLUTION 1000-13.5 UNIT-MG/ML IN VITRO	Non-Formulary	Medical Only Exclusion
sodium citrate-gentamicin sulf solution 4-320 %-mcg/ml intravenous	Non-Formulary	Non FDA Exclusion
sodium citrate-gentamicin sulf solution prefilled syringe 4-320 %-mcg/ml intravenous	Non-Formulary	Non FDA Exclusion
In Vitro/Lock Anticoagulants*		
acd formula a solution 0.73-2.45-2.2 gm/100ml in vitro	Non-Formulary	Medical Only Exclusion
ACD-A NOCLOT-50 SOLUTION 0.73-2.45-2.2 GM/100ML IN VITRO	Non-Formulary	Medical Only Exclusion
anticoagulant sodium citrate solution 4 % in vitro	Non-Formulary	Medical Only Exclusion
anticoagulant sodium citrate solution 4 gm/100ml in vitro	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
TRICITRASOL CONCENTRATE 46.7 % IN VITRO	Non-Formulary	Medical Only Exclusion
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	

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Drug Name	Tier	Notes
enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection	1	
ENOXILUV KIT PREFILLED SYRINGE KIT 40 MG/0.4ML INJECTION	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
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	
LOVENOX SOLUTION 300 MG/3ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 100 MG/ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 120 MG/0.8ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 150 MG/ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 30 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
LOVENOX SOLUTION PREFILLED SYRINGE 40 MG/0.4ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 60 MG/0.6ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 80 MG/0.8ML INJECTION	Non-Formulary	Formulary Exclusion
Synthetic Heparinoid-Like Agents*		
ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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	
fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous	1	
Thrombin Inhibitors - Hirudin Type		
ANGIOMAX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
bivalirudin rtu solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
bivalirudin trifluoroacetate solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
bivalirudin trifluoroacetate solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Thrombin Inhibitors - Selective Direct & Reversible*		
argatroban in sodium chloride solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
argatroban solution 250 mg/2.5ml intravenous	Non-Formulary	Medical Only Exclusion
argatroban solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
argatroban solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
dabigatran etexilate mesylate capsule 110 mg oral	1	
dabigatran etexilate mesylate capsule 150 mg oral	1	
dabigatran etexilate mesylate capsule 75 mg oral	1	
PRADAXA CAPSULE 110 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
PRADAXA PACKET 110 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 150 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 30 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 40 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 50 MG ORAL	Non-Formulary	Formulary Exclusion
ANTICONVULSANTS		
****Ampa Glutamate Receptor Antagonists******		
FYCOMPA SUSPENSION 0.5 MG/ML ORAL	2	
FYCOMPA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
FYCOMPA TABLET 10 MG ORAL	2	
FYCOMPA TABLET 12 MG ORAL	Non-Formulary	Formulary Exclusion
FYCOMPA TABLET 12 MG ORAL	2	
FYCOMPA TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
FYCOMPA TABLET 2 MG ORAL	2	
FYCOMPA TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
FYCOMPA TABLET 4 MG ORAL	2	
FYCOMPA TABLET 6 MG ORAL	Non-Formulary	Formulary Exclusion
FYCOMPA TABLET 6 MG ORAL	2	
FYCOMPA TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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 ACUDIAL GEL 10 MG RECTAL	Non-Formulary	Formulary Exclusion
DIASTAT ACUDIAL GEL 20 MG RECTAL	Non-Formulary	Formulary Exclusion
DIASTAT PEDIATRIC GEL 2.5 MG RECTAL	2	
diazepam gel 10 mg rectal	1	
diazepam gel 10 mg rectal	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
diazepam gel 2.5 mg rectal	1	Mony Code (MONY Code)
diazepam gel 20 mg rectal	1	
diazepam gel 20 mg rectal	1	Mony Code (MONY Code)
KLONOPIN TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
KLONOPIN TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
KLONOPIN TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
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
ONFI SUSPENSION 2.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ONFI TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ONFI TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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.*		
APTIOM TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
APTIOM TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
APTIOM TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
APTIOM TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
BANZEL SUSPENSION 40 MG/ML ORAL	Non-Formulary	Formulary Exclusion
BANZEL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
BANZEL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
BRIVIACT SOLUTION 10 MG/ML ORAL	2	
BRIVIACT SOLUTION 50 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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	
carbamazepine er capsule extended release 12 hour 100 mg oral	1	
carbamazepine er capsule extended release 12 hour 200 mg oral	1	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	Non-Formulary	Formulary Exclusion
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500 MG ORAL	Non-Formulary	Formulary Exclusion
EPIDIOLEX SOLUTION 100 MG/ML ORAL	2	PA; Specialty*
EPITOL TABLET 200 MG ORAL	1	
EPRONTIA SOLUTION 25 MG/ML ORAL	Non-Formulary	Formulary Exclusion
eslicarbazepine acetate tablet 200 mg oral	1	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
eslicarbazepine acetate tablet 400 mg oral	1	
eslicarbazepine acetate tablet 600 mg oral	1	
eslicarbazepine acetate tablet 800 mg oral	1	
FANATREX FUSEPAQ SUSPENSION 25 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
FINTEPLA SOLUTION 2.2 MG/ML ORAL	3	PA; 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 25 mg oral	Non-Formulary	Non FDA Exclusion
gabapentin tablet 50 mg oral	Non-Formulary	Non FDA Exclusion
gabapentin tablet 600 mg oral	1	QL
gabapentin tablet 800 mg oral	1	QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
GABARONE TABLET 100 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GABARONE TABLET 400 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
KEPPRA SOLUTION 100 MG/ML ORAL	Non-Formulary	Formulary Exclusion
KEPPRA SOLUTION 500 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KEPPRA TABLET 1000 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA TABLET 750 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	Non-Formulary	Formulary Exclusion
lacosamide solution 10 mg/ml oral	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
lacosamide solution 100 mg/10ml oral	1	
lacosamide solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
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 ODT KIT 21 X 25 MG & 7 X 50 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT KIT 25 & 50 & 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT KIT 42 X 50 MG & 14X100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT TABLET DISPERSIBLE 100 MG ORAL	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
LAMICTAL ODT TABLET DISPERSIBLE 200 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT TABLET DISPERSIBLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT TABLET DISPERSIBLE 50 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL STARTER KIT 35 X 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL STARTER KIT 42 X 25 MG & 7 X 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL STARTER KIT 84 X 25 MG & 14X100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
LAMICTAL TABLET CHEWABLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET CHEWABLE 5 MG ORAL	Non-Formulary	Formulary Exclusion
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	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL	Non-Formulary	Formulary Exclusion

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Tier
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
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	
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 21 x 25 mg & 7 x 50 mg oral	Non-Formulary	Formulary Exclusion

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Tier
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
lamotrigine kit 25 & 50 & 100 mg oral	1	
lamotrigine kit 42 x 50 mg & 14x100 mg oral	Non-Formulary	Formulary Exclusion
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	
lamotrigine tablet dispersible 100 mg oral	Non-Formulary	Formulary Exclusion
lamotrigine tablet dispersible 200 mg oral	Non-Formulary	Formulary Exclusion

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
lamotrigine tablet dispersible 25 mg oral	Non-Formulary	Formulary Exclusion
lamotrigine tablet dispersible 50 mg oral	Non-Formulary	Formulary Exclusion
levetiracetam er tablet extended release 24 hour 500 mg oral	1	
levetiracetam er tablet extended release 24 hour 750 mg oral	1	
levetiracetam in nacl solution 1000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam in nacl solution 1500 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam in nacl solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam in nacl solution 500 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam solution 100 mg/ml oral	1	
levetiracetam solution 500 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	Non Essential Drug Exclusion
LYRICA CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 225 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
LYRICA SOLUTION 20 MG/ML ORAL	Non-Formulary	Formulary Exclusion; QL
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
MYSOLINE TABLET 250 MG ORAL	3	
MYSOLINE TABLET 50 MG ORAL	3	
NEURONTIN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN CAPSULE 400 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN SOLUTION 250 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Mony Code = Mony Code
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150 MG ORAL	Non-Formulary	Formulary Exclusion
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL	Non-Formulary	Formulary Exclusion
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL	Non-Formulary	Formulary Exclusion
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	Non Essential Drug Exclusion
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	3	Non Essential Drug Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL	3	Non Essential Drug Exclusion
SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL	3	Non Essential Drug Exclusion
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
topiramate capsule sprinkle 15 mg oral	1	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
topiramate capsule sprinkle 25 mg oral	1	
topiramate capsule sprinkle 50 mg oral	Non-Formulary	Formulary Exclusion
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	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
topiramate er capsule extended release 24 hour 25 mg oral	1	
topiramate er capsule extended release 24 hour 50 mg oral	1	
topiramate tablet 100 mg oral	1	
topiramate tablet 200 mg oral	1	
topiramate tablet 25 mg oral	1	
topiramate tablet 50 mg oral	1	
TRILEPTAL SUSPENSION 300 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
TRILEPTAL TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
TRILEPTAL TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
TRILEPTAL TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT SOLUTION 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
VIMPAT SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VIMPAT TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
ZONEGRAN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
ZONEGRAN CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion

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Non-Formulary = Non-Formulary

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ZONISADE SUSPENSION 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
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	
FELBATOL SUSPENSION 600 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
FELBATOL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
FELBATOL TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL	2	
Gaba Modulators*		
GABITRIL TABLET 12 MG ORAL	Non-Formulary	Formulary Exclusion
GABITRIL TABLET 16 MG ORAL	Non-Formulary	Formulary Exclusion
GABITRIL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
GABITRIL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
SABRIL PACKET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SABRIL TABLET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
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	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
vigabatrin packet 500 mg oral	1	PA; Specialty*
vigabatrin tablet 500 mg oral	1	PA; Specialty*
VIGADRONE PACKET 500 MG ORAL	1	PA; Specialty*
VIGADRONE TABLET 500 MG ORAL	1	PA; Specialty*
VIGAFYDE SOLUTION 100 MG/ML ORAL	3	PA; Specialty*
VIGPODER PACKET 500 MG ORAL	1	PA; Specialty*
Hydantoins		
CEREBYX SOLUTION 100 MG PE/2ML INJECTION	Non-Formulary	Medical Only Exclusion
CEREBYX SOLUTION 500 MG PE/10ML INJECTION	Non-Formulary	Medical Only Exclusion
DILANTIN CAPSULE 100 MG ORAL	3	
DILANTIN CAPSULE 30 MG ORAL	2	
DILANTIN INFATABS TABLET CHEWABLE 50 MG ORAL	3	

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Notes
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Medical Only Exclusion = Medical Only Exclusion
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DILANTIN SUSPENSION 125 MG/5ML ORAL	3	
DILANTIN-125 SUSPENSION 125 MG/5ML ORAL	3	
fosphenytoin sodium solution 100 mg pe/2ml injection	Non-Formulary	Medical Only Exclusion
fosphenytoin sodium solution 500 mg pe/10ml injection	Non-Formulary	Medical Only Exclusion
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 sodium solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
phenytoin sodium solution 50 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenytoin sodium solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
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		

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE TABLET DELAYED RELEASE 125 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE TABLET DELAYED RELEASE 250 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE TABLET DELAYED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
divalproex sodium capsule delayed release sprinkle 125 mg oral	1	
divalproex sodium er tablet extended release 24 hour 250 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
divalproex sodium er tablet extended release 24 hour 500 mg oral	1	
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	
valproate sodium solution 100 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
valproate sodium solution 500 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
valproic acid capsule 250 mg oral	1	
valproic acid solution 250 mg/5ml oral	1	
valproic acid solution 500 mg/10ml oral	1	
ANTIDEPRESSANTS		

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
REMERON SOLTAB TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion
REMERON SOLTAB TABLET DISPERSIBLE 30 MG ORAL	Non-Formulary	Formulary Exclusion
REMERON SOLTAB TABLET DISPERSIBLE 45 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
REMERON TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
REMERON TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
Antidepressant - Miscellaneous Combinations*		
AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF PAROXETINE, FLUOXETINE, DULOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, BUPROPION, VENLAFAXINE IR/ER IN THE PAST 120 DAYS)
Antidepressants - Misc.*		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
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 er (xl) tablet extended release 24 hour 450 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
bupropion hcl tablet 100 mg oral	1	
bupropion hcl tablet 75 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
Gaba Receptor Modulator - Neuroactive Steroid*		
ZULRESSO SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ZURZUVAE CAPSULE 20 MG ORAL	2	PA; Specialty*; QL with criteria
ZURZUVAE CAPSULE 25 MG ORAL	2	PA; Specialty*; QL with criteria
ZURZUVAE CAPSULE 30 MG ORAL	2	PA; Specialty*; QL with criteria
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	
PARNATE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
phenelzine sulfate tablet 15 mg oral	1	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
phenelzine sulfate tablet 15 mg oral	1	Mony Code (MONY code issue)
tranylcypromine sulfate tablet 10 mg oral	1	
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists*		
SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	Non-Formulary	PA; Formulary Exclusion
SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	Non-Formulary	PA; Formulary Exclusion
Selective Serotonin Reuptake Inhibitors (Ssris)*		
CELEXA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
CELEXA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CELEXA TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
citalopram hydrobromide capsule 30 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
fluoxetine hcl capsule 20 mg oral	1	
fluoxetine hcl capsule 40 mg oral	1	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
fluoxetine hcl capsule delayed release 90 mg oral	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
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	
fluoxetine hcl tablet 60 mg oral	1	Mony Code (MONY code issue)
fluoxetine hcl tablet 60 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
fluvoxamine maleate tablet 25 mg oral	1	
fluvoxamine maleate tablet 50 mg oral	1	
LEXAPRO TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
LEXAPRO TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LEXAPRO TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
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; Step Therapy Requirements (GENERIC ANTIDEPRESSANT AGENT)
paroxetine hcl tablet 10 mg oral	1	
paroxetine hcl tablet 20 mg oral	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
paroxetine hcl tablet 30 mg oral	1	
paroxetine hcl tablet 40 mg oral	1	
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL SUSPENSION 10 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
PEXEVA TABLET 10 MG ORAL	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
PEXEVA TABLET 20 MG ORAL	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
PEXEVA TABLET 30 MG ORAL	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
PEXEVA TABLET 40 MG ORAL	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
PROZAC CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
PROZAC CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PROZAC CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion
sertraline hcl capsule 150 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
sertraline hcl capsule 200 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
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	
ZOLOFT CONCENTRATE 20 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
Serotonin Modulators*		

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
nefazodone hcl tablet 100 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
nefazodone hcl tablet 150 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
nefazodone hcl tablet 200 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
nefazodone hcl tablet 250 mg oral	Non-Formulary	Formulary Exclusion
nefazodone hcl tablet 50 mg oral	Non-Formulary	Formulary Exclusion
RALDESY SOLUTION 10 MG/ML ORAL	3	PA; ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
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	

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
TRINTELLIX TABLET 10 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
TRINTELLIX TABLET 20 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
TRINTELLIX TABLET 5 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
VIIBRYD TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VIIBRYD TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
VIIBRYD TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
vilazodone hcl tablet 10 mg oral	1	
vilazodone hcl tablet 20 mg oral	1	

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
vilazodone hcl tablet 40 mg oral	1	
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*		
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
desvenlafaxine er tablet extended release 24 hour 100 mg oral	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
desvenlafaxine er tablet extended release 24 hour 100 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
desvenlafaxine er tablet extended release 24 hour 50 mg oral	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
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	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
duloxetine hcl capsule delayed release particles 20 mg oral	1	QL
duloxetine hcl capsule delayed release particles 30 mg oral	1	QL
duloxetine hcl capsule delayed release particles 40 mg oral	1	QL
duloxetine hcl capsule delayed release particles 60 mg oral	1	QL
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Non-Formulary	Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
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	Non Essential Drug Exclusion
venlafaxine hcl er tablet extended release 24 hour 225 mg oral	1	Non Essential Drug Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral	1	Non Essential Drug Exclusion
venlafaxine hcl er tablet extended release 24 hour 75 mg oral	1	Non Essential Drug Exclusion
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	

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
amitriptyline hcl tablet 75 mg oral	1	
amoxapine tablet 100 mg oral	Non-Formulary	Formulary Exclusion
amoxapine tablet 150 mg oral	Non-Formulary	Formulary Exclusion
amoxapine tablet 25 mg oral	Non-Formulary	Formulary Exclusion
amoxapine tablet 50 mg oral	Non-Formulary	Formulary Exclusion
ANAFRANIL CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
ANAFRANIL CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
ANAFRANIL CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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 150 mg oral	1	Mony Code (MONY Code)
doxepin hcl capsule 25 mg oral	1	
doxepin hcl capsule 50 mg oral	1	
doxepin hcl capsule 75 mg oral	1	
doxepin hcl capsule 75 mg oral	1	Mony Code (MONY Code)
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
imipramine pamoate capsule 125 mg oral	1	
imipramine pamoate capsule 150 mg oral	1	
imipramine pamoate capsule 75 mg oral	1	
NORPRAMIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
NORPRAMIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
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	
nortriptyline hcl solution 10 mg/5ml oral	1	Mony Code (MONY code issue)
PAMELOR CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
PAMELOR CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
PAMELOR CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
PAMELOR CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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
GLYSET TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYSET TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYSET TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
miglitol tablet 100 mg oral	1	Mony Code (MONY code issue); QL

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Drug Name	Tier	Notes
miglitol tablet 100 mg oral	1	QL
miglitol tablet 25 mg oral	1	Mony Code (MONY code issue); QL
miglitol tablet 25 mg oral	1	QL
miglitol tablet 50 mg oral	1	Mony Code (MONY code issue); QL
miglitol tablet 50 mg oral	1	QL
PRECOSE TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PRECOSE TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PRECOSE TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Antidiabetic - Allogeneic Cellular Therapy*		
LANTIDRA SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antidiabetic - Amylin Analogs*		

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
****Antidiabetic-Anti-Cd3 Antibodies******		
TZIELD SOLUTION 2 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Biguanides******		
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral	1	Non Essential Drug Exclusion; QL
metformin hcl er (mod) tablet extended release 24 hour 500 mg oral	1	Non Essential Drug Exclusion; QL
metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral	1	Non Essential Drug Exclusion; QL
metformin hcl er (osm) tablet extended release 24 hour 500 mg oral	1	Non Essential Drug Exclusion; 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 solution 500 mg/5ml oral	1	Mony Code (MONY Code); QL
metformin hcl tablet 1000 mg oral	1	QL
metformin hcl tablet 500 mg oral	1	QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
metformin hcl tablet 625 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
metformin hcl tablet 750 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
metformin hcl tablet 850 mg oral	1	QL
RIOMET SOLUTION 500 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; QL
Diabetic Other*		
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL	2	QL with criteria
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	2	QL with criteria
diazoxide suspension 50 mg/ml oral	1	
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION	3	QL with criteria
glucagon emergency kit 1 mg injection	1	QL

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
glucagon emergency kit 1 mg injection	1	Mony Code (MONY code issue); QL with criteria
glucagon emergency kit 1 mg injection	Non-Formulary	Formulary Exclusion; QL with criteria
glucagon emergency solution reconstituted 1 mg/ml injection	2	QL with criteria
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL with criteria
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL with criteria

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
GVOKE KIT SOLUTION 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS	2	QL with criteria
GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
PROGLYCEM SUSPENSION 50 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	2	QL
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	2	QL with criteria
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	2	QL

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Drug Name	Tier	Notes
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	2	QL with criteria
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*		
alogliptin benzoate tablet 12.5 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin benzoate tablet 25 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin benzoate tablet 6.25 mg oral	Non-Formulary	Formulary Exclusion; QL
JANUVIA TABLET 100 MG ORAL	2	QL
JANUVIA TABLET 25 MG ORAL	2	QL
JANUVIA TABLET 50 MG ORAL	2	QL
NESINA TABLET 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NESINA TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NESINA TABLET 6.25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ONGLYZA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ONGLYZA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
saxagliptin hcl tablet 2.5 mg oral	1	QL
saxagliptin hcl tablet 5 mg oral	1	QL
sitagliptin tablet 100 mg oral	Non-Formulary	Formulary Exclusion
sitagliptin tablet 25 mg oral	Non-Formulary	Formulary Exclusion
sitagliptin tablet 50 mg oral	Non-Formulary	Formulary Exclusion
TRADJENTA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZITUVIO TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
ZITUVIO TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ZITUVIO TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
****Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations******		
alogliptin-metformin hcl tablet 12.5-1000 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-metformin hcl tablet 12.5-500 mg oral	Non-Formulary	Formulary Exclusion; QL
JANUMET TABLET 50-1000 MG ORAL	2	QL
JANUMET TABLET 50-500 MG ORAL	2	QL

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Drug Name	Tier	Notes
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
JENTADUETO TABLET 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO TABLET 2.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO TABLET 2.5-850 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KAZANO TABLET 12.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KAZANO TABLET 12.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	Non-Formulary	Formulary Exclusion; 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
sitaglipt base-metform hcl er tablet extended release 24 hour 100-1000 mg oral	Non-Formulary	New to Market Exclusion; QL
sitaglipt base-metform hcl er tablet extended release 24 hour 50-1000 mg oral	Non-Formulary	New to Market Exclusion; QL

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Drug Name	Tier	Notes
sitaglipt base-metform hcl er tablet extended release 24 hour 50-500 mg oral	Non-Formulary	New to Market Exclusion; QL
sitagliptin base-metformin hcl tablet 50-1000 mg oral	Non-Formulary	PA messaging (Non Rebateable); QL
sitagliptin base-metformin hcl tablet 50-500 mg oral	Non-Formulary	PA messaging (Non Rebateable); QL
ZITUVIMET TABLET 50-1000 MG ORAL	Non-Formulary	PA messaging (Non Rebateable); QL
ZITUVIMET TABLET 50-500 MG ORAL	Non-Formulary	PA messaging (Non Rebateable); QL
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	Non-Formulary	PA messaging (Non Rebateable); QL
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	Non-Formulary	PA messaging (Non Rebateable); QL
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	Non-Formulary	PA messaging (Non Rebateable); QL

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Dopamine Receptor Agonists - Ergot Derivatives*		
CYCLOSET TABLET 0.8 MG ORAL	3	QL
Dpp-4 Inhibitor-Thiazolidinedione Combinations*		
alogliptin-pioglitazone tablet 12.5-15 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 12.5-30 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 12.5-45 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 25-15 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 25-30 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 25-45 mg oral	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 12.5-15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 12.5-30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 12.5-45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 25-15 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
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3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
OSENI TABLET 25-30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 25-45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Human Insulin*		
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ADMELOG SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 12 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 4 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 60X4 &60X8 & 60X12 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 8 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION	Non-Formulary	Formulary Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
APIDRA SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
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	

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
HUMALOG SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS	2	
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	2	
insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart penfill solution cartridge 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart solution 100 unit/ml injection	Non-Formulary	Formulary Exclusion
insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin degludec solution 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine max solostar solution pen-injector 300 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine solostar solution pen-injector 300 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine solution 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine-yfgn solution 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin lispro solution 100 unit/ml injection	Non-Formulary	Formulary Exclusion
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	

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
LYUMJEV SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
LYUMJEV TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
MERILOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF NOVOLOG IN THE PAST 120 DAYS)
MERILOG SOLUTION 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF NOVOLOG IN THE PAST 120 DAYS)

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
MYXREDLIN SOLUTION 100-0.9 UT/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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	

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC)	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	
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	

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
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	

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION	2	
NOVOLOG SOLUTION 100 UNIT/ML INJECTION	2	
REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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)******		
ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL

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Drug Name	Tier	Notes
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
exenatide solution pen-injector 10 mcg/0.04ml subcutaneous	2	PA; QL
exenatide solution pen-injector 5 mcg/0.02ml subcutaneous	2	PA; QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	Non-Formulary	PA; Formulary Exclusion; 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

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Drug Name	Tier	Notes
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
RYBELSUS TABLET 14 MG ORAL	2	PA; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; QL
RYBELSUS TABLET 7 MG ORAL	2	PA; QL

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Drug Name	Tier	Notes
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
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
Insulin-Incretin Mimetic Combinations*		

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Drug Name	Tier	Notes
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin); QL
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin); QL
****Meglitinide Analogues******		
nateglinide tablet 120 mg oral	1	QL

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Drug Name	Tier	Notes
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
STARLIX TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STARLIX TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Progesterone Receptor Antagonists*		
KORLYM TABLET 300 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
mifepristone tablet 300 mg oral	1	PA; Specialty*; QL
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	2	QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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
QTERN TABLET 10-5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
QTERN TABLET 5-5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STEGLUJAN TABLET 15-100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STEGLUJAN TABLET 5-100 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*		
bexagliflozin tablet 20 mg oral	Non-Formulary	Formulary Exclusion; QL
BRENZAVVY TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
dapagliflozin propanediol tablet 10 mg oral	Non-Formulary	Formulary Exclusion; QL
dapagliflozin propanediol tablet 5 mg oral	Non-Formulary	Formulary Exclusion; QL
FARXIGA TABLET 10 MG ORAL	2	QL
FARXIGA TABLET 5 MG ORAL	2	QL
INVOKANA TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKANA TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JARDIANCE TABLET 10 MG ORAL	2	QL
JARDIANCE TABLET 25 MG ORAL	2	QL
STEGLATRO TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STEGLATRO TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb		
dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral	Non-Formulary	Formulary Exclusion; QL
dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 150-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 150-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 50-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 50-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 2.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 7.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 7.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
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

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Drug Name	Tier	Notes
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
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

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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		
AMARYL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMARYL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMARYL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
glimepiride tablet 1 mg oral	1	QL
glimepiride tablet 2 mg oral	1	QL
glimepiride tablet 3 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
glimepiride tablet 4 mg oral	1	QL
glipizide er tablet extended release 24 hour 10 mg oral	1	QL

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Drug Name	Tier	Notes
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 2.5 mg oral	Non-Formulary	Formulary Exclusion; 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
GLUCOTROL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUCOTROL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
glyburide micronized tablet 1.5 mg oral	1	Mony Code (MONY code issue); QL
glyburide micronized tablet 3 mg oral	1	Mony Code (MONY code issue); QL
glyburide micronized tablet 6 mg oral	1	Mony Code (MONY code issue); QL
glyburide tablet 1.25 mg oral	1	QL
glyburide tablet 1.25 mg oral	1	Mony Code (MONY Code); QL
glyburide tablet 2.5 mg oral	1	QL
glyburide tablet 2.5 mg oral	1	Mony Code (MONY Code); QL

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
glyburide tablet 5 mg oral	1	QL
glyburide tablet 5 mg oral	1	Mony Code (MONY Code); QL
GLYNASE TABLET 1.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYNASE TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYNASE TABLET 6 MG ORAL	Non-Formulary	Formulary Exclusion; QL
tolbutamide tablet 500 mg oral	3	QL
Sulfonylurea-Thiazolidinedione Combinations*		
DUETACT TABLET 30-2 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DUETACT TABLET 30-4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
pioglitazone hcl-glimepiride tablet 30-2 mg oral	1	QL
pioglitazone hcl-glimepiride tablet 30-4 mg oral	1	QL
Thiazolidinedione-Biguanide Combinations*		
ACTOPLUS MET TABLET 15-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
ACTOPLUS MET TABLET 15-850 MG ORAL	Non-Formulary	Formulary Exclusion; QL
pioglitazone hcl-metformin hcl tablet 15-500 mg oral	1	QL
pioglitazone hcl-metformin hcl tablet 15-850 mg oral	1	QL
Thiazolidinediones*		
ACTOS TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ACTOS TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ACTOS TABLET 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
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		

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Drug Name	Tier	Notes
Antidiarrheal - Chloride Channel Antagonists*		
MYTESI TABLET DELAYED RELEASE 125 MG ORAL	3	QL
Antidiarrheal/Probiotic Agents - Misc.*		
bilac capsule oral	Non-Formulary	Non FDA Exclusion
DERMACINRX PROBISOL CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX PROBITRAN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
FLORAXIS TABLET ORAL	Non-Formulary	Non FDA Exclusion
FLORRAXIS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
LACTEROL CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
lactovive capsule oral	Non-Formulary	Non FDA Exclusion
PAXOTIN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
PROBINATE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
prodigen capsule oral	Non-Formulary	Non FDA Exclusion
promella in prebiotic capsule oral	Non-Formulary	Non FDA Exclusion
relibiotic capsule oral	Non-Formulary	Non FDA Exclusion
surebiotic probiotic support capsule oral	Non-Formulary	Non FDA Exclusion
VISBIOME GI CARE EX ST PACKET ORAL	Non-Formulary	Non FDA Exclusion
wellpro 31 capsule oral	Non-Formulary	Non FDA Exclusion
xybiotic capsule oral	Non-Formulary	Non FDA Exclusion
zelac capsule oral	Non-Formulary	Non FDA Exclusion
Antidiarrheal/Probiotic Combinations*		
probichew tablet chewable oral	Non-Formulary	Non FDA Exclusion
RESTORA RX CAPSULE 60-1.25 MG ORAL	Non-Formulary	Non FDA Exclusion
Antiperistaltic Agents*		

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Drug Name	Tier	Notes
diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral	3	
diphenoxylate-atropine tablet 2.5-0.025 mg oral	1	
LOMOTIL TABLET 2.5-0.025 MG ORAL	Non-Formulary	Formulary Exclusion
loperamide hcl capsule 2 mg oral	1	
MOTOFEN TABLET 1-0.025 MG ORAL	3	Non Essential Drug Exclusion
opium tincture 10 mg/ml (1%) oral	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
****Antidote Combinations******		
DUODOTE SOLUTION AUTO-INJECTOR 2.1-600 MG INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
NITHIODOTE KIT 300MG/10ML&12.5 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PREVDUO SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Antidotes - Chelating Agents*		
CHEMET CAPSULE 100 MG ORAL	2	
deferasirox granules packet 180 mg oral	1	PA; Specialty*
deferasirox granules packet 360 mg oral	1	PA; Specialty*
deferasirox granules packet 90 mg oral	1	PA; Specialty*
deferasirox packet 180 mg oral	1	PA; Specialty*
deferasirox packet 360 mg oral	1	PA; Specialty*
deferasirox packet 90 mg oral	1	PA; Specialty*
deferasirox tablet 180 mg oral	1	PA; Specialty*
deferasirox tablet 360 mg oral	1	PA; Specialty*
deferasirox tablet 90 mg oral	1	PA; Specialty*
deferasirox tablet soluble 125 mg oral	1	PA; Specialty*
deferasirox tablet soluble 250 mg oral	1	PA; Specialty*
deferasirox tablet soluble 500 mg oral	1	PA; Specialty*
deferiprone tablet 1000 mg oral	1	PA; Specialty*

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Drug Name	Tier	Notes
deferiprone tablet 500 mg oral	1	PA; Specialty*
dimercaptopropane-sulfonate solution 250 mg/5ml injection	Non-Formulary	Non FDA Exclusion
EXJADE TABLET SOLUBLE 125 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
EXJADE TABLET SOLUBLE 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
EXJADE TABLET SOLUBLE 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
FERRIPROX SOLUTION 100 MG/ML ORAL	3	PA; Specialty*
FERRIPROX TABLET 1000 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
FERRIPROX TABLET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
FERRIPROX TWICE-A-DAY TABLET 1000 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
JADENU SPRINKLE PACKET 180 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
JADENU SPRINKLE PACKET 360 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
JADENU SPRINKLE PACKET 90 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
JADENU TABLET 180 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
JADENU TABLET 360 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
JADENU TABLET 90 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
pentetate calcium trisodium solution 200 mg/ml combination	Non-Formulary	Medical Only Exclusion
pentetate zinc trisodium solution 200 mg/ml combination	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Antidotes And Specific Antagonists*		
ACETADOTE SOLUTION 200 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
acetylcysteine solution 200 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ANDEXXA SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
bal in oil solution 100 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion
BRIDION SOLUTION 200 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BRIDION SOLUTION 500 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
calcium disodium versenate solution 1 gm/5ml injection	Non-Formulary	Medical Only Exclusion
CYANOKIT SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
deferoxamine mesylate solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
deferoxamine mesylate solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
DESFERAL SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Medical Only Exclusion
DIGIFAB SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
edetate calcium disodium solution 1 gm/5ml injection	Non-Formulary	Medical Only Exclusion
fomepizole solution 1.5 gm/1.5ml intravenous	Non-Formulary	Medical Only Exclusion
methylene blue (antidote) solution 1 % intravenous	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
methylene blue (antidote) solution 1 % intravenous	Non-Formulary	Non FDA Exclusion
methylene blue (antidote) solution 1 % intravenous	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)

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Drug Name	Tier	Notes
methylene blue solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
methylene blue solution prefilled syringe 20 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
physostigmine salicylate solution 1 mg/ml injection	Non-Formulary	Formulary Exclusion
PRAXBIND SOLUTION 2.5 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROTOPAM CHLORIDE SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROVAYBLUE SOLUTION 50 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RADIOGARDASE CAPSULE 0.5 GM ORAL	Non-Formulary	Medical Only Exclusion
sodium nitrite solution 30 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
sodium thiosulfate solution 250 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
sodium thiosulfate solution 250 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
sugammadex sodium solution prefilled syringe 100 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
sugammadex sodium solution prefilled syringe 150 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
sugammadex sodium solution prefilled syringe 200 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
sugammadex sodium solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
VISTOGARD PACKET 10 GM ORAL	Non-Formulary	Medical Only Exclusion
****Benzodiazepine Antagonists******		
flumazenil solution 0.5 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
flumazenil solution 1 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
****Opioid Antagonists******		
KLOXXADO LIQUID 8 MG/0.1ML NASAL	2	

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Drug Name	Tier	Notes
lifems naloxone prefilled syringe kit 2 mg/2ml injection	Non-Formulary	Non FDA Exclusion
nalmefene hcl solution 1 mg/ml injection	Non-Formulary	Formulary Exclusion
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	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	Mony Code (MONY Code)
naloxone hcl solution cartridge 0.4 mg/ml injection	3	
naloxone hcl solution prefilled syringe 0.4 mg/ml injection	3	
naloxone hcl solution prefilled syringe 2 mg/2ml injection	1	
naloxone hcl solution prefilled syringe 2 mg/2ml injection	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
naltrexone hcl tablet 50 mg oral	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX)	Non-Formulary	Formulary Exclusion
OPVEE SOLUTION 2.7 MG/0.1ML NASAL	Non-Formulary	Formulary Exclusion
REXTOVY LIQUID 4 MG/0.25ML NASAL	3	QL
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR	3	Specialty*; QL
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	
granisetron hcl tablet 1 mg oral	1	QL
ondansetron hcl +rfid solution 4 mg/2ml injection	1	

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Drug Name	Tier	Notes
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	Mony Code (MONY code issue)
ondansetron hcl solution prefilled syringe 4 mg/2ml injection	2	
ondansetron hcl tablet 24 mg oral	1	Mony Code (MONY Code); QL
ondansetron hcl tablet 4 mg oral	1	QL
ondansetron hcl tablet 8 mg oral	1	QL
ondansetron tablet dispersible 16 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; 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	

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Drug Name	Tier	Notes
palonosetron hcl solution 0.25 mg/5ml intravenous	1	
palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous	1	
palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous	1	Mony Code (MONY code issue)
POSFREA SOLUTION 0.25 MG/5ML INTRAVENOUS	3	
SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL	3	
SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ZOFRAN TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZUPLENZ FILM 4 MG ORAL	3	Non Essential Drug Exclusion; QL
ZUPLENZ FILM 8 MG ORAL	3	Non Essential Drug Exclusion; QL
Antiemetic Combinations*		

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
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 CAPSULE 300-0.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AKYNZEO SOLUTION RECONSTITUTED 235-0.25 MG INTRAVENOUS	3	QL
BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL	3	
DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
doxylamine-pyridoxine tablet delayed release 10-10 mg oral	1	
Antiemetics - Anticholinergic*		
ANTIVERT TABLET 50 MG ORAL	3	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
ANTIVERT TABLET CHEWABLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
dimenhydrinate solution 50 mg/ml injection	3	
meclizine hcl tablet 12.5 mg oral (rx)	1	
meclizine hcl tablet 25 mg oral (rx)	1	
meclizine hcl tablet 50 mg oral	1	Non Essential Drug Exclusion
meclizine hcl tablet 50 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
meclizine hcl tablet chewable 25 mg oral (rx)	1	
scopolamine patch 72 hour 1 mg/3days transdermal	1	
TIGAN CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
TIGAN SOLUTION 100 MG/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
TRANSDERM SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
TRANSDERM-SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	Non-Formulary	Formulary Exclusion
trimethobenzamide hcl capsule 300 mg oral	1	
Antiemetics - Antidopaminergic*		
BARHEMSYS SOLUTION 10 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BARHEMSYS SOLUTION 5 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antiemetics - Miscellaneous*		
dronabinol capsule 10 mg oral	1	QL
dronabinol capsule 2.5 mg oral	1	QL
dronabinol capsule 5 mg oral	1	QL
MARINOL CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MARINOL CAPSULE 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MARINOL CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
SYNDROS SOLUTION 5 MG/ML ORAL	3	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*		
APONVIE EMULSION 32 MG/4.4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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
CINVANTI EMULSION 130 MG/18ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
EMEND BIPACK CAPSULE 80 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EMEND SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	3	QL

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Drug Name	Tier	Notes
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	2	QL
EMEND TRIPACK CAPSULE 80 & 125 MG ORAL	Non-Formulary	Formulary Exclusion; QL
focinvez solution 150 mg/50ml intravenous	3	
fosaprepitant dimeglumine solution reconstituted 150 mg intravenous	1	QL
fosaprepitant dimeglumine solution reconstituted 150 mg intravenous	2	QL
VARUBI (180 MG DOSE) TABLET THERAPY PACK 2 X 90 MG ORAL	2	QL
ANTIFUNGALS		
****Antifungal - Glucan Synthesis Inhibitors (Echinocandins)******		
CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
CANCIDAS SOLUTION RECONSTITUTED 70 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
caspofungin acetate solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
caspofungin acetate solution reconstituted 70 mg intravenous	Non-Formulary	Medical Only Exclusion
ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
micafungin sodium solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
micafungin sodium solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
micafungin sodium-nacl solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
micafungin sodium-nacl solution 150-0.9 mg/150ml-% intravenous	Non-Formulary	Medical Only Exclusion
micafungin sodium-nacl solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
MYCAMINE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MYCAMINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REZZAYO SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)******		
BREXAFEMME TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
****Antifungals******		
ABELCET SUSPENSION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
amphotericin b liposome suspension reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
amphotericin b solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
ANCOBON CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
ANCOBON CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
flucytosine capsule 250 mg oral	1	
flucytosine capsule 500 mg oral	1	
fulvicin p/g 165 tablet 165 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
griseofulvin microsize suspension 125 mg/5ml oral	1	
griseofulvin microsize tablet 500 mg oral	1	
griseofulvin ultramicrosize tablet 125 mg oral	1	

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Drug Name	Tier	Notes
griseofulvin ultramicrosize tablet 165 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY code issue); QL
griseofulvin ultramicrosize tablet 250 mg oral	1	
nystatin tablet 500000 unit oral	1	
terbinafine hcl tablet 250 mg oral	1	QL with criteria
Imidazoles		
ketoconazole tablet 200 mg oral	1	
Tetrazoles		
VIVJOA CAPSULE THERAPY PACK 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL with criteria
Triazoles		
CRESEMBA CAPSULE 186 MG ORAL	3	
CRESEMBA CAPSULE 74.5 MG ORAL	3	

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Drug Name	Tier	Notes
CRESEMBA SOLUTION RECONSTITUTED 372 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIFLUCAN SUSPENSION RECONSTITUTED 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
fluconazole in sodium chloride solution 100-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
fluconazole in sodium chloride solution 200-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
fluconazole in sodium chloride solution 400-0.9 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
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 SOLUTION 300 MG/16.7ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NOXAFIL SUSPENSION 40 MG/ML ORAL	2	
NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
posaconazole solution 300 mg/16.7ml intravenous	Non-Formulary	Medical Only Exclusion
posaconazole suspension 40 mg/ml oral	1	
posaconazole tablet delayed release 100 mg oral	1	
SPORANOX CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SPORANOX PULSEPAK CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SPORANOX SOLUTION 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
tolsura capsule 65 mg oral	3	Non Essential Drug Exclusion
VFEND IV SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL	Non-Formulary	Formulary Exclusion
VFEND TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
VFEND TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
voriconazole solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
voriconazole solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
voriconazole suspension reconstituted 40 mg/ml oral	1	
voriconazole tablet 200 mg oral	1	
voriconazole tablet 50 mg oral	1	
ANTIHISTAMINES		
****Antihistamines - Alkylamines******		
brompheniramine maleate solution 10 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
dexchlorpheniramine maleate solution 2 mg/5ml oral	3	
RYCLORA SOLUTION 2 MG/5ML ORAL	3	
****Antihistamines - Ethanolamines******		

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Drug Name	Tier	Notes
carbinoxamine maleate er suspension extended release 4 mg/5ml oral	3	ST; Step Therapy Requirements (TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS)
carbinoxamine maleate solution 4 mg/5ml oral	3	
carbinoxamine maleate solution 4 mg/5ml oral	1	Mony Code (MONY Code)
carbinoxamine maleate tablet 4 mg oral	1	
carbinoxamine maleate tablet 4 mg oral	1	Mony Code (MONY Code)
carbinoxamine maleate tablet 6 mg oral	3	
carbinoxamine maleate tablet 6 mg oral	1	Mony Code (MONY Code)
clemastine fumarate syrup 0.67 mg/5ml oral	1	Non Essential Drug Exclusion
clemastine fumarate syrup 0.67 mg/5ml oral	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
clemastine fumarate syrup 0.67 mg/5ml oral	3	Non Essential Drug Exclusion
clemastine fumarate tablet 2.68 mg oral	3	
clemastine fumarate tablet 2.68 mg oral	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
CLEMASZ TABLET 2.68 MG ORAL	2	
DICOPANOL FUSEPAQ SUSPENSION RECONSTITUTED 5 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
DICOPANOL RAPIDPAQ SUSPENSION RECONSTITUTED 5 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
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 (rx)	1	Mony Code (MONY code issue)
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
diphenhydramine hcl solution 50 mg/ml injection	1	
KARBINAL ER SUSPENSION EXTENDED RELEASE 4 MG/5ML ORAL	3	ST; Step Therapy Requirements (TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS)
RYVENT TABLET 6 MG ORAL	3	
Antihistamines - Non-Sedating		

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Tier
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
cetirizine hcl solution 1 mg/ml oral (rx)	1	
cetirizine hcl solution 5 mg/5ml oral (rx)	1	
CLARINEX TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
desloratadine tablet 5 mg oral	1	
desloratadine tablet dispersible 2.5 mg oral	3	
desloratadine tablet dispersible 2.5 mg oral	1	Mony Code (MONY Code)
desloratadine tablet dispersible 5 mg oral	3	
desloratadine tablet dispersible 5 mg oral	1	Mony Code (MONY Code)
levocetirizine dihydrochloride solution 2.5 mg/5ml oral	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
QUZYTTIR SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
Antihistamines - Phenothiazines*		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 25 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 50 MG RECTAL	1	Mony Code (MONY Code)
Antihistamines - Piperidines*		
cyproheptadine hcl syrup 2 mg/5ml oral	1	
cyproheptadine hcl tablet 4 mg oral	1	
Antihistamines W/ Corticosteroids*		
CLOBETEX THERAPY PACK 5 & 0.05 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
ANTIHYPERLIPIDEMICS		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*		

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Drug Name	Tier	Notes
NEXLIZET TABLET 180-10 MG ORAL	2	PA
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*		
NEXLETOL TABLET 180 MG ORAL	2	PA
Angiopoietin-Like Protein 3 (Angptl3) Inhibitors*		
EVKEEZA SOLUTION 1200 MG/8ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EVKEEZA SOLUTION 345 MG/2.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antihyperlipidemics - Misc.*		
icosapent ethyl capsule 0.5 gm oral	1	
icosapent ethyl capsule 1 gm oral	1	
LOVAZA CAPSULE 1 GM ORAL	Non-Formulary	Formulary Exclusion
omega-3-acid ethyl esters capsule 1 gm oral	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
VASCEPA CAPSULE 0.5 GM ORAL	2	
VASCEPA CAPSULE 1 GM ORAL	2	
Antihyperlipidemics Misc. Combinations*		
sure result o3d3 system kit 1 & 1000 gm & unit oral	Non-Formulary	Non FDA Exclusion
Bile Acid Sequestrants*		
cholestyramine light packet 4 gm oral	Non-Formulary	Formulary Exclusion
cholestyramine light powder 4 gm/dose oral	1	
cholestyramine packet 4 gm oral	Non-Formulary	Formulary Exclusion
cholestyramine powder 4 gm/dose oral	1	
colesevelam hcl packet 3.75 gm oral	Non-Formulary	Formulary Exclusion
colesevelam hcl tablet 625 mg oral	1	
COLESTID FLAVORED GRANULES 5 GM ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
COLESTID FLAVORED PACKET 5 GM ORAL	Non-Formulary	Formulary Exclusion
COLESTID GRANULES 5 GM ORAL	Non-Formulary	Formulary Exclusion
COLESTID PACKET 5 GM ORAL	Non-Formulary	Formulary Exclusion
COLESTID TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
colestipol hcl granules 5 gm oral	1	
colestipol hcl packet 5 gm oral	1	
colestipol hcl tablet 1 gm oral	1	
PREVALITE PACKET 4 GM ORAL	Non-Formulary	Formulary Exclusion
PREVALITE POWDER 4 GM/DOSE ORAL	1	
QUESTRAN LIGHT POWDER 4 GM/DOSE ORAL	Non-Formulary	Formulary Exclusion
QUESTRAN PACKET 4 GM ORAL	Non-Formulary	Formulary Exclusion
QUESTRAN POWDER 4 GM/DOSE ORAL	Non-Formulary	Formulary Exclusion
WELCHOL PACKET 3.75 GM ORAL	Non-Formulary	Formulary Exclusion
WELCHOL TABLET 625 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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	Mony Code (MONY Code)
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	
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	

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Drug Name	Tier	Notes
fenofibrate tablet 120 mg oral	1	Non Essential Drug Exclusion
fenofibrate tablet 145 mg oral	1	
fenofibrate tablet 160 mg oral	1	
fenofibrate tablet 40 mg oral	1	Non Essential Drug Exclusion
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	
FENOGLIDE TABLET 120 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
FENOGLIDE TABLET 40 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
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	
LOPID TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
TRICOR TABLET 145 MG ORAL	Non-Formulary	Formulary Exclusion
TRICOR TABLET 48 MG ORAL	Non-Formulary	Formulary Exclusion
TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL	Non-Formulary	Formulary Exclusion
TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL	Non-Formulary	Formulary Exclusion
Hmg Coa Reductase Inhibitors*		

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Drug Name	Tier	Notes
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
ATORVALIQ SUSPENSION 20 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
atorvastatin calcium tablet 10 mg oral	1	
atorvastatin calcium tablet 20 mg oral	1	
atorvastatin calcium tablet 40 mg oral	1	

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Drug Name	Tier	Notes
atorvastatin calcium tablet 80 mg oral	1	
CRESTOR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
CRESTOR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CRESTOR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
CRESTOR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC ROSUVASTATIN IN THE PAST 120 DAYS)
EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC ROSUVASTATIN IN THE PAST 120 DAYS)
EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC ROSUVASTATIN IN THE PAST 120 DAYS)

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Drug Name	Tier	Notes
EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC ROSUVASTATIN IN THE PAST 120 DAYS)
flolipid suspension 20 mg/5ml oral	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
flolipid suspension 40 mg/5ml oral	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
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	

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Drug Name	Tier	Notes
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
LIPITOR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
LIPITOR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LIPITOR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
LIPITOR TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
LIVALO TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
LIVALO TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
LIVALO TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
PRAVACHOL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PRAVACHOL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
ZOCOR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZOCOR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZOCOR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ZOCOR TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPITAMAG TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPITAMAG TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*		
ezetimibe-rosuvastatin tablet 10-10 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
ezetimibe-rosuvastatin tablet 10-20 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)

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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ezetimibe-rosuvastatin tablet 10-40 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
ezetimibe-rosuvastatin tablet 10-5 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
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; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
ROSZET TABLET 10-20 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
ROSZET TABLET 10-40 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
ROSZET TABLET 10-5 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
VYTORIN TABLET 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
VYTORIN TABLET 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
VYTORIN TABLET 10-40 MG ORAL	Non-Formulary	Formulary Exclusion
VYTORIN TABLET 10-80 MG ORAL	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tablet 10 mg oral	1	
ZETIA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
Microsomal Triglyceride Transfer Protein Inhibitors		
JUXTAPID CAPSULE 10 MG ORAL	3	PA; Specialty*
JUXTAPID CAPSULE 20 MG ORAL	3	PA; Specialty*
JUXTAPID CAPSULE 30 MG ORAL	3	PA; Specialty*
JUXTAPID CAPSULE 5 MG ORAL	3	PA; Specialty*
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tablet 500 mg oral	1	Mony Code (MONY code issue)
niacin (antihyperlipidemic) tablet 500 mg oral	3	
niacin er (antihyperlipidemic) tablet extended release 1000 mg oral	1	

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Drug Name	Tier	Notes
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	
NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL	Non-Formulary	Formulary Exclusion
NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL	Non-Formulary	Formulary Exclusion
Pcsk9 Inhibitors		
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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
Small Interfering Rna (Sirna) Pcsk9 Inhibitors*		
LEQVIO SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ANTIHYPERTENSIVES		
Ace Inhibitor & Calcium Channel Blocker Combinations*		
amlodipine besy-benazepril hcl capsule 10-20 mg oral	1	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
LOTREL CAPSULE 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
LOTREL CAPSULE 10-40 MG ORAL	Non-Formulary	Formulary Exclusion
LOTREL CAPSULE 5-10 MG ORAL	Non-Formulary	Formulary Exclusion
LOTREL CAPSULE 5-20 MG ORAL	Non-Formulary	Formulary Exclusion
PRESTALIA TABLET 14-10 MG ORAL	3	
PRESTALIA TABLET 3.5-2.5 MG ORAL	3	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
PRESTALIA TABLET 7-5 MG ORAL	3	
TARKA TABLET EXTENDED RELEASE 2-180 MG ORAL	Non-Formulary	Formulary Exclusion
TARKA TABLET EXTENDED RELEASE 2-240 MG ORAL	Non-Formulary	Formulary Exclusion
TARKA TABLET EXTENDED RELEASE 4-240 MG ORAL	Non-Formulary	Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 1-240 mg oral	Non-Formulary	Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 2-180 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 2-240 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 4-240 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion

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Drug Name	Tier	Notes
Ace Inhibitors & Thiazide/Thiazide-Like*		
ACCURETIC TABLET 10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ACCURETIC TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ACCURETIC TABLET 20-25 MG ORAL	3	
benazepril-hydrochlorothiazide tablet 10-12.5 mg oral	1	
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	
benazepril-hydrochlorothiazide tablet 5-6.25 mg oral	1	Mony Code (MONY Code)

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
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	

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Formulary Exclusion = Formulary Exclusion
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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral	1	
lisinopril-hydrochlorothiazide tablet 20-25 mg oral	1	
LOTENSIN HCT TABLET 10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
LOTENSIN HCT TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
LOTENSIN HCT TABLET 20-25 MG ORAL	Non-Formulary	Formulary Exclusion
quinapril-hydrochlorothiazide tablet 10-12.5 mg oral	1	
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	Mony Code (MONY code issue)
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	Mony Code (MONY code issue)
VASERETIC TABLET 10-25 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTORETIC TABLET 10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTORETIC TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTORETIC TABLET 20-25 MG ORAL	Non-Formulary	Formulary Exclusion
Ace Inhibitors		
ACCUPRIL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ACCUPRIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ACCUPRIL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ACCUPRIL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 1.25 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
enalaprilat solution 1.25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
EPANED SOLUTION 1 MG/ML ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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	
LOTENSIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
LOTENSIN TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LOTENSIN TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
moexipril hcl tablet 15 mg oral	1	
moexipril hcl tablet 7.5 mg oral	1	
perindopril erbumine tablet 2 mg oral	1	

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Drug Name	Tier	Notes
perindopril erbumine tablet 2 mg oral	1	Mony Code (MONY code issue)
perindopril erbumine tablet 4 mg oral	1	
perindopril erbumine tablet 8 mg oral	1	
perindopril erbumine tablet 8 mg oral	1	Mony Code (MONY code issue)
PRINIVIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
trandolapril tablet 2 mg oral	1	
trandolapril tablet 4 mg oral	1	
VASOTEC TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VASOTEC TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
VASOTEC TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
VASOTEC TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
Agents For Pheochromocytoma*		
DEMSER CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
DIBENZYLINE CAPSULE 10 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
metyrosine capsule 250 mg oral	1	PA; Specialty*
phenoxybenzamine hcl capsule 10 mg oral	1	PA; Specialty*
phentolamine mesylate solution reconstituted 5 mg injection	Non-Formulary	Medical Only Exclusion
phentolamine mesylate solution reconstituted 5 mg injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
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	

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
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	
AZOR TABLET 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
AZOR TABLET 10-40 MG ORAL	Non-Formulary	Formulary Exclusion
AZOR TABLET 5-20 MG ORAL	Non-Formulary	Formulary Exclusion
AZOR TABLET 5-40 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE TABLET 10-160 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE TABLET 10-320 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE TABLET 5-160 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE TABLET 5-320 MG ORAL	Non-Formulary	Formulary Exclusion
telmisartan-amlodipine tablet 40-10 mg oral	1	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
telmisartan-amlodipine tablet 40-10 mg oral	1	Mony Code (MONY code issue)
telmisartan-amlodipine tablet 40-5 mg oral	1	
telmisartan-amlodipine tablet 40-5 mg oral	1	Mony Code (MONY code issue)
telmisartan-amlodipine tablet 80-10 mg oral	1	
telmisartan-amlodipine tablet 80-10 mg oral	1	Mony Code (MONY code issue)
telmisartan-amlodipine tablet 80-5 mg oral	1	
telmisartan-amlodipine tablet 80-5 mg oral	1	Mony Code (MONY code issue)
TWYNSTA TABLET 40-10 MG ORAL	Non-Formulary	Formulary Exclusion
TWYNSTA TABLET 40-5 MG ORAL	Non-Formulary	Formulary Exclusion
TWYNSTA TABLET 80-10 MG ORAL	Non-Formulary	Formulary Exclusion
TWYNSTA TABLET 80-5 MG ORAL	Non-Formulary	Formulary Exclusion
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like*		

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ATACAND HCT TABLET 16-12.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
ATACAND HCT TABLET 32-12.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ATACAND HCT TABLET 32-25 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
AVALIDE TABLET 150-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
AVALIDE TABLET 300-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 40-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 40-25 MG ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
candesartan cilexetil-hctz tablet 16-12.5 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
candesartan cilexetil-hctz tablet 32-12.5 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
candesartan cilexetil-hctz tablet 32-25 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DIOVAN HCT TABLET 160-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 160-25 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 320-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 320-25 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 80-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
EDARBYCLOR TABLET 40-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
EDARBYCLOR TABLET 40-25 MG ORAL	Non-Formulary	Formulary Exclusion
HYZAAR TABLET 100-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
HYZAAR TABLET 100-25 MG ORAL	Non-Formulary	Formulary Exclusion
HYZAAR TABLET 50-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
losartan potassium-hctz tablet 100-25 mg oral	1	
losartan potassium-hctz tablet 50-12.5 mg oral	1	
MICARDIS HCT TABLET 40-12.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
MICARDIS HCT TABLET 80-12.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
MICARDIS HCT TABLET 80-25 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
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	
telmisartan-hctz tablet 40-12.5 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
telmisartan-hctz tablet 40-12.5 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
telmisartan-hctz tablet 80-12.5 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
telmisartan-hctz tablet 80-12.5 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
telmisartan-hctz tablet 80-25 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
telmisartan-hctz tablet 80-25 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
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	
valsartan-hydrochlorothiazide tablet 320-25 mg oral	1	
valsartan-hydrochlorothiazide tablet 80-12.5 mg oral	1	

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Angiotensin Ii Receptor Antagonists*		
ARBLI SUSPENSION 10 MG/ML ORAL	3	PA
ATACAND TABLET 16 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND TABLET 32 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
AVAPRO TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
AVAPRO TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
AVAPRO TABLET 75 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
candesartan cilexetil tablet 16 mg oral	1	
candesartan cilexetil tablet 32 mg oral	1	
candesartan cilexetil tablet 4 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
candesartan cilexetil tablet 8 mg oral	1	
COZAAR TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
COZAAR TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
COZAAR TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 160 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 320 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
EDARBI TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
EDARBI TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
losartan potassium tablet 50 mg oral	1	
MICARDIS TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
MICARDIS TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
MICARDIS TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
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	Mony Code (MONY code issue)
valsartan solution 4 mg/ml oral	2	
valsartan tablet 160 mg oral	1	
valsartan tablet 320 mg oral	1	
valsartan tablet 40 mg oral	1	

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
EXFORGE HCT TABLET 10-160-12.5 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
EXFORGE HCT TABLET 10-160-25 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE HCT TABLET 10-320-25 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE HCT TABLET 5-160-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE HCT TABLET 5-160-25 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
TRIBENZOR TABLET 20-5-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-10-25 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-5-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-5-25 MG ORAL	Non-Formulary	Formulary Exclusion
Antiadrenergics - Centrally Acting*		
CATAPRES TABLET 0.1 MG ORAL	Non-Formulary	Formulary Exclusion
CATAPRES TABLET 0.2 MG ORAL	Non-Formulary	Formulary Exclusion
CATAPRES TABLET 0.3 MG ORAL	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-1 PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-2 PATCH WEEKLY 0.2 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-3 PATCH WEEKLY 0.3 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
clonidine er tablet extended release 24 hour 0.17 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
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	Mony Code (MONY code issue)
methyldopa tablet 250 mg oral	1	
methyldopa tablet 250 mg oral	1	Mony Code (MONY Code)
methyldopa tablet 500 mg oral	3	
methyldopa tablet 500 mg oral	1	

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Drug Name	Tier	Notes
methyldopa tablet 500 mg oral	1	Mony Code (MONY Code)
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
Antiadrenergics - Peripherally Acting*		
CARDURA TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
CARDURA TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
CARDURA TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
CARDURA TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
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	
MINIPRESS CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
MINIPRESS CAPSULE 2 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
MINIPRESS CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion
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	3	PA; Specialty*
Beta Blocker & Diuretic Combinations*		
atenolol-chlorthalidone tablet 100-25 mg oral	1	
atenolol-chlorthalidone tablet 50-25 mg oral	1	

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Drug Name	Tier	Notes
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	Non Essential Drug Exclusion
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 25-12.5 MG ORAL	3	Non Essential Drug Exclusion
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG ORAL	3	Non Essential Drug Exclusion
LOPRESSOR HCT TABLET 50-25 MG ORAL	Non-Formulary	Formulary Exclusion
metoprolol-hydrochlorothiazide tablet 100-25 mg oral	1	
metoprolol-hydrochlorothiazide tablet 100-50 mg oral	1	

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Drug Name	Tier	Notes
metoprolol-hydrochlorothiazide tablet 100-50 mg oral	1	Mony Code (MONY Code)
metoprolol-hydrochlorothiazide tablet 50-25 mg oral	1	
TENORETIC 100 TABLET 100-25 MG ORAL	Non-Formulary	Formulary Exclusion
TENORETIC 50 TABLET 50-25 MG ORAL	Non-Formulary	Formulary Exclusion
ZIAC TABLET 10-6.25 MG ORAL	Non-Formulary	Formulary Exclusion
ZIAC TABLET 2.5-6.25 MG ORAL	Non-Formulary	Formulary Exclusion
ZIAC TABLET 5-6.25 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	
TEKTURNA TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
TEKTURNA TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
Dopamine D1 Receptor Agonists*		
CORLOPAM SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CORLOPAM SOLUTION 20 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Endothelin Receptor Antagonists*		
TRYVIO TABLET 12.5 MG ORAL	3	PA; Specialty*; QL
Selective Aldosterone Receptor Antagonists (Saras)*		

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Drug Name	Tier	Notes
eplerenone tablet 25 mg oral	1	
eplerenone tablet 50 mg oral	1	
INSPRA TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
INSPRA TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
Vasodilators*		
hydralazine hcl solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion
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	
NIPRIDE RTU SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
NIPRIDE RTU SOLUTION 50-0.9 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
nitroprusside sodium solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
nitroprusside sodium-nacl solution 20-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
nitroprusside sodium-nacl solution 50-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
sodium nitroprusside solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
sodium nitroprusside solution 50 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
ANTI-INFECTIVE AGENTS - MISC.		
****Anti-Infective Agents - Misc.******		

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Mony Code = Mony Code
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Specialty* = Specialty*
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Drug Name	Tier	Notes
AEMCOLO TABLET DELAYED RELEASE 194 MG ORAL	3	
bacitracin solution reconstituted 50000 unit intramuscular	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
bacitracin solution reconstituted 50000 unit intramuscular	Non-Formulary	Medical Only Exclusion
FIRST-METRONIDAZOLE SUSPENSION RECONSTITUTED 50 MG/ML ORAL	3	
FLAGYL CAPSULE 375 MG ORAL	Non-Formulary	Formulary Exclusion
FLAGYL TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
IMPAVIDO CAPSULE 50 MG ORAL	2	PA; Specialty*; QL
LIKMEZ SUSPENSION 500 MG/5ML ORAL	3	
METRONIDAZOLE BENZO+SYRSPEND SUSPENSION RECONSTITUTED 50 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
metronidazole capsule 375 mg oral	1	

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Drug Name	Tier	Notes
metronidazole solution 500 mg/100ml intravenous	1	
metronidazole solution 500 mg/100ml intravenous	3	
metronidazole tablet 125 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
metronidazole tablet 250 mg oral	1	
metronidazole tablet 500 mg oral	1	
NEBUPENT SOLUTION RECONSTITUTED 300 MG INHALATION	Non-Formulary	Formulary Exclusion
PENTAM SOLUTION RECONSTITUTED 300 MG INJECTION	Non-Formulary	Medical Only Exclusion
pentamidine isethionate solution reconstituted 300 mg inhalation	1	
pentamidine isethionate solution reconstituted 300 mg injection	Non-Formulary	Medical Only Exclusion
PRIMSOL SOLUTION 50 MG/5ML ORAL	3	
tinidazole tablet 250 mg oral	1	

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Drug Name	Tier	Notes
tinidazole tablet 500 mg oral	1	
trimethoprim tablet 100 mg oral	Non-Formulary	Formulary Exclusion
trimethoprim tablet 100 mg oral	1	
trimethoprim tablet 100 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
XIFAXAN TABLET 200 MG ORAL	3	PA
XIFAXAN TABLET 550 MG ORAL	2	PA
Anti-Infective Misc. - Combinations*		
BACTRIM DS TABLET 800-160 MG ORAL	Non-Formulary	Formulary Exclusion
BACTRIM TABLET 400-80 MG ORAL	Non-Formulary	Formulary Exclusion
sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
sulfamethoxazole-trimethoprim suspension 800-160 mg/20ml oral	1	

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Drug Name	Tier	Notes
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	
ALINIA TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
atovaquone suspension 750 mg/5ml oral	1	PA
LAMPIT TABLET 120 MG ORAL	3	
LAMPIT TABLET 30 MG ORAL	3	
MEPRON SUSPENSION 750 MG/5ML ORAL	Non-Formulary	PA; Formulary Exclusion
nitazoxanide tablet 500 mg oral	1	
nitazoxanide tablet 500 mg oral	1	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
Beta-Lactamase Inhibitor - Combinations*		
XACDURO SOLUTION RECONSTITUTED 1-1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Carbapenem Combinations**		
imipenem-cilastatin solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion
imipenem-cilastatin solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
imipenem-cilastatin solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
PRIMAXIN IV SOLUTION RECONSTITUTED 500-500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RECARBRIO SOLUTION RECONSTITUTED 1.25 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
VABOMERE SOLUTION RECONSTITUTED 2 (1-1) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Carbapenems		
ertapenem sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
INVANZ SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
meropenem solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
meropenem solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
meropenem solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
meropenem-sodium chloride solution reconstituted 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
meropenem-sodium chloride solution reconstituted 500 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
Chloramphenicals*		
chloramphenicol sod succinate solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
Cyclic Lipopeptides*		
CUBICIN RF SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CUBICIN SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
daptomycin solution reconstituted 350 mg intravenous	Non-Formulary	Medical Only Exclusion
daptomycin solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride solution 1000-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
daptomycin-sodium chloride solution 350-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride solution 500-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride solution 700-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
Glycopeptides		
DALVANCE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	3	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	3	
KIMYRSA SOLUTION RECONSTITUTED 1200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
ORBACTIV SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VANCOCIN CAPSULE 125 MG ORAL	Non-Formulary	Formulary Exclusion
VANCOCIN CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
vancomycin hcl capsule 125 mg oral	1	
vancomycin hcl capsule 250 mg oral	1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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 1.25-0.9 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1.75-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
vancomycin hcl in nacl solution 1.75-0.9 gm/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous	3	
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 2-0.9 gm/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	3	
vancomycin hcl in nacl solution 750-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
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	
vancomycin hcl solution 500 mg/100ml intravenous	3	

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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
vancomycin hcl solution 750 mg/150ml intravenous	3	
vancomycin hcl solution reconstituted 1 gm intravenous	1	
vancomycin hcl solution reconstituted 1 gm intravenous	1	Mony Code (MONY code issue)
vancomycin hcl solution reconstituted 1.25 gm intravenous	1	
vancomycin hcl solution reconstituted 1.25 gm intravenous	3	
vancomycin hcl solution reconstituted 1.5 gm intravenous	1	
vancomycin hcl solution reconstituted 1.5 gm intravenous	1	Mony Code (MONY CODE ISSUE)
vancomycin hcl solution reconstituted 1.75 gm intravenous	2	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
vancomycin hcl solution reconstituted 10 gm intravenous	1	
vancomycin hcl solution reconstituted 10 gm intravenous	1	Mony Code (MONY code issue)
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
vancomycin hcl solution reconstituted 5 gm intravenous	1	Mony Code (MONY code issue)
vancomycin hcl solution reconstituted 50 mg/ml oral	1	
vancomycin hcl solution reconstituted 500 mg intravenous	1	Mony Code (MONY CODE ISSUE)
vancomycin hcl solution reconstituted 500 mg intravenous	2	
vancomycin hcl solution reconstituted 500 mg intravenous	1	
vancomycin hcl solution reconstituted 750 mg intravenous	1	
vancomycin hcl solution reconstituted 750 mg intravenous	Non-Formulary	Formulary Exclusion
VANCOMYCIN+SYRSPEND SF SUSPENSION 50 MG/ML ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
VIBATIV SOLUTION RECONSTITUTED 750 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Leprostatics******		
dapsone tablet 100 mg oral	1	
dapsone tablet 25 mg oral	1	
****Lincosamides******		
CLEOCIN CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion
CLEOCIN CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
CLEOCIN CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion
CLEOCIN PHOSPHATE SOLUTION 300 MG/2ML INJECTION	Non-Formulary	Medical Only Exclusion
CLEOCIN PHOSPHATE SOLUTION 600 MG/4ML INJECTION	Non-Formulary	Medical Only Exclusion
CLEOCIN PHOSPHATE SOLUTION 9 GM/60ML INJECTION	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
CLEOCIN PHOSPHATE SOLUTION 900 MG/6ML INJECTION	Non-Formulary	Medical Only Exclusion
CLEOCIN SOLUTION RECONSTITUTED 75 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
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	
clindamycin phosphate in d5w solution 300 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in d5w solution 600 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in d5w solution 900 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
clindamycin phosphate in nacl solution 300-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in nacl solution 600-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in nacl solution 900-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 300 mg/2ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 600 mg/4ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 9 gm/60ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 900 mg/6ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 9000 mg/60ml injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
LINCOCIN SOLUTION 300 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
lincomycin hcl solution 300 mg/ml injection	Non-Formulary	Medical Only Exclusion
Monobactam Combinations*		
EMBLAVEO SOLUTION RECONSTITUTED 1.5-0.5 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Monobactams*		
AZACTAM SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
AZACTAM SOLUTION RECONSTITUTED 2 GM INJECTION	Non-Formulary	Medical Only Exclusion
aztreonam solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
aztreonam solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION	3	PA; Specialty*; QL
Oxazolidinones*		

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
linezolid in sodium chloride solution 600-0.9 mg/300ml-% intravenous	Non-Formulary	Medical Only Exclusion
linezolid in sodium chloride solution 600-0.9 mg/300ml-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
linezolid solution 600 mg/300ml intravenous	Non-Formulary	Medical Only Exclusion
linezolid suspension reconstituted 100 mg/5ml oral	1	
linezolid tablet 600 mg oral	1	
SIVEXTRO SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SIVEXTRO TABLET 200 MG ORAL	3	PA; QL
ZYVOX SOLUTION 200 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZYVOX SOLUTION 600 MG/300ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
ZYVOX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ZYVOX TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
Pleuromutilins		
XENLETA SOLUTION 150 MG/15ML INTRAVENOUS	3	QL
XENLETA TABLET 600 MG ORAL	3	QL
Polymyxins		
colistimethate sodium (cba) solution reconstituted 150 mg injection	Non-Formulary	Medical Only Exclusion
COLY-MYCIN M SOLUTION RECONSTITUTED 150 MG INJECTION	Non-Formulary	Medical Only Exclusion
polymyxin b sulfate solution reconstituted 500000 unit injection	Non-Formulary	Medical Only Exclusion
Streptogramin Combinations		

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Drug Name	Tier	Notes
SYNERCID SOLUTION RECONSTITUTED 150-350 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Urinary Anti-Infectives*		
fosfomycin tromethamine packet 3 gm oral	1	
HIPREX TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
MACROBID CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
MACRODANTIN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
MACRODANTIN CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
MACRODANTIN CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
methenamine hippurate tablet 1 gm oral	1	
methenamine mandelate tablet 0.5 gm oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
methenamine mandelate tablet 0.5 gm oral	Non-Formulary	Formulary Exclusion
methenamine mandelate tablet 1 gm oral	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
methenamine mandelate tablet 1 gm oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
MONUROL PACKET 3 GM ORAL	Non-Formulary	Formulary Exclusion
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	
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		
HYOPHEN TABLET 81.6 MG ORAL	Non-Formulary	Non FDA Exclusion
mb caps capsule 120 mg oral	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
me/naphos/mb/hyo1 tablet 81.6 mg oral	Non-Formulary	Non FDA Exclusion
PHOSPHASAL TABLET 81.6 MG ORAL	1	
URELLE TABLET 81 MG ORAL	1	
URETRON D/S TABLET 81.6 MG ORAL	1	Mony Code (MONY code issue)
URIBEL CAPSULE 118 MG ORAL	Non-Formulary	Non FDA Exclusion
URIBEL TABLET 81.6 MG ORAL	Non-Formulary	Non FDA Exclusion
URIMAR-T CAPSULE 120 MG ORAL	Non-Formulary	Non FDA Exclusion
URIMAR-T TABLET 120 MG ORAL	Non-Formulary	Non FDA Exclusion
urin ds tablet 81.6 mg oral	1	
urneva capsule 120 mg oral	Non-Formulary	Non FDA Exclusion
uro-458 tablet 81 mg oral	1	
UROGESIC-BLUE TABLET 81.6 MG ORAL	3	
uro-mp capsule 118 mg oral	1	
uro-sp capsule 118 mg oral	Non-Formulary	Non FDA Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
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Specialty* = Specialty*
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Drug Name	Tier	Notes
USTELL CAPSULE 120 MG ORAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
UTIRA-C TABLET 81.6 MG ORAL	1	
VILAMIT MB CAPSULE 118 MG ORAL	Non-Formulary	Non FDA Exclusion
VILEVEV MB TABLET 81 MG ORAL	Non-Formulary	Non FDA Exclusion
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	
MALARONE TABLET 250-100 MG ORAL	Non-Formulary	Formulary Exclusion
MALARONE TABLET 62.5-25 MG ORAL	Non-Formulary	Formulary Exclusion
pyrimethamine-leucovorin capsule 12.5-2.5 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 25-10 mg oral	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
pyrimethamine-leucovorin capsule 25-5 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 50-10 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 50-20 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 50-25 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 75-25 mg oral	Non-Formulary	Non FDA Exclusion
Antimalarials		
ARAKODA TABLET 100 MG ORAL	3	
artesunate solution reconstituted 110 mg intravenous	Non-Formulary	Medical Only Exclusion
chloroquine phosphate tablet 250 mg oral	1	
chloroquine phosphate tablet 500 mg oral	1	
chloroquine phosphate tablet 500 mg oral	1	Mony Code (MONY Code)
DARAPRIM TABLET 25 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
hydroxychloroquine sulfate tablet 100 mg oral	1	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
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	
mefloquine hcl tablet 250 mg oral	1	Mony Code (MONY Code)
PLAQUENIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
primaquine phosphate tablet 26.3 (15 base) mg oral	1	
primaquine phosphate tablet 26.3 (15 base) mg oral	Non-Formulary	Formulary Exclusion
pyrimethamine tablet 25 mg oral	1	PA; Specialty*
QUALAQUIN CAPSULE 324 MG ORAL	Non-Formulary	Formulary Exclusion
quinine sulfate capsule 324 mg oral	1	
SOVUNA TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SOVUNA TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
****Antimyasthenic/Cholinergic Agents******		
BLOXIVERZ SOLUTION 10 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BLOXIVERZ SOLUTION 5 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BLOXIVERZ SOLUTION PREFILLED SYRINGE 5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FIRDAPSE TABLET 10 MG ORAL	3	PA; Specialty*
guanidine hcl tablet 125 mg oral	3	
MESTINON SOLUTION 60 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
MESTINON TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
MESTINON TABLET EXTENDED RELEASE 180 MG ORAL	Non-Formulary	Formulary Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
neostigmine methylsulfate rfid solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
neostigmine methylsulfate rfid solution prefilled syringe 3 mg/3ml intravenous	Non-Formulary	Medical Only Exclusion
neostigmine methylsulfate solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
neostigmine methylsulfate solution 3 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution 5 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
neostigmine methylsulfate solution 5 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 2 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 4 mg/4ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 5 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
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	
REGONOL SOLUTION 10 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RUZURGI TABLET 10 MG ORAL	Non-Formulary	Non FDA Exclusion; QL
ANTIMYCOBACTERIAL AGENTS		
****Antimycobacterial Agents******		

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CAPASTAT SULFATE SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
cycloserine capsule 250 mg oral	1	
cycloserine capsule 250 mg oral	1	Mony Code (MONY Code)
ethambutol hcl tablet 100 mg oral	1	
ethambutol hcl tablet 400 mg oral	1	
isoniazid solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
isoniazid syrup 50 mg/5ml oral	1	
isoniazid tablet 100 mg oral	1	
isoniazid tablet 100 mg oral	1	Mony Code (MONY Code)
isoniazid tablet 300 mg oral	1	
MYAMBUTOL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
MYCOBUTIN CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion
PASER PACKET 4 GM ORAL	3	
pretomanid tablet 200 mg oral	3	QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
PRIFTIN TABLET 150 MG ORAL	2	
pyrazinamide tablet 500 mg oral	1	
pyrazinamide tablet 500 mg oral	1	Mony Code (MONY Code)
rifabutin capsule 150 mg oral	1	
RIFADIN SOLUTION RECONSTITUTED 600 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
rifampin capsule 150 mg oral	1	
rifampin capsule 300 mg oral	1	
rifampin solution reconstituted 600 mg intravenous	Non-Formulary	Medical Only Exclusion
RIFAMPIN+SYRSPEND SF SUSPENSION 25 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
SIRTURO TABLET 100 MG ORAL	3	PA; Specialty*
SIRTURO TABLET 20 MG ORAL	3	PA; Specialty*
TRECATOR TABLET 250 MG ORAL	3	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
****Alkylating Agents******		
BELRAPZO SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
bendamustine hcl solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
bendamustine hcl solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
bendamustine hcl solution reconstituted 25 mg intravenous	Non-Formulary	Medical Only Exclusion
BENDEKA SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
busulfan solution 6 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
BUSULFEX SOLUTION 6 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
carboplatin solution 150 mg/15ml intravenous	Non-Formulary	Medical Only Exclusion
carboplatin solution 450 mg/45ml intravenous	Non-Formulary	Medical Only Exclusion
carboplatin solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
carboplatin solution 600 mg/60ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 100 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 200 mg/200ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY code issue)
cisplatin solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
GRAFAPEX SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GRAFAPEX SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
kemoplat solution 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MYLERAN TABLET 2 MG ORAL	2	PA; Specialty*
oxaliplatin solution 100 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution 200 mg/40ml intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 1000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 150 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 450 MG/45ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
PARAPLATIN SOLUTION 50 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 600 MG/60ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TEPADINA SOLUTION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Medical Only Exclusion
TEPADINA SOLUTION RECONSTITUTED 15 MG INJECTION	Non-Formulary	Medical Only Exclusion
tepylute solution 100 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion; Specialty*
tepylute solution 15 mg/1.5ml intravenous	Non-Formulary	Medical Only Exclusion; Specialty*
thiotepa solution reconstituted 100 mg injection	Non-Formulary	Medical Only Exclusion
thiotepa solution reconstituted 15 mg injection	Non-Formulary	Medical Only Exclusion
TREANDA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Drug Name	Tier	Notes
TREANDA SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
vivimusta solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
ZEPZELCA SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Androgen Biosynthesis Inhibitors		
abiraterone acetate tablet 250 mg oral	1	PA; Specialty*
abiraterone acetate tablet 500 mg oral	1	PA; Specialty*
ABIRTEGA TABLET 250 MG ORAL	1	PA; Specialty*
YONSA TABLET 125 MG ORAL	2	PA; Specialty*
ZYTIGA TABLET 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZYTIGA TABLET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
Antiadrenals		

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
LYSODREN TABLET 500 MG ORAL	2	PA; Specialty*
Antiandrogens*		
bicalutamide tablet 50 mg oral	1	
CASODEX TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
ERLEADA TABLET 240 MG ORAL	2	PA; Specialty*
ERLEADA TABLET 60 MG ORAL	2	PA; Specialty*
EULEXIN CAPSULE 125 MG ORAL	3	
flutamide capsule 125 mg oral	1	Mony Code (MONY Code)
NILANDRON TABLET 150 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
nilutamide tablet 150 mg oral	1	PA; Specialty*
NUBEQA TABLET 300 MG ORAL	2	PA; Specialty*
XTANDI CAPSULE 40 MG ORAL	2	PA; Specialty*
XTANDI TABLET 40 MG ORAL	2	PA; Specialty*
XTANDI TABLET 80 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
Antiestrogens*		
FARESTON TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
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*		
ALIMTA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALIMTA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ARRANON SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AXTLE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
AXTLE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
azacitidine suspension reconstituted 100 mg injection	Non-Formulary	Medical Only Exclusion
capecitabine tablet 150 mg oral	1	PA; Specialty*
capecitabine tablet 500 mg oral	1	PA; Specialty*
cladribine solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
clofarabine solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
CLOLAR SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
cytarabine (pf) solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
cytarabine (pf) solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion
cytarabine (pf) solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
cytarabine solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Specialty* = Specialty*
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Drug Name	Tier	Notes
DACOGEN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
decitabine solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
floxuridine solution reconstituted 0.5 gm injection	Non-Formulary	Medical Only Exclusion
floxuridine solution reconstituted 0.5 gm injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
fludarabine phosphate solution 25 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY code issue)
fludarabine phosphate solution 50 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
fludarabine phosphate solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
fludarabine phosphate solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
fluorouracil solution 1 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
fluorouracil solution 2.5 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
fluorouracil solution 5 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion
fluorouracil solution 500 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
FOLOTYN SOLUTION 20 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FOLOTYN SOLUTION 40 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 1 gm/10ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 1 gm/26.3ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 1 gm/26.3ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
gemcitabine hcl solution 1.5 gm/15ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 2 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 2 gm/52.6ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 2 gm/52.6ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
gemcitabine hcl solution 200 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 200 mg/5.26ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 200 mg/5.26ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
gemcitabine hcl solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1200-0.9 MG/120ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1300-0.9 MG/130ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1400-0.9 MG/140ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
INFUGEM SOLUTION 1500-0.9 MG/150ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1600-0.9 MG/160ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1700-0.9 MG/170ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1800-0.9 MG/180ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1900-0.9 MG/190ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 2000-0.9 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 2200-0.9 MG/220ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
JYLAMVO SOLUTION 2 MG/ML ORAL	3	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
mercaptopurine suspension 2000 mg/100ml oral	1	ST; Specialty*; Step Therapy Requirements (TRIAL OF GENERIC MERCAPTOPURINE TABS IN PAST 120 DAYS)
mercaptopurine tablet 50 mg oral	1	
methotrexate sodium (pf) solution 1 gm/40ml injection	1	
methotrexate sodium (pf) solution 1 gm/40ml injection	1	Mony Code (MONY code issue)
methotrexate sodium (pf) solution 1000 mg/40ml injection	1	Mony Code (MONY code issue)
methotrexate sodium (pf) solution 250 mg/10ml injection	1	
methotrexate sodium (pf) solution 50 mg/2ml injection	1	
methotrexate sodium solution 250 mg/10ml injection	1	Mony Code (MONY Code)

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
methotrexate sodium solution 50 mg/2ml injection	1	Mony Code (MONY code issue)
methotrexate sodium solution 50 mg/2ml injection	3	
methotrexate sodium solution reconstituted 1 gm injection	1	
methotrexate sodium tablet 2.5 mg oral	1	
methotrexate solution 1000 mg/40ml intravenous	Non-Formulary	Non FDA Exclusion
nelarabine solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ONUREG TABLET 200 MG ORAL	3	PA; Specialty*
ONUREG TABLET 300 MG ORAL	3	PA; Specialty*
pemetrexed dipotassium solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed dipotassium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution 1 gm/40ml intravenous	Non-Formulary	Medical Only Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
pemetrexed disodium solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution 500 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution 850 mg/34ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 1000 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 750 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed ditromethamine solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
pemetrexed ditromethamine solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed solution 1 gm/40ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed solution 500 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
PEMFEXY SOLUTION 500 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PEMRYDI RTU SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PEMRYDI RTU SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
pralatrexate solution 20 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
pralatrexate solution 40 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
PURIXAN SUSPENSION 2000 MG/100ML ORAL	Non-Formulary	ST; Specialty*; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC MERCAPTOPURINE TABS IN PAST 120 DAYS)
TABLOID TABLET 40 MG ORAL	2	PA; 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	
VIDAZA SUSPENSION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Medical Only Exclusion
XATMEP SOLUTION 2.5 MG/ML ORAL	3	
XELODA TABLET 150 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
XELODA TABLET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
Antineoplastic - Akt Inhibitors*		
TRUQAP TABLET 160 MG ORAL	3	PA; Specialty*
TRUQAP TABLET 200 MG ORAL	3	PA; Specialty*
TRUQAP TABLET THERAPY PACK 160 MG ORAL	3	PA; Specialty*
TRUQAP TABLET THERAPY PACK 200 MG ORAL	3	PA; Specialty*
Antineoplastic - Alk Inhibitors*		
ALECENSA CAPSULE 150 MG ORAL	2	PA; Specialty*
ALUNBRIG TABLET 180 MG ORAL	2	PA; Specialty*
ALUNBRIG TABLET 30 MG ORAL	2	PA; Specialty*
ALUNBRIG TABLET 90 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	2	PA; Specialty*
LORBRENA TABLET 100 MG ORAL	3	PA; Specialty*
LORBRENA TABLET 25 MG ORAL	3	PA; Specialty*
XALKORI CAPSULE 200 MG ORAL	2	PA; Specialty*
XALKORI CAPSULE 250 MG ORAL	2	PA; Specialty*
XALKORI CAPSULE SPRINKLE 150 MG ORAL	2	PA; Specialty*
XALKORI CAPSULE SPRINKLE 20 MG ORAL	2	PA; Specialty*
XALKORI CAPSULE SPRINKLE 50 MG ORAL	2	PA; Specialty*
ZYKADIA TABLET 150 MG ORAL	2	PA; Specialty*
Antineoplastic - Allogeneic Cellular Immunotherapy*		
OMISIRGE SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Antineoplastic - Anti-Bcma Antibody-Drug Complex		
BLENREP SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Non FDA Exclusion
Antineoplastic - Antibody Combinations		
OPDUALAG SOLUTION 240-80 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Ccr4 Antibodies		
POTELIGEO SOLUTION 20 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd19 Antibodies		
MONJUVI SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Antineoplastic - Anti-Cd19 Antibody-Drug Complex*		
ZYNLONTA SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd20 Antibodies*		
GAZYVA SOLUTION 1000 MG/40ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RIABNI SOLUTION 100 MG/10ML INTRAVENOUS	3	PA; Specialty*
RIABNI SOLUTION 500 MG/50ML INTRAVENOUS	3	PA; Specialty*
RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS	3	PA; Specialty*
RITUXAN SOLUTION 500 MG/50ML INTRAVENOUS	3	PA; Specialty*

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RUXIENCE SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
RUXIENCE SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
TRUXIMA SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
TRUXIMA SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
****Antineoplastic - Anti-Cd22 Antibodies******		
LUMOXITI SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antineoplastic - Anti-Cd22 Antibody-Drug Complex******		
BESPONSA SOLUTION RECONSTITUTED 0.9 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Antineoplastic - Anti-Cd30 Antibody-Drug Complex		
ADCETRIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd33 Antibody-Drug Complex		
MYLOTARG SOLUTION RECONSTITUTED 4.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd38 Antibodies		
DARZALEX SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DARZALEX SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SARCLISA SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
SARCLISA SOLUTION 500 MG/25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd79b Antibody-Drug Complex*		
POLIVY SOLUTION RECONSTITUTED 140 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
POLIVY SOLUTION RECONSTITUTED 30 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cldn18.2 Antibodies*		
VYLOY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VYLOY SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-C-Met Antibody-Drug Complex*		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
EMRELIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Specialty*
EMRELIS SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Specialty*
Antineoplastic - Anti-Ctla-4 Antibodies*		
IMJUDO SOLUTION 25 MG/1.25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMJUDO SOLUTION 300 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
YERVOY SOLUTION 200 MG/40ML INTRAVENOUS	3	PA; Specialty*
YERVOY SOLUTION 50 MG/10ML INTRAVENOUS	3	PA; Specialty*
Antineoplastic - Anti-Gd2 Antibodies*		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DANYELZA SOLUTION 40 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UNITUXIN SOLUTION 17.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Her2 Agents*		
HERCEPTIN SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HERCESSI SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HERCESSI SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HERZUMA SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HERZUMA SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
KANJINTI SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KANJINTI SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MARGENZA SOLUTION 250 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OGIVRI SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OGIVRI SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ONTRUZANT SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ONTRUZANT SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PERJETA SOLUTION 420 MG/14ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
TRAZIMERA SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TRAZIMERA SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TUKYSA TABLET 150 MG ORAL	3	PA; Specialty*
TUKYSA TABLET 50 MG ORAL	3	PA; Specialty*
ZIIHERA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex******		
PADCEV SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PADCEV SOLUTION RECONSTITUTED 30 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antineoplastic - Anti-Pd-1 Antibodies******		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
JEMPERLI SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KEYTRUDA SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LIBTAYO SOLUTION 350 MG/7ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LOQTORZI SOLUTION 240 MG/6ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OPDIVO SOLUTION 100 MG/10ML INTRAVENOUS	3	PA; Specialty*
OPDIVO SOLUTION 120 MG/12ML INTRAVENOUS	3	PA; Specialty*
OPDIVO SOLUTION 240 MG/24ML INTRAVENOUS	3	PA; Specialty*
OPDIVO SOLUTION 40 MG/4ML INTRAVENOUS	3	PA; Specialty*

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
TEVIMBRA SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZYNYZ SOLUTION 500 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antineoplastic - Anti-Pd-L1 Antibodies******		
BAVENCIO SOLUTION 200 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMFINZI SOLUTION 120 MG/2.4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMFINZI SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECENTRIQ SOLUTION 1200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECENTRIQ SOLUTION 840 MG/14ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Antineoplastic - Anti-Slamf7 Antibodies*		
EMPLICITI SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EMPLICITI SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Tf Antibody-Drug Complex*		
TIVDAK SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Autologous Cellular Immunotherapy*		
ABECMA SUSPENSION 460000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMTAGVI SUSPENSION 72000000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
AUCATZYL SUSPENSION 410000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREYANZI SUSPENSION 70000000 CELLS/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARVYKTI SUSPENSION 100000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KYMRIAH SUSPENSION 250000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KYMRIAH SUSPENSION 600000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROVENGE SUSPENSION 50000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECARTUS SUSPENSION 100000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECARTUS SUSPENSION 200000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
TECELRA SUSPENSION 10000000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
YESCARTA SUSPENSION 200000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Bcl-2 Inhibitors*		
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	2	PA; Specialty*
VENCLEXTA TABLET 10 MG ORAL	2	PA; Specialty*
VENCLEXTA TABLET 100 MG ORAL	2	PA; Specialty*
VENCLEXTA TABLET 50 MG ORAL	2	PA; Specialty*
Antineoplastic - Bcr-Abl Kinase Inhibitors*		
BOSULIF CAPSULE 100 MG ORAL	2	PA; Specialty*
BOSULIF CAPSULE 50 MG ORAL	2	PA; Specialty*
BOSULIF TABLET 100 MG ORAL	2	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
BOSULIF TABLET 400 MG ORAL	2	PA; Specialty*
BOSULIF TABLET 500 MG ORAL	2	PA; Specialty*
DANZITEN TABLET 71 MG ORAL	2	PA; Specialty*
DANZITEN TABLET 95 MG ORAL	2	PA; Specialty*
dasatinib tablet 100 mg oral	1	PA; Specialty*
dasatinib tablet 140 mg oral	1	PA; Specialty*
dasatinib tablet 20 mg oral	1	PA; Specialty*
dasatinib tablet 50 mg oral	1	PA; Specialty*
dasatinib tablet 70 mg oral	1	PA; Specialty*
dasatinib tablet 80 mg oral	1	PA; Specialty*
GLEEVEC TABLET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
GLEEVEC TABLET 400 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
ICLUSIG TABLET 10 MG ORAL	2	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
ICLUSIG TABLET 15 MG ORAL	2	PA; Specialty*
ICLUSIG TABLET 30 MG ORAL	2	PA; Specialty*
ICLUSIG TABLET 45 MG ORAL	2	PA; Specialty*
imatinib mesylate tablet 100 mg oral	1	PA; Specialty*
imatinib mesylate tablet 400 mg oral	1	PA; Specialty*
imkeldi solution 80 mg/ml oral	3	PA; Specialty*
nilotinib d-tartrate capsule 150 mg oral	Non-Formulary	PA; New to Market Exclusion; Specialty*; Formulary Exclusion
nilotinib d-tartrate capsule 200 mg oral	Non-Formulary	PA; New to Market Exclusion; Specialty*; Formulary Exclusion
nilotinib d-tartrate capsule 50 mg oral	Non-Formulary	PA; New to Market Exclusion; Specialty*; Formulary Exclusion
nilotinib hcl capsule 150 mg oral	1	PA; Specialty*
nilotinib hcl capsule 200 mg oral	1	PA; Specialty*
nilotinib hcl capsule 50 mg oral	1	PA; Specialty*

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SCEMBLIX TABLET 100 MG ORAL	2	PA; Specialty*
SCEMBLIX TABLET 20 MG ORAL	2	PA; Specialty*
SCEMBLIX TABLET 40 MG ORAL	2	PA; Specialty*
SPRYCEL TABLET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SPRYCEL TABLET 140 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SPRYCEL TABLET 20 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SPRYCEL TABLET 50 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SPRYCEL TABLET 70 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SPRYCEL TABLET 80 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
TASIGNA CAPSULE 150 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TASIGNA CAPSULE 200 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TASIGNA CAPSULE 50 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
Antineoplastic - Bispecific T-Cell Engagers*		
BLINCYTO SOLUTION RECONSTITUTED 35 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
COLUMVI SOLUTION 10 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
COLUMVI SOLUTION 2.5 MG/2.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELREXFIO SOLUTION 44 MG/1.1ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
ELREXFIO SOLUTION 76 MG/1.9ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
EPKINLY SOLUTION 4 MG/0.8ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
EPKINLY SOLUTION 48 MG/0.8ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
IMDELLTRA SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMDELLTRA SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KIMMTRAK SOLUTION 100 MCG/0.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LUNSUMIO SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LUNSUMIO SOLUTION 30 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
TALVEY SOLUTION 3 MG/1.5ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
TALVEY SOLUTION 40 MG/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
TECVAYLI SOLUTION 153 MG/1.7ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
TECVAYLI SOLUTION 30 MG/3ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Braf Kinase Inhibitors*		
BRAFTOVI CAPSULE 75 MG ORAL	3	PA; Specialty*
OJEMDA SUSPENSION RECONSTITUTED 25 MG/ML ORAL	3	PA; Specialty*
OJEMDA TABLET 100 MG ORAL	3	PA; Specialty*
TAFINLAR CAPSULE 50 MG ORAL	2	PA; Specialty*
TAFINLAR CAPSULE 75 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
TAFINLAR TABLET SOLUBLE 10 MG ORAL	2	PA; Specialty*
ZELBORAF TABLET 240 MG ORAL	2	PA; Specialty*
Antineoplastic - Btk Inhibitors*		
BRUKINSA CAPSULE 80 MG ORAL	2	PA; Specialty*
CALQUENCE CAPSULE 100 MG ORAL	2	PA; Specialty*
CALQUENCE TABLET 100 MG ORAL	2	PA; Specialty*
IMBRUVICA CAPSULE 140 MG ORAL	2	PA; Specialty*
IMBRUVICA CAPSULE 70 MG ORAL	2	PA; Specialty*
IMBRUVICA SUSPENSION 70 MG/ML ORAL	2	PA; Specialty*
IMBRUVICA TABLET 140 MG ORAL	2	PA; Specialty*
IMBRUVICA TABLET 280 MG ORAL	2	PA; Specialty*
IMBRUVICA TABLET 420 MG ORAL	2	PA; Specialty*
IMBRUVICA TABLET 560 MG ORAL	2	PA; Specialty*
JAYPIRCA TABLET 100 MG ORAL	3	PA; Specialty*
JAYPIRCA TABLET 50 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
Antineoplastic - Csf1r Kinase Inhibitors		
ROMVIMZA CAPSULE 14 MG ORAL	3	PA; Specialty*; QL
ROMVIMZA CAPSULE 20 MG ORAL	3	PA; Specialty*; QL
ROMVIMZA CAPSULE 30 MG ORAL	3	PA; Specialty*; QL
Antineoplastic - Egfr Inhibitors		
ERBITUX SOLUTION 100 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ERBITUX SOLUTION 200 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
erlotinib hcl tablet 100 mg oral	1	PA; Specialty*
erlotinib hcl tablet 150 mg oral	1	PA; Specialty*
erlotinib hcl tablet 25 mg oral	1	PA; Specialty*
EXKIVITY CAPSULE 40 MG ORAL	Non-Formulary	Non FDA Exclusion
gefitinib tablet 250 mg oral	1	PA; Specialty*

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Drug Name	Tier	Notes
GILOTRIF TABLET 20 MG ORAL	2	PA; Specialty*
GILOTRIF TABLET 30 MG ORAL	2	PA; Specialty*
GILOTRIF TABLET 40 MG ORAL	2	PA; Specialty*
IRESSA TABLET 250 MG ORAL	2	PA; Specialty*
LAZCLUZE TABLET 240 MG ORAL	3	PA; Specialty*
LAZCLUZE TABLET 80 MG ORAL	3	PA; Specialty*
PORTRAZZA SOLUTION 800 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAGRISSO TABLET 40 MG ORAL	2	PA; Specialty*
TAGRISSO TABLET 80 MG ORAL	2	PA; Specialty*
TARCEVA TABLET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TARCEVA TABLET 150 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TARCEVA TABLET 25 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
VECTIBIX SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VECTIBIX SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VIZIMPRO TABLET 15 MG ORAL	3	PA; Specialty*
VIZIMPRO TABLET 30 MG ORAL	3	PA; Specialty*
VIZIMPRO TABLET 45 MG ORAL	3	PA; Specialty*
Antineoplastic - Fgfr Kinase Inhibitors*		
BALVERSA TABLET 3 MG ORAL	3	PA; Specialty*
BALVERSA TABLET 4 MG ORAL	3	PA; Specialty*
BALVERSA TABLET 5 MG ORAL	3	PA; Specialty*
LYTGOBI (12 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	3	PA; Specialty*
LYTGOBI (16 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	3	PA; Specialty*

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
LYTGOBI (20 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	3	PA; Specialty*
PEMAZYRE TABLET 13.5 MG ORAL	3	PA; Specialty*
PEMAZYRE TABLET 4.5 MG ORAL	3	PA; Specialty*
PEMAZYRE TABLET 9 MG ORAL	3	PA; Specialty*
TRUSELTIQ (100MG DAILY DOSE) CAPSULE THERAPY PACK 100 MG ORAL	Non-Formulary	Non FDA Exclusion
TRUSELTIQ (125MG DAILY DOSE) CAPSULE THERAPY PACK 100 & 25 MG ORAL	Non-Formulary	Non FDA Exclusion
TRUSELTIQ (50MG DAILY DOSE) CAPSULE THERAPY PACK 25 MG ORAL	Non-Formulary	Non FDA Exclusion
TRUSELTIQ (75MG DAILY DOSE) CAPSULE THERAPY PACK 25 MG ORAL	Non-Formulary	Non FDA Exclusion
Antineoplastic - Gamma Secretase Inhibitors*		

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
OGSIVEO TABLET 100 MG ORAL	3	PA; Specialty*
OGSIVEO TABLET 150 MG ORAL	3	PA; Specialty*
OGSIVEO TABLET 50 MG ORAL	3	PA; Specialty*
Antineoplastic - Hedgehog Pathway Inhibitors*		
DAURISMO TABLET 100 MG ORAL	3	PA; Specialty*
DAURISMO TABLET 25 MG ORAL	3	PA; Specialty*
ERIVEDGE CAPSULE 150 MG ORAL	2	PA; Specialty*
ODOMZO CAPSULE 200 MG ORAL	2	PA; Specialty*
Antineoplastic - Hif-2-Alpha Inhibitors*		
WELIREG TABLET 40 MG ORAL	3	PA; Specialty*
Antineoplastic - Histone Deacetylase Inhibitors*		

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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
BELEODAQ SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FARYDAK CAPSULE 10 MG ORAL	Non-Formulary	Non FDA Exclusion
FARYDAK CAPSULE 15 MG ORAL	Non-Formulary	Non FDA Exclusion
FARYDAK CAPSULE 20 MG ORAL	Non-Formulary	Non FDA Exclusion
ISTODAX SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
romidepsin solution 27.5 mg/5.5ml intravenous	Non-Formulary	Medical Only Exclusion
romidepsin solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion
ZOLINZA CAPSULE 100 MG ORAL	2	PA; Specialty*
Antineoplastic - Hormonal And Related Agent Combinations*		
AKEEGA TABLET 100-500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
AKEEGA TABLET 50-500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
leuprolide acetate-bupivacaine solution 25-5 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
Antineoplastic - Immunomodulators*		
POMALYST CAPSULE 1 MG ORAL	2	PA; Specialty*
POMALYST CAPSULE 2 MG ORAL	2	PA; Specialty*
POMALYST CAPSULE 3 MG ORAL	2	PA; Specialty*
POMALYST CAPSULE 4 MG ORAL	2	PA; Specialty*
Antineoplastic - Kras Inhibitors*		
KRAZATI TABLET 200 MG ORAL	2	PA; Specialty*
LUMAKRAS TABLET 120 MG ORAL	2	PA; Specialty*
LUMAKRAS TABLET 240 MG ORAL	2	PA; Specialty*
LUMAKRAS TABLET 320 MG ORAL	2	PA; Specialty*
Antineoplastic - Mek Inhibitors*		

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Drug Name	Tier	Notes
COTELLIC TABLET 20 MG ORAL	2	PA; Specialty*
GOMEKLI CAPSULE 1 MG ORAL	3	PA; Specialty*
GOMEKLI CAPSULE 2 MG ORAL	3	PA; Specialty*
GOMEKLI TABLET SOLUBLE 1 MG ORAL	3	PA; Specialty*
KOSELUGO CAPSULE 10 MG ORAL	3	PA; Specialty*
KOSELUGO CAPSULE 25 MG ORAL	3	PA; Specialty*
MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL	2	PA; Specialty*
MEKINIST TABLET 0.5 MG ORAL	2	PA; Specialty*
MEKINIST TABLET 2 MG ORAL	2	PA; Specialty*
MEKTOVI TABLET 15 MG ORAL	3	PA; Specialty*
Antineoplastic - Menin Inhibitors*		
REVUFORJ TABLET 110 MG ORAL	3	PA; Specialty*
REVUFORJ TABLET 160 MG ORAL	3	PA; Specialty*
REVUFORJ TABLET 25 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
Antineoplastic - Met Inhibitors*		
TABRECTA TABLET 150 MG ORAL	2	PA; Specialty*
TABRECTA TABLET 200 MG ORAL	2	PA; Specialty*
TEPMETKO TABLET 225 MG ORAL	3	PA; Specialty*
Antineoplastic - Methyltransferase Inhibitors*		
TAZVERIK TABLET 200 MG ORAL	3	PA; Specialty*
Antineoplastic - Mtor Kinase Inhibitors*		
AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
AFINITOR TABLET 10 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
AFINITOR TABLET 2.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
AFINITOR TABLET 5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
AFINITOR TABLET 7.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
everolimus tablet 10 mg oral	1	PA; Specialty*
everolimus tablet 2.5 mg oral	1	PA; Specialty*
everolimus tablet 5 mg oral	1	PA; Specialty*
everolimus tablet 7.5 mg oral	1	PA; Specialty*
everolimus tablet soluble 2 mg oral	1	PA; Specialty*
everolimus tablet soluble 3 mg oral	1	PA; Specialty*
everolimus tablet soluble 5 mg oral	1	PA; Specialty*

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Drug Name	Tier	Notes
FYARRO SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
temsirolimus solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
TORISEL SOLUTION 25 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TORPENZ TABLET 10 MG ORAL	1	PA; Specialty*
TORPENZ TABLET 2.5 MG ORAL	1	PA; Specialty*
TORPENZ TABLET 5 MG ORAL	1	PA; Specialty*
TORPENZ TABLET 7.5 MG ORAL	1	PA; Specialty*
Antineoplastic - Multikinase Inhibitors*		
CABOMETYX TABLET 20 MG ORAL	2	PA; Specialty*
CABOMETYX TABLET 40 MG ORAL	2	PA; Specialty*
CABOMETYX TABLET 60 MG ORAL	2	PA; Specialty*
CAPRELSA TABLET 100 MG ORAL	2	PA; Specialty*

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CAPRELSA TABLET 300 MG ORAL	2	PA; Specialty*
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL	2	PA; Specialty*
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL	2	PA; Specialty*
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	2	PA; Specialty*
ENSACOVE CAPSULE 100 MG ORAL	3	PA; Specialty*
ENSACOVE CAPSULE 25 MG ORAL	3	PA; Specialty*
FOTIVDA CAPSULE 0.89 MG ORAL	3	PA; Specialty*
FOTIVDA CAPSULE 1.34 MG ORAL	3	PA; Specialty*
lapatinib ditosylate tablet 250 mg oral	1	PA; Specialty*
NERLYNX TABLET 40 MG ORAL	3	PA; Specialty*
NEXAVAR TABLET 200 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
pazopanib hcl tablet 200 mg oral	1	PA; Specialty*

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Drug Name	Tier	Notes
QINLOCK TABLET 50 MG ORAL	3	PA; Specialty*
RYDAPT CAPSULE 25 MG ORAL	2	PA; Specialty*
sorafenib tosylate tablet 200 mg oral	1	PA; Specialty*
STIVARGA TABLET 40 MG ORAL	2	PA; Specialty*
sunitinib malate capsule 12.5 mg oral	1	PA; Specialty*
sunitinib malate capsule 25 mg oral	1	PA; Specialty*
sunitinib malate capsule 37.5 mg oral	1	PA; Specialty*
sunitinib malate capsule 50 mg oral	1	PA; Specialty*
SUTENT CAPSULE 12.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SUTENT CAPSULE 25 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SUTENT CAPSULE 37.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
SUTENT CAPSULE 50 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
TURALIO CAPSULE 125 MG ORAL	3	PA; Specialty*; QL
TURALIO CAPSULE 200 MG ORAL	3	PA; Specialty*; QL
TYKERB TABLET 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
UKONIQ TABLET 200 MG ORAL	Non-Formulary	Non FDA Exclusion
VANFLYTA TABLET 17.7 MG ORAL	3	PA; Specialty*
VANFLYTA TABLET 26.5 MG ORAL	3	PA; Specialty*
VOTRIENT TABLET 200 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
XOSPATA TABLET 40 MG ORAL	3	PA; Specialty*
Antineoplastic - Multiple Receptor Antibodies*		
BIZENGRI (750 MG DOSE) SOLUTION THERAPY PACK 375 MG/18.75ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
RYBREVANT SOLUTION 350 MG/7ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Pdgfr-Alpha Inhibitors*		
AYVAKIT TABLET 100 MG ORAL	2	PA; Specialty*
AYVAKIT TABLET 200 MG ORAL	2	PA; Specialty*
AYVAKIT TABLET 25 MG ORAL	2	PA; Specialty*
AYVAKIT TABLET 300 MG ORAL	2	PA; Specialty*
AYVAKIT TABLET 50 MG ORAL	2	PA; Specialty*
Antineoplastic - Proteasome Inhibitors*		
bortezomib solution 3.5 mg/1.4ml intravenous	Non-Formulary	Medical Only Exclusion
bortezomib solution reconstituted 1 mg injection	Non-Formulary	Medical Only Exclusion
bortezomib solution reconstituted 2.5 mg injection	Non-Formulary	Medical Only Exclusion
bortezomib solution reconstituted 3.5 mg injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
bortezomib solution reconstituted 3.5 mg intravenous	Non-Formulary	Medical Only Exclusion
BORUZU SOLUTION 3.5 MG/1.4ML INJECTION	Non-Formulary	Medical Only Exclusion
KYPROLIS SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KYPROLIS SOLUTION RECONSTITUTED 30 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KYPROLIS SOLUTION RECONSTITUTED 60 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NINLARO CAPSULE 2.3 MG ORAL	2	PA; Specialty*
NINLARO CAPSULE 3 MG ORAL	2	PA; Specialty*
NINLARO CAPSULE 4 MG ORAL	2	PA; Specialty*
VELCADE SOLUTION RECONSTITUTED 3.5 MG INJECTION	Non-Formulary	Medical Only Exclusion
Antineoplastic - Ret Inhibitors*		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
GAVRETO CAPSULE 100 MG ORAL	3	PA; Specialty*
RETEVMO CAPSULE 40 MG ORAL	2	PA; Specialty*
RETEVMO CAPSULE 80 MG ORAL	2	PA; Specialty*
RETEVMO TABLET 120 MG ORAL	2	PA; Specialty*
RETEVMO TABLET 160 MG ORAL	2	PA; Specialty*
RETEVMO TABLET 40 MG ORAL	2	PA; Specialty*
RETEVMO TABLET 80 MG ORAL	2	PA; Specialty*
****Antineoplastic - Tropomyosin Receptor Kinase Inhibitors******		
AUGTYRO CAPSULE 160 MG ORAL	2	PA; Specialty*
AUGTYRO CAPSULE 40 MG ORAL	2	PA; Specialty*
IBTROZI CAPSULE 200 MG ORAL	3	PA
ROZLYTREK CAPSULE 100 MG ORAL	2	PA; Specialty*
ROZLYTREK CAPSULE 200 MG ORAL	2	PA; Specialty*
ROZLYTREK PACKET 50 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
VITRAKVI CAPSULE 100 MG ORAL	2	PA; Specialty*
VITRAKVI CAPSULE 25 MG ORAL	2	PA; Specialty*
VITRAKVI SOLUTION 20 MG/ML ORAL	2	PA; Specialty*
Antineoplastic - Xpo1 Inhibitors*		
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 50 MG ORAL	3	PA; Specialty*
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 10 MG ORAL	3	PA; Specialty*
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	3	PA; Specialty*
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	3	PA; Specialty*
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 60 MG ORAL	3	PA; Specialty*
XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	PA; Specialty*

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Specialty* = Specialty*
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Drug Name	Tier	Notes
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	3	PA; Specialty*
XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	3	PA; Specialty*
Antineoplastic Antibiotics*		
ADRIAMYCIN SOLUTION 2 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
adriamycin solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
bleomycin sulfate solution reconstituted 15 unit injection	Non-Formulary	Medical Only Exclusion
bleomycin sulfate solution reconstituted 30 unit injection	Non-Formulary	Medical Only Exclusion

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
COSMEGEN SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dactinomycin solution reconstituted 0.5 mg intravenous	Non-Formulary	Medical Only Exclusion
daunorubicin hcl solution 20 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
daunorubicin hcl solution 20 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
daunorubicin hcl solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
DOXIL SUSPENSION 2 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
doxorubicin hcl liposomal suspension 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
doxorubicin hcl solution 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
doxorubicin hcl solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
doxorubicin hcl solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
ELLENCE SOLUTION 200 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELLENCE SOLUTION 50 MG/25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
epirubicin hcl solution 200 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
epirubicin hcl solution 50 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
IDAMYCIN PFS SOLUTION 10 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IDAMYCIN PFS SOLUTION 20 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IDAMYCIN PFS SOLUTION 5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
idarubicin hcl solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
idarubicin hcl solution 20 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
idarubicin hcl solution 5 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG	Non-Formulary	Medical Only Exclusion
mitomycin solution prefilled syringe 20 mg/40ml intravesical	Non-Formulary	Non FDA Exclusion
mitomycin solution reconstituted 20 mg intravenous	Non-Formulary	Medical Only Exclusion
mitomycin solution reconstituted 40 mg intravenous	Non-Formulary	Medical Only Exclusion
mitomycin solution reconstituted 5 mg intravenous	Non-Formulary	Medical Only Exclusion
mitomycin solution reconstituted 5 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
mitoxantrone hcl concentrate 20 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
mitoxantrone hcl concentrate 25 mg/12.5ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
mitoxantrone hcl concentrate 30 mg/15ml intravenous	Non-Formulary	Medical Only Exclusion
MUTAMYCIN SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MUTAMYCIN SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MUTAMYCIN SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
valrubicin solution 40 mg/ml intravesical	Non-Formulary	Medical Only Exclusion
VALSTAR SOLUTION 40 MG/ML INTRAVESICAL	Non-Formulary	Medical Only Exclusion
ZUSDURI SOLUTION RECONSTITUTED 40 MG INTRAVESICAL	Non-Formulary	Medical Only Exclusion; Specialty*
Antineoplastic -Antibody For Radiopharmaceutical Therapy*		

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Drug Name	Tier	Notes
ZEVALIN Y-90 KIT 3.2 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic Antibody-Drug Complexes*		
ELAHERE SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ENHERTU SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KADCYLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KADCYLA SOLUTION RECONSTITUTED 160 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic Combinations*		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8 & 200 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
DARZALEX FASPRO SOLUTION 1800-30000 MG-UT/15ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
HERCEPTIN HYLECTA SOLUTION 600-10000 MG-UNT/5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
INQOVI TABLET 35-100 MG ORAL	3	PA; Specialty*
KISQALI FEMARA (200 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	2	PA; Specialty*
KISQALI FEMARA (400 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	2	PA; Specialty*
KISQALI FEMARA (600 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	2	PA; Specialty*
LONSURF TABLET 15-6.14 MG ORAL	2	PA; Specialty*
LONSURF TABLET 20-8.19 MG ORAL	2	PA; Specialty*
OPDIVO QVANTIG SOLUTION 600-10000 MG-UT/5ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PHESGO SOLUTION 60-60-2000 MG-MG-U/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
PHESGO SOLUTION 80-40-2000 MG-MG-U/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
RITUXAN HYCELA SOLUTION 1400-23400 MG -UT/11.7ML SUBCUTANEOUS	3	PA; Specialty*
RITUXAN HYCELA SOLUTION 1600-26800 MG -UT/13.4ML SUBCUTANEOUS	3	PA; Specialty*
TECENTRIQ HYBREZA SOLUTION 1875-30000 MG-UT/15ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
VYXEOS SUSPENSION RECONSTITUTED 44-100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antineoplastic Enzymes******		
ASPARLAS SOLUTION 3750 UNIT/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
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Tier
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Drug Name	Tier	Notes
ERWINASE SOLUTION RECONSTITUTED 10000 UNIT INJECTION	Non-Formulary	Medical Only Exclusion
ONCASPAR SOLUTION 750 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
RYLAZE SOLUTION 10 MG/0.5ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
****Antineoplastic Radiopharmaceuticals******		
AZEDRA DOSIMETRIC SOLUTION 15 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AZEDRA THERAPEUTIC SOLUTION 15 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LUTATHERA SOLUTION 370 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLUVICTO SOLUTION 1000 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
strontium chloride sr-89 solution 1 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
XOFIGO SOLUTION 30 MCCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastics - Interleukins & Agonists*		
ANKTIVA SOLUTION 400 MCG/0.4ML INTRAVESICAL	Non-Formulary	Medical Only Exclusion
ELZONRIS SOLUTION 1000 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROLEUKIN SOLUTION RECONSTITUTED 22000000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastics - Photoactivated Agents*		

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Drug Name	Tier	Notes
PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UVADEX SOLUTION 20 MCG/ML EXTRACORPOREAL	3	PA; Specialty*
Antineoplastics Misc.		
ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
ALFERON N SOLUTION 5000000 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
arsenic trioxide solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
arsenic trioxide solution 12 mg/6ml intravenous	Non-Formulary	Medical Only Exclusion
BESREMI SOLUTION PREFILLED SYRINGE 500 MCG/ML SUBCUTANEOUS	3	PA; Specialty*
dacarbazine solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
dacarbazine solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion
HYDREA CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
hydroxyurea capsule 500 mg oral	1	
INTRON A SOLUTION 10000000 UNIT/ML INJECTION	2	PA; Specialty*
INTRON A SOLUTION 6000000 UNIT/ML INJECTION	2	PA; Specialty*
INTRON A SOLUTION RECONSTITUTED 10000000 UNIT INJECTION	2	PA; Specialty*
INTRON A SOLUTION RECONSTITUTED 18000000 UNIT INJECTION	2	PA; Specialty*
INTRON A SOLUTION RECONSTITUTED 50000000 UNIT INJECTION	2	PA; Specialty*
MATULANE CAPSULE 50 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
NIPENT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS	2	PA; Specialty*
TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL	Non-Formulary	Medical Only Exclusion
TRISENOX SOLUTION 12 MG/6ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Aromatase Inhibitors*		
anastrozole tablet 1 mg oral	1	
ARIMIDEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
AROMASIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
exemestane tablet 25 mg oral	1	
FEMARA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
letrozole tablet 2.5 mg oral	1	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
Carboxypeptidase Enzyme Agents*		
VORAXAZE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cardiac Protective Agents*		
dexrazoxane hcl solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion
dexrazoxane hcl solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
dexrazoxane solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion
TOTECT SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Chemotherapy Adjuncts - Hyperuricemia Agents*		
ELITEK SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ELITEK SOLUTION RECONSTITUTED 7.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Chemotherapy Adjuncts - Keratinocyte Growth Factors*		
KEPIVANCE SOLUTION RECONSTITUTED 5.16 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cyclin-Dependent Kinases (Cdk) Inhibitors*		
IBRANCE CAPSULE 100 MG ORAL	2	PA; Specialty*
IBRANCE CAPSULE 125 MG ORAL	2	PA; Specialty*
IBRANCE CAPSULE 75 MG ORAL	2	PA; Specialty*
IBRANCE TABLET 100 MG ORAL	2	PA; Specialty*
IBRANCE TABLET 125 MG ORAL	2	PA; Specialty*

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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
IBRANCE TABLET 75 MG ORAL	2	PA; Specialty*
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	2	PA; Specialty*
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	2	PA; Specialty*
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	2	PA; Specialty*
VERZENIO TABLET 100 MG ORAL	2	PA; Specialty*
VERZENIO TABLET 150 MG ORAL	2	PA; Specialty*
VERZENIO TABLET 200 MG ORAL	2	PA; Specialty*
VERZENIO TABLET 50 MG ORAL	2	PA; Specialty*
Estrogen Receptor Antagonist*		
FASLODEX SOLUTION PREFILLED SYRINGE 250 MG/5ML INTRAMUSCULAR	3	PA; Specialty*
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	1	PA; Specialty*

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Specialty* = Specialty*
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Drug Name	Tier	Notes
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	2	PA; Specialty*
Estrogens-Antineoplastic*		
EMCYT CAPSULE 140 MG ORAL	2	PA; Specialty*
Folic Acid Antagonists Rescue Agents*		
KHAPZORY SOLUTION RECONSTITUTED 175 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KHAPZORY SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution 100 mg/10ml injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution 500 mg/50ml injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution 500 mg/50ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
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Specialty* = Specialty*
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Drug Name	Tier	Notes
leucovorin calcium solution reconstituted 100 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution reconstituted 200 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution reconstituted 350 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution reconstituted 50 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution reconstituted 50 mg injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
leucovorin calcium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium tablet 10 mg oral	Non-Formulary	Formulary Exclusion
leucovorin calcium tablet 15 mg oral	1	
leucovorin calcium tablet 25 mg oral	1	
leucovorin calcium tablet 5 mg oral	1	

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Drug Name	Tier	Notes
levoleucovorin calcium pf solution 175 mg/17.5ml intravenous	Non-Formulary	Medical Only Exclusion
levoleucovorin calcium pf solution 250 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
levoleucovorin calcium solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
Gonadotropin Releasing Hormone (Gnrh) Antagonists		
FIRMAGON (240 MG DOSE) SOLUTION RECONSTITUTED 120 MG/VIAL SUBCUTANEOUS	3	PA; Specialty*
FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS	3	PA; Specialty*
ORGOVYX TABLET 120 MG ORAL	3	PA; Specialty*; QL
Imidazotetrazines		

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Drug Name	Tier	Notes
TEMODAR CAPSULE 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TEMODAR CAPSULE 140 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TEMODAR CAPSULE 180 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TEMODAR CAPSULE 20 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TEMODAR CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TEMODAR CAPSULE 5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
TEMODAR SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
temozolomide capsule 100 mg oral	1	PA; Specialty*
temozolomide capsule 140 mg oral	1	PA; Specialty*

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Drug Name	Tier	Notes
temozolomide capsule 180 mg oral	1	PA; Specialty*
temozolomide capsule 20 mg oral	1	PA; Specialty*
temozolomide capsule 250 mg oral	1	PA; Specialty*
temozolomide capsule 5 mg oral	1	PA; Specialty*
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors*		
VORANIGO TABLET 10 MG ORAL	3	PA; Specialty*
VORANIGO TABLET 40 MG ORAL	3	PA; Specialty*
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*		
REZLIDHIA CAPSULE 150 MG ORAL	3	PA; Specialty*
TIBSOVO TABLET 250 MG ORAL	3	PA; Specialty*
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*		
IDHIFA TABLET 100 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
IDHIFA TABLET 50 MG ORAL	3	PA; Specialty*
Janus Associated Kinase (Jak) Inhibitors*		
INREBIC CAPSULE 100 MG ORAL	3	PA; Specialty*
JAKAFI TABLET 10 MG ORAL	2	PA; Specialty*
JAKAFI TABLET 15 MG ORAL	2	PA; Specialty*
JAKAFI TABLET 20 MG ORAL	2	PA; Specialty*
JAKAFI TABLET 25 MG ORAL	2	PA; Specialty*
JAKAFI TABLET 5 MG ORAL	2	PA; Specialty*
OJJAARA TABLET 100 MG ORAL	3	PA; Specialty*
OJJAARA TABLET 150 MG ORAL	3	PA; Specialty*
OJJAARA TABLET 200 MG ORAL	3	PA; Specialty*
VONJO CAPSULE 100 MG ORAL	3	PA; Specialty*
Lhrh Analogs*		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
ELIGARD KIT 22.5 MG SUBCUTANEOUS	2	PA; Specialty*; QL
ELIGARD KIT 30 MG SUBCUTANEOUS	2	PA; Specialty*; QL
ELIGARD KIT 45 MG SUBCUTANEOUS	2	PA; Specialty*; QL
ELIGARD KIT 7.5 MG SUBCUTANEOUS	2	PA; Specialty*; QL
leuprolide acetate (3 month) injectable 22.5 mg intramuscular	2	PA; Specialty*; QL
leuprolide acetate kit 1 mg/0.2ml injection	1	PA; Specialty*; QL
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	2	PA; Specialty*; QL

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Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUTRATE DEPOT INJECTABLE 22.5 MG INTRAMUSCULAR	2	PA; Specialty*; QL
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 11.25 MG INTRAMUSCULAR	3	PA; Specialty*
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR	3	PA; Specialty*

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Drug Name	Tier	Notes
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR	3	PA; Specialty*
VANTAS KIT 50 MG SUBCUTANEOUS	3	PA; Specialty*
ZOLADEX IMPLANT 10.8 MG SUBCUTANEOUS	3	PA; Specialty*
ZOLADEX IMPLANT 3.6 MG SUBCUTANEOUS	3	PA; Specialty*
Mitotic Inhibitors		
ABRAXANE SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
docetaxel concentrate 160 mg/8ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel concentrate 20 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel concentrate 80 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel solution 160 mg/16ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel solution 20 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
docetaxel solution 80 mg/8ml intravenous	Non-Formulary	Medical Only Exclusion
DOCIVYX SOLUTION 160 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOCIVYX SOLUTION 20 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOCIVYX SOLUTION 80 MG/8ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
eribulin mesylate solution 1 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
etoposide capsule 50 mg oral	2	PA; Specialty*
etoposide solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
etoposide solution 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
etoposide solution 500 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
HALAVEN SOLUTION 1 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
IXEMPRA KIT SOLUTION RECONSTITUTED 15 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IXEMPRA KIT SOLUTION RECONSTITUTED 45 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
JEVTANA SOLUTION 60 MG/1.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MARQIBO SUSPENSION 5 MG/31ML INTRAVENOUS	Non-Formulary	Non FDA Exclusion
NAVELBINE SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NAVELBINE SOLUTION 50 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 100 mg/16.7ml intravenous	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 150 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 30 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 300 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
paclitaxel protein-bound part suspension reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
teniposide solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
vinblastine sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
VINCASAR PFS SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
vincristine sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
vincristine sulfate solution 2 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
vinorelbine tartrate solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
vinorelbine tartrate solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
Myeloprotective Agents*		
COSELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Nitrogen Mustards And Related Analogues*		
ALKERAN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALKERAN TABLET 2 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
cyclophosphamide capsule 25 mg oral	1	
cyclophosphamide capsule 25 mg oral	Non-Formulary	Formulary Exclusion
cyclophosphamide capsule 50 mg oral	1	

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Drug Name	Tier	Notes
cyclophosphamide capsule 50 mg oral	Non-Formulary	Formulary Exclusion
cyclophosphamide solution 1 gm/2ml intravenous	Non-Formulary	PA; Medical Only Exclusion; Specialty*
cyclophosphamide solution 1 gm/5ml intravenous	3	PA; Specialty*
cyclophosphamide solution 1000 mg/10ml intravenous	3	PA; Specialty*
cyclophosphamide solution 2 gm/10ml intravenous	3	PA; Specialty*
cyclophosphamide solution 2 gm/4ml intravenous	Non-Formulary	Medical Only Exclusion; Specialty*
cyclophosphamide solution 2000 mg/20ml intravenous	3	PA; Specialty*
cyclophosphamide solution 500 mg/2.5ml intravenous	3	PA; Specialty*
cyclophosphamide solution 500 mg/5ml intravenous	3	PA; Specialty*

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Drug Name	Tier	Notes
cyclophosphamide solution 500 mg/ml intravenous	Non-Formulary	PA; Medical Only Exclusion; Specialty*
cyclophosphamide solution reconstituted 1 gm injection	1	PA; Specialty*
cyclophosphamide solution reconstituted 2 gm injection	1	PA; Specialty*
cyclophosphamide solution reconstituted 500 mg injection	1	PA; Specialty*
cyclophosphamide tablet 25 mg oral	2	
cyclophosphamide tablet 50 mg oral	2	
EVOMELA SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FRINDOVYX SOLUTION 1 GM/2ML INTRAVENOUS	Non-Formulary	PA; Medical Only Exclusion; Specialty*
FRINDOVYX SOLUTION 2 GM/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Specialty*

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Drug Name	Tier	Notes
FRINDOVYX SOLUTION 500 MG/ML INTRAVENOUS	Non-Formulary	PA; Medical Only Exclusion; Specialty*
HEPZATO W/50MM CATHETER SOLUTION RECONSTITUTED 50 MG INTRA-ARTERIAL	Non-Formulary	Medical Only Exclusion
HEPZATO W/62MM CATHETER SOLUTION RECONSTITUTED 50 MG INTRA-ARTERIAL	Non-Formulary	Medical Only Exclusion
IFEX SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IFEX SOLUTION RECONSTITUTED 3 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ifosfamide solution 1 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion
ifosfamide solution 1 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
ifosfamide solution 3 gm/60ml intravenous	Non-Formulary	Medical Only Exclusion
ifosfamide solution 3 gm/60ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
ifosfamide solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
ifosfamide solution reconstituted 3 gm intravenous	Non-Formulary	Medical Only Exclusion
ivra solution 90 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
LEUKERAN TABLET 2 MG ORAL	2	PA; Specialty*
melphalan hcl solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
melphalan tablet 2 mg oral	1	PA; Mony Code (MONY code issue); Specialty*
PEPAXTO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Non FDA Exclusion
Nitrosoureas		
BICNU SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
carmustine solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
carmustine solution reconstituted 300 mg intravenous	Non-Formulary	Medical Only Exclusion
carmustine solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
GLEOSTINE CAPSULE 10 MG ORAL	2	PA; Specialty*
GLEOSTINE CAPSULE 100 MG ORAL	2	PA; Specialty*
GLEOSTINE CAPSULE 40 MG ORAL	2	PA; Specialty*
GLIADEL WAFER WAFER 7.7 MG IMPLANT	Non-Formulary	Medical Only Exclusion
ZANOSAR SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Oligonucleotide Telomerase Inhibitors*		
RYTELO SOLUTION RECONSTITUTED 188 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
RYTELO SOLUTION RECONSTITUTED 47 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Oncolytic Viral Agents - Hsv1******		
IMLYGIC SUSPENSION 1000000 UNIT/ML INTRALESIONAL	Non-Formulary	Medical Only Exclusion
IMLYGIC SUSPENSION 100000000 UNIT/ML INTRALESIONAL	Non-Formulary	Medical Only Exclusion
****Ornithine Decarboxylase (Odc) Inhibitors******		
IWILFIN TABLET 192 MG ORAL	3	PA; Specialty*
****Otoprotective Agents******		
PEDMARK SOLUTION 12.5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors******		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
ALIQOPA SOLUTION RECONSTITUTED 60 MG INTRAVENOUS	Non-Formulary	Non FDA Exclusion
COPIKTRA CAPSULE 15 MG ORAL	3	PA; Specialty*
COPIKTRA CAPSULE 25 MG ORAL	3	PA; Specialty*
ITOVEBI TABLET 3 MG ORAL	2	PA; Specialty*
ITOVEBI TABLET 9 MG ORAL	2	PA; Specialty*
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	2	PA; Specialty*
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	2	PA; Specialty*
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	2	PA; Specialty*
ZYDELIG TABLET 100 MG ORAL	2	PA; Specialty*
ZYDELIG TABLET 150 MG ORAL	2	PA; Specialty*
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*		

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Drug Name	Tier	Notes
LYNPARZA TABLET 100 MG ORAL	2	PA; Specialty*
LYNPARZA TABLET 150 MG ORAL	2	PA; Specialty*
RUBRACA TABLET 200 MG ORAL	2	PA; Specialty*
RUBRACA TABLET 250 MG ORAL	2	PA; Specialty*
RUBRACA TABLET 300 MG ORAL	2	PA; Specialty*
TALZENNA CAPSULE 0.1 MG ORAL	2	PA; Specialty*
TALZENNA CAPSULE 0.25 MG ORAL	2	PA; Specialty*
TALZENNA CAPSULE 0.35 MG ORAL	2	PA; Specialty*
TALZENNA CAPSULE 0.5 MG ORAL	2	PA; Specialty*
TALZENNA CAPSULE 0.75 MG ORAL	2	PA; Specialty*
TALZENNA CAPSULE 1 MG ORAL	2	PA; Specialty*
ZEJULA CAPSULE 100 MG ORAL	2	PA; Specialty*
ZEJULA TABLET 100 MG ORAL	2	PA; Specialty*
ZEJULA TABLET 200 MG ORAL	2	PA; Specialty*
ZEJULA TABLET 300 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
Progestins-Antineoplastic		
hydroxyprogesterone caproate solution 1.25 gm/5ml intramuscular	1	PA; Mony Code (MONY CODE ISSUE); 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	1	PA; Specialty*
Selective Estrogen Receptor Degraders		
ORSERDU TABLET 345 MG ORAL	3	PA; Specialty*
ORSERDU TABLET 86 MG ORAL	3	PA; Specialty*

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
Selective Retinoid X Receptor Agonists		
bexarotene capsule 75 mg oral	1	PA; Specialty*
TARGRETIN CAPSULE 75 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
Tetrahydroisoquinolines		
YONDELIS SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Topoisomerase I Inhibitors - Antibody-Drug Complex		
DATROWAY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TRODELVY SOLUTION RECONSTITUTED 180 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Topoisomerase I Inhibitors		

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Drug Name	Tier	Notes
CAMPTOSAR SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CAMPTOSAR SOLUTION 300 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CAMPTOSAR SOLUTION 40 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HYCAMTIN CAPSULE 0.25 MG ORAL	2	PA; Specialty*
HYCAMTIN CAPSULE 1 MG ORAL	2	PA; Specialty*
HYCAMTIN SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 300 mg/15ml intravenous	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 40 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 500 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
ONIVYDE INJECTABLE 43 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
topotecan hcl solution 4 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
topotecan hcl solution 4 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
topotecan hcl solution reconstituted 4 mg intravenous	Non-Formulary	Medical Only Exclusion
Urinary Tract Protective Agents*		
ETHYOL SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
mesna solution 100 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
mesna tablet 400 mg oral	1	
MESNEX SOLUTION 100 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MESNEX TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
Vascular Endothelial Growth Factor (Vegf) Inhibitors*		
ALYMSYS SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALYMSYS SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AVASTIN SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AVASTIN SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CYRAMZA SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CYRAMZA SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FRUZAQLA CAPSULE 1 MG ORAL	3	PA; Specialty*
FRUZAQLA CAPSULE 5 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
INLYTA TABLET 1 MG ORAL	2	PA; Specialty*
INLYTA TABLET 5 MG ORAL	2	PA; Specialty*
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	2	PA; Specialty*
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	2	PA; Specialty*
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	2	PA; Specialty*
LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL	2	PA; Specialty*
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	2	PA; Specialty*
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	2	PA; Specialty*
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL	2	PA; Specialty*
MVASI SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MVASI SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEGZELMA SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEGZELMA SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZALTRAP SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZALTRAP SOLUTION 200 MG/8ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZIRABEV SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
ZIRABEV SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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 solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
benztropine mesylate tablet 0.5 mg oral	1	
benztropine mesylate tablet 1 mg oral	1	
benztropine mesylate tablet 2 mg oral	1	
COGENTIN SOLUTION 1 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
trihexyphenidyl hcl solution 0.4 mg/ml oral	1	
trihexyphenidyl hcl solution 0.4 mg/ml oral	1	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
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	
amantadine hcl tablet 100 mg oral	1	Mony Code (MONY Code)
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	Non Essential Drug Exclusion; QL
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL	3	Non Essential Drug Exclusion; QL
INBRIJA CAPSULE 42 MG INHALATION	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
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
PARLODEL CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion
PARLODEL TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
Antiparkinson Monoamine Oxidase Inhibitors*		
AZILECT TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
AZILECT TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
rasagiline mesylate tablet 0.5 mg oral	1	
rasagiline mesylate tablet 1 mg oral	1	

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Drug Name	Tier	Notes
selegiline hcl capsule 5 mg oral	1	
selegiline hcl capsule 5 mg oral	1	Mony Code (MONY Code)
selegiline hcl tablet 5 mg oral	1	
selegiline hcl tablet 5 mg oral	1	Mony Code (MONY Code)
XADAGO TABLET 100 MG ORAL	3	
XADAGO TABLET 50 MG ORAL	3	
ZELAPAR TABLET DISPERSIBLE 1.25 MG ORAL	3	
Central/Peripheral Comt Inhibitors		
TASMAR TABLET 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion
tolcapone tablet 100 mg oral	1	PA
Decarboxylase Inhibitors		
carbidopa tablet 25 mg oral	1	
LODOSYN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
Levodopa Combinations		

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Drug Name	Tier	Notes
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 10-100 mg oral	1	Mony Code (MONY Code)
carbidopa-levodopa tablet dispersible 25-100 mg oral	1	
carbidopa-levodopa tablet dispersible 25-100 mg oral	1	Mony Code (MONY Code)

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Specialty* = Specialty*
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Drug Name	Tier	Notes
carbidopa-levodopa tablet dispersible 25-250 mg oral	1	
carbidopa-levodopa tablet dispersible 25-250 mg oral	1	Mony Code (MONY Code)
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	1	Mony Code (MONY Code)
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	3	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	1	Mony Code (MONY Code)
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	3	

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Drug Name	Tier	Notes
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	
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	1	Mony Code (MONY Code)
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	3	
carbidopa-levodopa-entacapone tablet 50-200-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 50-200-200 mg oral	1	Mony Code (MONY Code)
CREXONT CAPSULE EXTENDED RELEASE 35-140 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
CREXONT CAPSULE EXTENDED RELEASE 52.5-210 MG ORAL	Non-Formulary	Formulary Exclusion
CREXONT CAPSULE EXTENDED RELEASE 70-280 MG ORAL	Non-Formulary	Formulary Exclusion
CREXONT CAPSULE EXTENDED RELEASE 87.5-350 MG ORAL	Non-Formulary	Formulary Exclusion
DHIVY TABLET 25-100 MG ORAL	Non-Formulary	Formulary Exclusion
DUOPA SUSPENSION 4.63-20 MG/ML ENTERAL	3	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS)
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS)

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Drug Name	Tier	Notes
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS)
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS)
SINEMET TABLET 10-100 MG ORAL	Non-Formulary	Formulary Exclusion
SINEMET TABLET 25-100 MG ORAL	Non-Formulary	Formulary Exclusion
SINEMET TABLET 25-250 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 100 TABLET 25-100-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 125 TABLET 31.25-125-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 125 TABLET 31.25-125-200 MG ORAL	3	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
STALEVO 150 TABLET 37.5-150-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 150 TABLET 37.5-150-200 MG ORAL	3	
STALEVO 200 TABLET 50-200-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 200 TABLET 50-200-200 MG ORAL	3	
STALEVO 50 TABLET 12.5-50-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 50 TABLET 12.5-50-200 MG ORAL	3	
STALEVO 75 TABLET 18.75-75-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 75 TABLET 18.75-75-200 MG ORAL	3	
VYALEV SOLUTION 12-240 MG/ML SUBCUTANEOUS	3	PA; Specialty*
Nonergoline Dopamine Receptor Agonists*		

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Drug Name	Tier	Notes
APOKYN SOLUTION CARTRIDGE 30 MG/3ML SUBCUTANEOUS	3	PA; Specialty*
apomorphine hcl solution cartridge 30 mg/3ml subcutaneous	1	PA; 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	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 2.25 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 4.5 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 0.125 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 0.75 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	3	

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Drug Name	Tier	Notes
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	
ONAPGO SOLUTION CARTRIDGE 98 MG/20ML SUBCUTANEOUS	3	PA; 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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 3 mg oral	1	
ropinirole hcl tablet 4 mg oral	1	
ropinirole hcl tablet 5 mg oral	1	
Peripheral Comt Inhibitors*		

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Drug Name	Tier	Notes
COMTAN TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
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 150 mg oral	1	Mony Code (MONY Code)
lithium carbonate capsule 300 mg oral	1	
lithium carbonate capsule 300 mg oral	1	Mony Code (MONY Code)
lithium carbonate capsule 600 mg oral	1	
lithium carbonate capsule 600 mg oral	1	Mony Code (MONY Code)
lithium carbonate er tablet extended release 300 mg oral	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
Antipsychotics - Misc.*		
CAPLYTA CAPSULE 10.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CAPLYTA CAPSULE 21 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CAPLYTA CAPSULE 42 MG ORAL	Non-Formulary	Formulary Exclusion; QL
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	

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Drug Name	Tier	Notes
GEODON CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON CAPSULE 60 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON CAPSULE 80 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR	3	
LATUDA TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
lurasidone hcl tablet 80 mg oral	1	
NUPLAZID CAPSULE 34 MG ORAL	3	PA; Specialty*
NUPLAZID TABLET 10 MG ORAL	3	PA; Specialty*
VRAYLAR CAPSULE 1.5 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
VRAYLAR CAPSULE 3 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
VRAYLAR CAPSULE 4.5 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
VRAYLAR CAPSULE 6 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
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

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Drug Name	Tier	Notes
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; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
FANAPT TABLET 10 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)

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Drug Name	Tier	Notes
FANAPT TABLET 12 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
FANAPT TABLET 2 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
FANAPT TABLET 4 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
FANAPT TABLET 6 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
FANAPT TABLET 8 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	2	
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	2	
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	2	

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Drug Name	Tier	Notes
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	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	2	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL SOLUTION 1 MG/ML ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
RISPERDAL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
risperidone tablet 3 mg oral	1	
risperidone tablet 4 mg oral	1	
risperidone tablet dispersible 0.25 mg oral	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
clozapine tablet dispersible 150 mg oral	1	
clozapine tablet dispersible 150 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
clozapine tablet dispersible 200 mg oral	1	
clozapine tablet dispersible 25 mg oral	1	
CLOZARIL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
CLOZARIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
CLOZARIL TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
CLOZARIL TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
VERSACLOZ SUSPENSION 50 MG/ML ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
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	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic); QL
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic); QL
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic); QL
Dibenzothiazepines		

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
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 300 mg oral	1	Mony Code (MONY Code Issue)
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 150 mg oral	Non-Formulary	Formulary Exclusion
quetiapine fumarate tablet 200 mg oral	1	
quetiapine fumarate tablet 25 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
quetiapine fumarate tablet 300 mg oral	1	
quetiapine fumarate tablet 400 mg oral	1	
quetiapine fumarate tablet 50 mg oral	1	
SEROQUEL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
Dibenzoxazepines		
ADASUVE AEROSOL POWDER BREATH ACTIVATED 10 MG INHALATION	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
Muscarinic Agent - Combinations*		
COBENFY CAPSULE 100-20 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS)
COBENFY CAPSULE 125-30 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS)
COBENFY CAPSULE 50-20 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS)

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS)
****Phenothiazines******		
chlorpromazine hcl concentrate 100 mg/ml oral	1	Mony Code (MONY code issue)
chlorpromazine hcl concentrate 30 mg/ml oral	1	Mony Code (MONY code issue)
chlorpromazine hcl solution 25 mg/ml injection	1	
chlorpromazine hcl solution 50 mg/2ml injection	1	
chlorpromazine hcl solution 50 mg/2ml injection	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	

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Drug Name	Tier	Notes
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 1 mg oral	1	Mony Code (MONY Code)
fluphenazine hcl tablet 10 mg oral	1	
fluphenazine hcl tablet 10 mg oral	1	Mony Code (MONY Code)
fluphenazine hcl tablet 2.5 mg oral	1	
fluphenazine hcl tablet 2.5 mg oral	1	Mony Code (MONY Code)
fluphenazine hcl tablet 5 mg oral	1	
fluphenazine hcl tablet 5 mg oral	1	Mony Code (MONY Code)
perphenazine tablet 16 mg oral	1	

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Drug Name	Tier	Notes
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	
thioridazine hcl tablet 10 mg oral	Non-Formulary	Formulary Exclusion
thioridazine hcl tablet 10 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
thioridazine hcl tablet 100 mg oral	Non-Formulary	Formulary Exclusion
thioridazine hcl tablet 100 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
thioridazine hcl tablet 25 mg oral	Non-Formulary	Formulary Exclusion
thioridazine hcl tablet 25 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
thioridazine hcl tablet 50 mg oral	Non-Formulary	Formulary Exclusion
thioridazine hcl tablet 50 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
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	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
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	
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 15 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 2 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 30 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 2 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 30 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE TABLET 10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE TABLET 15 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE TABLET 2 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE TABLET 20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE TABLET 30 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE TABLET 5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ABILIFY TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Non FDA Exclusion = Non FDA Exclusion
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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; Step Therapy Requirements (TRY AND FAIL ARIPIPRAZOLE IN PAST 120 DAYS)
OPIPZA FILM 2 MG ORAL	3	ST; Step Therapy Requirements (TRY AND FAIL ARIPIPRAZOLE IN PAST 120 DAYS)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
OPIPZA FILM 5 MG ORAL	3	ST; Step Therapy Requirements (TRY AND FAIL ARIPIPRAZOLE IN PAST 120 DAYS)
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	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
ZYPREXA SOLUTION RECONSTITUTED 10 MG INTRAMUSCULAR	3	
ZYPREXA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 2.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
ZYPREXA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
ZYPREXA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL	Non-Formulary	Formulary Exclusion
Thioxanthenes*		
thiothixene capsule 1 mg oral	1	
thiothixene capsule 1 mg oral	1	Mony Code (MONY Code)
thiothixene capsule 10 mg oral	1	
thiothixene capsule 2 mg oral	1	
thiothixene capsule 5 mg oral	1	
ANTISEPTICS & DISINFECTANTS		

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
Antiseptics & Disinfectants*		
formaldehyde solution 10 % external	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
formaldehyde solution 37 % external (rx)	Non-Formulary	Formulary Exclusion
glutaraldehyde solution 25 % external (rx)	Non-Formulary	Formulary Exclusion
hydrogen peroxide solution 30 % (rx)	Non-Formulary	Formulary Exclusion
Chlorine Antiseptics*		
benzalkonium chloride solution 50 % external (rx)	Non-Formulary	Formulary Exclusion
benzalkonium chloride solution external	Non-Formulary	Formulary Exclusion
chlorhexidine gluconate solution 20 %	Non-Formulary	Formulary Exclusion
Iodine Antiseptics*		
iodine tincture tincture 2 % external (rx)	Non-Formulary	Formulary Exclusion
IODOFLEX PAD 0.9 % EXTERNAL	Non-Formulary	Formulary Exclusion
iodosorb gel 0.9 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
lugols strong iodine solution 5-10 % external	Non-Formulary	Formulary Exclusion
lugols strong iodine solution 5-10 % external	Non-Formulary	Non FDA Exclusion
ANTIVIRALS		
****Antiretroviral Combinations******		
abacavir sulfate-lamivudine tablet 600-300 mg oral	1	QL
abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral	1	QL
ATRIPLA TABLET 600-200-300 MG ORAL	Non-Formulary	Formulary Exclusion; 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	

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Drug Name	Tier	Notes
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR	3	
CIMDUO TABLET 300-300 MG ORAL	2	QL
COMBIVIR TABLET 150-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COMPLERA TABLET 200-25-300 MG ORAL	Non-Formulary	Formulary Exclusion; 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

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Drug Name	Tier	Notes
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
EPZICOM TABLET 600-300 MG ORAL	Non-Formulary	Formulary Exclusion; 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
KALETRA SOLUTION 400-100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
KALETRA TABLET 100-25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KALETRA TABLET 200-50 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
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 800-150 MG ORAL	2	QL
STRIBILD TABLET 150-150-200-300 MG ORAL	3	QL
SYMFI LO TABLET 400-300-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SYMFI TABLET 600-300-300 MG ORAL	Non-Formulary	Formulary Exclusion; 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

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Drug Name	Tier	Notes
TRIZIVIR TABLET 300-150-300 MG ORAL	3	QL
TRUVADA TABLET 100-150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TRUVADA TABLET 133-200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TRUVADA TABLET 167-250 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TRUVADA TABLET 200-300 MG ORAL	Non-Formulary	Formulary Exclusion; 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	3	PA; Specialty*
YEZTUGO TABLET 300 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
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 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SELZENTRY TABLET 25 MG ORAL	3	QL
SELZENTRY TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SELZENTRY TABLET 75 MG ORAL	3	QL
Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor		
TROGARZO SOLUTION 200 MG/1.33ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antiretrovirals - Fusion Inhibitors		

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Drug Name	Tier	Notes
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

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
LEXIVA TABLET 700 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NORVIR CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NORVIR PACKET 100 MG ORAL	3	
NORVIR SOLUTION 80 MG/ML ORAL	2	
NORVIR TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
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 CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
REYATAZ CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
REYATAZ CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
REYATAZ PACKET 50 MG ORAL	3	QL
ritonavir tablet 100 mg oral	1	QL

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Drug Name	Tier	Notes
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	Mony Code (MONY CODE ISSUE); QL
efavirenz capsule 50 mg oral	1	Mony Code (MONY CODE ISSUE); QL
efavirenz tablet 600 mg oral	1	QL
etravirine tablet 100 mg oral	1	QL
etravirine tablet 200 mg oral	1	QL
INTELENCE TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
INTELENCE TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INTELENCE TABLET 25 MG ORAL	2	QL
nevirapine er tablet extended release 24 hour 100 mg oral	1	Mony Code (MONY Code); QL
nevirapine er tablet extended release 24 hour 400 mg oral	1	QL
nevirapine suspension 50 mg/5ml oral	1	Mony Code (MONY code issue)
nevirapine tablet 200 mg oral	1	QL
PIFELTRO TABLET 100 MG ORAL	3	QL
SUSTIVA CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SUSTIVA CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SUSTIVA TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VIRAMUNE SUSPENSION 50 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
Antiretrovirals - Rti-Nucleoside Analogues-Purines*		
abacavir sulfate solution 20 mg/ml oral	1	
abacavir sulfate tablet 300 mg oral	1	QL
ZIAGEN SOLUTION 20 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ZIAGEN TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*		
emtricitabine capsule 200 mg oral	1	QL
EMTRIVA CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EMTRIVA SOLUTION 10 MG/ML ORAL	3	
EPIVIR SOLUTION 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
EPIVIR TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EPIVIR TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
lamivudine solution 10 mg/ml oral	1	

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Drug Name	Tier	Notes
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*		
RETROVIR CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RETROVIR SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RETROVIR SYRUP 50 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
stavudine capsule 15 mg oral	1	QL
stavudine capsule 15 mg oral	1	Mony Code (MONY Code); QL
stavudine capsule 20 mg oral	1	QL
stavudine capsule 20 mg oral	1	Mony Code (MONY Code); QL
stavudine capsule 30 mg oral	1	QL
stavudine capsule 30 mg oral	1	Mony Code (MONY Code); QL

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Drug Name	Tier	Notes
stavudine capsule 40 mg oral	1	QL
stavudine capsule 40 mg oral	1	Mony Code (MONY Code); 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
VIREAD TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Antiretrovirals Adjuvants*		
TYBOST TABLET 150 MG ORAL	3	QL

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Drug Name	Tier	Notes
Antiviral Combinations*		
acyclovix therapy pack 200-10 mg-% combination	Non-Formulary	Non FDA Exclusion
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	2	QL
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	2	QL
PAXLOVID TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG ORAL	2	QL
Cmv Agents*		
cidofovir solution 75 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
foscarnet sodium solution 6000 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
FOSCAVIR SOLUTION 6000 MG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
ganciclovir sodium solution 500 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
ganciclovir sodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
ganciclovir solution 500 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
LIVTENCITY TABLET 200 MG ORAL	3	PA; Specialty*
PREVYMIS PACKET 120 MG ORAL	Non-Formulary	PA; PA messaging (Non Rebateable); QL
PREVYMIS PACKET 20 MG ORAL	Non-Formulary	PA; PA messaging (Non Rebateable); QL
PREVYMIS SOLUTION 240 MG/12ML INTRAVENOUS	Non-Formulary	PA; Medical Only Exclusion
PREVYMIS SOLUTION 480 MG/24ML INTRAVENOUS	Non-Formulary	PA; Medical Only Exclusion
PREVYMIS TABLET 240 MG ORAL	3	PA; QL
PREVYMIS TABLET 480 MG ORAL	3	PA; QL

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Drug Name	Tier	Notes
VALCYTE SOLUTION RECONSTITUTED 50 MG/ML ORAL	Non-Formulary	Formulary Exclusion
VALCYTE TABLET 450 MG ORAL	Non-Formulary	Formulary Exclusion
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	
BARACLUDE TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
BARACLUDE TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
entecavir tablet 0.5 mg oral	1	QL
entecavir tablet 1 mg oral	1	QL
EPIVIR HBV SOLUTION 5 MG/ML ORAL	3	
EPIVIR HBV TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
HEPSERA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
lamivudine tablet 100 mg oral	1	QL
VEMLIDY TABLET 25 MG ORAL	2	
Hepatitis C Agent - Combinations*		
EPCLUSA PACKET 150-37.5 MG ORAL	2	PA; Specialty*; QL
EPCLUSA PACKET 200-50 MG ORAL	2	PA; Specialty*; QL
EPCLUSA TABLET 200-50 MG ORAL	2	PA; Specialty*; QL
EPCLUSA TABLET 400-100 MG ORAL	2	PA; Specialty*; QL
HARVONI PACKET 33.75-150 MG ORAL	2	PA; Specialty*; QL
HARVONI PACKET 45-200 MG ORAL	2	PA; Specialty*; QL
HARVONI TABLET 45-200 MG ORAL	2	PA; Specialty*; QL
HARVONI TABLET 90-400 MG ORAL	2	PA; Specialty*; QL
ledipasvir-sofosbuvir tablet 90-400 mg oral	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
MAVYRET PACKET 50-20 MG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
MAVYRET TABLET 100-40 MG ORAL	2	PA; Specialty*; QL
sofosbuvir-velpatasvir tablet 400-100 mg oral	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
VOSEVI TABLET 400-100-100 MG ORAL	2	PA; Specialty*; QL
ZEPATIER TABLET 50-100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
Hepatitis C Agents*		
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	2	PA; Specialty*
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
ribavirin capsule 200 mg oral	1	PA; Specialty*
ribavirin capsule 200 mg oral	1	PA; Mony Code (MONY CODE ISSUE); Specialty*
ribavirin tablet 200 mg oral	1	PA; Specialty*

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Drug Name	Tier	Notes
ribavirin tablet 200 mg oral	1	PA; Mony Code (MONY CODE ISSUE); Specialty*
SOVALDI PACKET 150 MG ORAL	2	PA; Specialty*; QL
SOVALDI PACKET 200 MG ORAL	2	PA; Specialty*; QL
SOVALDI TABLET 200 MG ORAL	2	PA; Specialty*; QL
SOVALDI TABLET 400 MG ORAL	2	PA; Specialty*; QL
Herpes Agents - Purine Analogues*		
acyclovir capsule 200 mg oral	1	
acyclovir sodium solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
acyclovir sodium-nacl solution 200-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
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	

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SITAVIG TABLET 50 MG BUCCAL	3	Non Essential Drug Exclusion
valacyclovir hcl tablet 1 gm oral	1	
valacyclovir hcl tablet 500 mg oral	1	
VALTREX TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
VALTREX TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ZOVIRAX SUSPENSION 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
Herpes Agents - Thymidine Analogues*		
famciclovir tablet 125 mg oral	1	
famciclovir tablet 250 mg oral	1	
famciclovir tablet 500 mg oral	1	
Influenza Agents*		
rimantadine hcl tablet 100 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
Misc. Antivirals*		

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
favipiravir tablet 200 mg oral	Non-Formulary	Non FDA Exclusion
LAGEVRIO CAPSULE 200 MG ORAL	3	QL
remdesivir solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
remdesivir solution reconstituted 150 mg intravenous	Non-Formulary	Medical Only Exclusion
TEMBEXA SUSPENSION 10 MG/ML ORAL	3	
TEMBEXA TABLET 100 MG ORAL	3	
TPOXX CAPSULE 200 MG ORAL	2	PA
TPOXX SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEKLURY SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEKLURY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Neuraminidase Inhibitors*		

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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	
RAPIVAB SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	3	QL
TAMIFLU CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TAMIFLU CAPSULE 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TAMIFLU CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL	Non-Formulary	Formulary Exclusion
Pa Endonuclease Inhibitors		

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL	3	QL with criteria
XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL	3	QL with criteria
Rsv Agents - Nucleoside Analogues*		
ribavirin solution reconstituted 6 gm inhalation	Non-Formulary	Medical Only Exclusion
VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION	Non-Formulary	Medical Only Exclusion
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
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	
carvedilol tablet 6.25 mg oral	1	
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
COREG TABLET 12.5 MG ORAL	Non-Formulary	Formulary Exclusion
COREG TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
COREG TABLET 3.125 MG ORAL	Non-Formulary	Formulary Exclusion
COREG TABLET 6.25 MG ORAL	Non-Formulary	Formulary Exclusion
labetalol hcl solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl solution 5 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
labetalol hcl solution prefilled syringe 10 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl solution prefilled syringe 20 mg/4ml intravenous	Non-Formulary	Non FDA Exclusion
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	
labetalol hcl-dextrose solution 200-5 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
labetalol hcl-sodium chloride solution 100-0.72 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl-sodium chloride solution 200-0.72 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl-sodium chloride solution 300-0.72 mg/300ml-% intravenous	Non-Formulary	Medical Only Exclusion
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	
ATENOLOL+SYRSPEND SF SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
betaxolol hcl tablet 10 mg oral	1	
betaxolol hcl tablet 20 mg oral	1	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
bisoprolol fumarate tablet 10 mg oral	1	
bisoprolol fumarate tablet 2.5 mg oral	2	
bisoprolol fumarate tablet 5 mg oral	1	
BREVIBLOC IN NACL SOLUTION 2000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC IN NACL SOLUTION 2500 MG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC PREMIXED DS SOLUTION 2000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC PREMIXED SOLUTION 2500 MG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BYSTOLIC TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
BYSTOLIC TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
BYSTOLIC TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
BYSTOLIC TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
esmolol hcl solution 100 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl solution 2000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl solution 2500 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
esmolol hcl-sodium chloride solution 2000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl-sodium chloride solution 2500 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
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	

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL	3	
LOPRESSOR TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
LOPRESSOR TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
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 solution 5 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
metoprolol tartrate tablet 100 mg oral	1	
metoprolol tartrate tablet 25 mg oral	1	
metoprolol tartrate tablet 37.5 mg oral	1	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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	
RAPIBLYK SOLUTION RECONSTITUTED 280 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TENORMIN TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
TENORMIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
TENORMIN TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
Beta Blockers Non-Selective*		
BETAPACE AF TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE AF TABLET 160 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE AF TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE TABLET 160 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
CORGARD TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CORGARD TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
CORGARD TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	2	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL	Non-Formulary	Formulary Exclusion
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	Non Essential Drug Exclusion
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	Non Essential Drug Exclusion
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	Non Essential Drug Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	Non Essential Drug Exclusion
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	
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 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
propranolol hcl solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
propranolol hcl solution 20 mg/5ml oral	1	Mony Code (MONY code issue)
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	

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
sotalol hcl (af) tablet 80 mg oral	1	
sotalol hcl solution 150 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
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 20 mg oral	1	Mony Code (MONY Code)
timolol maleate tablet 5 mg oral	1	
timolol maleate tablet 5 mg oral	1	Mony Code (MONY code issue)
CALCIUM CHANNEL BLOCKERS		
****Calcium Channel Blocker-Nsaid Combinations******		

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CONSENSI TABLET 10-200 MG ORAL	3	Non Essential Drug Exclusion
CONSENSI TABLET 2.5-200 MG ORAL	3	Non Essential Drug Exclusion
CONSENSI TABLET 5-200 MG ORAL	3	Non Essential Drug Exclusion
Calcium Channel Blockers*		
AMLODIPINE BES+SYRSPEND SF SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
amlodipine besylate tablet 10 mg oral	1	
amlodipine besylate tablet 2.5 mg oral	1	
amlodipine besylate tablet 5 mg oral	1	
CALAN SR TABLET EXTENDED RELEASE 120 MG ORAL	Non-Formulary	Formulary Exclusion
CALAN SR TABLET EXTENDED RELEASE 180 MG ORAL	Non-Formulary	Formulary Exclusion
CALAN SR TABLET EXTENDED RELEASE 240 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
CARDENE IV SOLUTION 20-0.86 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDENE IV SOLUTION 20-4.8 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDENE IV SOLUTION 40-0.83 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
CLEVIPREX EMULSION 25 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLEVIPREX EMULSION 50 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CONJUPRI TABLET 2.5 MG ORAL	3	Non Essential Drug Exclusion
CONJUPRI TABLET 5 MG ORAL	3	Non Essential Drug Exclusion
diltiazem hcl er beads capsule extended release 24 hour 120 mg oral	1	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
diltiazem hcl er capsule extended release 12 hour 90 mg oral	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
diltiazem hcl er tablet extended release 24 hour 120 mg oral	1	
diltiazem hcl er tablet extended release 24 hour 180 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 240 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 300 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 360 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 420 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl solution 125 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
diltiazem hcl solution 25 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
diltiazem hcl solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
diltiazem hcl solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
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	
diltiazem hcl-dextrose solution 125-5 mg/125ml-% intravenous	Non-Formulary	Non FDA Exclusion
diltiazem hcl-dextrose solution 5-125 %-mg/125ml intravenous	Non-Formulary	Non FDA Exclusion
diltiazem hcl-sodium chloride solution 100-0.72 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
diltiazem hcl-sodium chloride solution 125-0.7 mg/125ml-% intravenous	Non-Formulary	Non FDA Exclusion
diltiazem hcl-sodium chloride solution 125-0.9 mg/125ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
dilt-xr capsule extended release 24 hour 120 mg oral	1	Mony Code (MONY Code)
dilt-xr capsule extended release 24 hour 180 mg oral	1	Mony Code (MONY Code)
dilt-xr capsule extended release 24 hour 240 mg oral	1	Mony Code (MONY Code)
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	
isradipine capsule 2.5 mg oral	Non-Formulary	Formulary Exclusion
isradipine capsule 5 mg oral	Non-Formulary	Formulary Exclusion
KATERZIA SUSPENSION 1 MG/ML ORAL	3	Non Essential Drug Exclusion
levamlodipine maleate tablet 2.5 mg oral	3	Non Essential Drug Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
levamlodipine maleate tablet 5 mg oral	3	Non Essential Drug Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	Non-Formulary	Formulary Exclusion
nicardipine hcl capsule 20 mg oral	Non-Formulary	Formulary Exclusion
nicardipine hcl capsule 30 mg oral	Non-Formulary	Formulary Exclusion
nicardipine hcl in nacl solution 20-0.9 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
nicardipine hcl in nacl solution 40-0.9 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
nicardipine hcl in nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
nicardipine hcl solution 2.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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 20 mg oral	Non-Formulary	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 25.5 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
nisoldipine er tablet extended release 24 hour 30 mg oral	Non-Formulary	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 34 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
nisoldipine er tablet extended release 24 hour 40 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
nisoldipine er tablet extended release 24 hour 8.5 mg oral	1	
NORLIQVA SOLUTION 1 MG/ML ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
NORVASC TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
NORVASC TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
NORVASC TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
NYMALIZE SOLUTION 6 MG/ML ORAL	3	
PROCARDIA CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
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Drug Name	Tier	Notes
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL	Non-Formulary	Formulary Exclusion
SULAR TABLET EXTENDED RELEASE 24 HOUR 17 MG ORAL	Non-Formulary	Formulary Exclusion
SULAR TABLET EXTENDED RELEASE 24 HOUR 34 MG ORAL	Non-Formulary	Formulary Exclusion
SULAR TABLET EXTENDED RELEASE 24 HOUR 8.5 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Insufficient Evidence = Insufficient Evidence
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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
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	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	Non-Formulary	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 100 mg oral	Non-Formulary	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 100 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 120 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
verapamil hcl er capsule extended release 24 hour 180 mg oral	1	
verapamil hcl er capsule extended release 24 hour 200 mg oral	Non-Formulary	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 200 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 240 mg oral	1	
verapamil hcl er capsule extended release 24 hour 300 mg oral	Non-Formulary	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 300 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 360 mg oral	Non-Formulary	Formulary Exclusion
verapamil hcl er tablet extended release 120 mg oral	1	

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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
verapamil hcl er tablet extended release 180 mg oral	1	
verapamil hcl er tablet extended release 240 mg oral	1	
verapamil hcl solution 2.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
verapamil hcl tablet 120 mg oral	1	
verapamil hcl tablet 40 mg oral	1	
verapamil hcl tablet 80 mg oral	1	
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
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 solution 0.05 mg/ml oral	1	Mony Code (MONY Code)
digoxin solution 0.25 mg/ml injection	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
digoxin tablet 125 mcg oral	1	
digoxin tablet 250 mcg oral	1	
digoxin tablet 62.5 mcg oral	1	
LANOXIN PEDIATRIC SOLUTION 0.1 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
LANOXIN SOLUTION 0.25 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
LANOXIN TABLET 125 MCG ORAL	3	
LANOXIN TABLET 250 MCG ORAL	1	Mony Code (MONY Code)
LANOXIN TABLET 62.5 MCG ORAL	3	
Inotropes		
dobutamine hcl solution 12.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
dobutamine hcl solution 250 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
dobutamine-dextrose solution 1-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
dobutamine-dextrose solution 2-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dobutamine-dextrose solution 4-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dopamine hcl solution 40 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
dopamine-dextrose solution 0.8-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dopamine-dextrose solution 1.6-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dopamine-dextrose solution 3.2-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate in dextrose solution 20-5 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate in dextrose solution 40-5 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
milrinone lactate solution 20 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
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	
amlodipine-atorvastatin tablet 10-80 mg oral	1	
amlodipine-atorvastatin tablet 2.5-10 mg oral	1	
amlodipine-atorvastatin tablet 2.5-10 mg oral	1	Mony Code (MONY code issue)
amlodipine-atorvastatin tablet 2.5-20 mg oral	1	

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Drug Name	Tier	Notes
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	
CADUET TABLET 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 10-40 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 10-80 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-10 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-20 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-40 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-80 MG ORAL	Non-Formulary	Formulary Exclusion
Cardiac Myosin Inhibitors		
CAMZYOS CAPSULE 10 MG ORAL	3	PA; Specialty*; QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
CAMZYOS CAPSULE 15 MG ORAL	3	PA; Specialty*; QL
CAMZYOS CAPSULE 2.5 MG ORAL	3	PA; Specialty*; QL
CAMZYOS CAPSULE 5 MG ORAL	3	PA; Specialty*; QL
Cardioplegic Solutions*		
ADENOCAINE SOLUTION PREFILLED SYRINGE INTRAVENOUS	Non-Formulary	Non FDA Exclusion
cardioplegia del nido formula solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plas/hik/lido solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plasma-tromet solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction high k solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction low dex solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Mony Code = Mony Code
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PA messaging = PA messaging
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Drug Name	Tier	Notes
cardioplegia induction non-enr solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main low dextrose solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main low trometha solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main plasma-trome solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia maintenance solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia reperfusate 4:1 solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegic soln w/ lidocaine solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegic solution perfusion	Non-Formulary	Medical Only Exclusion
microplegia msa-msg solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
PLEGISOL SOLUTION PERFUSION	Non-Formulary	Medical Only Exclusion
Cardiovascular Anti-Inflammatory/Immune Modulators*		
LODOCO TABLET 0.5 MG ORAL	Non-Formulary	PA; Formulary Exclusion
Cardiovascular Sglt2 Inhibitors*		
INPEFA TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INPEFA TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Impotence Agent Combinations*		
bi-mix solution reconstituted 150-5 mg intracavernosal	Non-Formulary	Non FDA Exclusion
quad-mix solution reconstituted 150-10-0.1-1 mg intracavernosal	Non-Formulary	Non FDA Exclusion
super bi-mix solution reconstituted 150-10 mg intracavernosal	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
super quad-mix solution reconstituted 150-20-0.2-2 mg intracavernosal	Non-Formulary	Non FDA Exclusion
super tri-mix solution reconstituted 150-10-100 mg-mg-mcg intracavernosal	Non-Formulary	Non FDA Exclusion
tri-mix solution reconstituted 150-5-50 mg-mg-mcg intracavernosal	Non-Formulary	Non FDA Exclusion
****Impotence Agents - Other******		
phenylephrine hcl solution 2 mg/2ml intracavernosal	Non-Formulary	Non FDA Exclusion
****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
ENTRESTO TABLET 24-26 MG ORAL	2	QL

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ENTRESTO TABLET 49-51 MG ORAL	2	QL
ENTRESTO TABLET 97-103 MG ORAL	2	QL
sacubitril-valsartan tablet 24-26 mg oral	Non-Formulary	PA messaging (Non Rebateable); QL
sacubitril-valsartan tablet 49-51 mg oral	Non-Formulary	PA messaging (Non Rebateable); QL
sacubitril-valsartan tablet 97-103 mg oral	Non-Formulary	PA messaging (Non Rebateable); QL
Nitrate & Vasodilator Combinations		
BIDIL TABLET 20-37.5 MG ORAL	Non-Formulary	Formulary Exclusion
isosorb dinitrate-hydralazine tablet 20-37.5 mg oral	1	
Pde Inhibitor-Endothelin Recptor Antagonist Combinations		
OPSYNVI TABLET 10-20 MG ORAL	2	PA; Specialty*; QL
OPSYNVI TABLET 10-40 MG ORAL	2	PA; Specialty*; QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
Peripheral Vasodilators*		
isoxsuprine hcl tablet 10 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
isoxsuprine hcl tablet 20 mg oral	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
isoxsuprine hcl tablet 20 mg oral	Non-Formulary	Formulary Exclusion
papaverine hcl solution 30 mg/ml injection	Non-Formulary	Non FDA Exclusion
papaverine hcl solution 30 mg/ml injection	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
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

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Drug Name	Tier	Notes
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	
AURLUMYN SOLUTION 100 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
epoprostenol sodium solution reconstituted 0.5 mg intravenous	1	PA; Specialty*
epoprostenol sodium solution reconstituted 1.5 mg intravenous	1	PA; Specialty*

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
FLOLAN SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	3	PA; Specialty*
FLOLAN SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	3	PA; Specialty*
ORENITRAM MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	2	PA; Specialty*; QL
ORENITRAM MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	2	PA; Specialty*; QL
ORENITRAM MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG ORAL	2	PA; Specialty*; QL
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	2	PA; Specialty*; QL
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	2	PA; Specialty*; QL
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	2	PA; Specialty*; QL
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL	2	PA; Specialty*; QL
PROSTIN VR SOLUTION 500 MCG/ML INJECTION	Non-Formulary	Formulary Exclusion
REMODULIN SOLUTION 100 MG/20ML INJECTION	3	PA; Specialty*
REMODULIN SOLUTION 20 MG/20ML INJECTION	3	PA; Specialty*
REMODULIN SOLUTION 200 MG/20ML INJECTION	3	PA; Specialty*
REMODULIN SOLUTION 50 MG/20ML INJECTION	3	PA; Specialty*
treprostinil solution 100 mg/20ml injection	1	PA; Specialty*

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Drug Name	Tier	Notes
treprostinil solution 20 mg/20ml injection	1	PA; Specialty*
treprostinil solution 200 mg/20ml injection	1	PA; Specialty*
treprostinil solution 50 mg/20ml injection	1	PA; Specialty*
TYVASO DPI INSTITUTIONAL KIT POWDER 16 MCG INHALATION	2	PA; Specialty*; QL
TYVASO DPI INSTITUTIONAL KIT POWDER 32 MCG INHALATION	2	PA; Specialty*; QL
TYVASO DPI INSTITUTIONAL KIT POWDER 48 MCG INHALATION	2	PA; Specialty*; QL
TYVASO DPI INSTITUTIONAL KIT POWDER 64 MCG INHALATION	2	PA; Specialty*; QL
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION	2	PA; Specialty*; QL
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	3	PA; Specialty*; QL
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	3	PA; Specialty*; QL
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	3	PA; Specialty*; QL
TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION	2	PA; Specialty*; QL
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	2	PA; Specialty*; QL
TYVASO REFILL KIT SOLUTION 0.6 MG/ML INHALATION	2	PA; Specialty*; QL
TYVASO SOLUTION 0.6 MG/ML INHALATION	2	PA; Specialty*; QL
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
VELETRI SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	3	PA; Specialty*
VELETRI SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	3	PA; Specialty*
VENTAVIS SOLUTION 10 MCG/ML INHALATION	3	PA; Specialty*; QL
VENTAVIS SOLUTION 20 MCG/ML INHALATION	3	PA; Specialty*; QL
YUTREPIA CAPSULE 106 MCG INHALATION	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUTREPIA CAPSULE 26.5 MCG INHALATION	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUTREPIA CAPSULE 53 MCG INHALATION	Non-Formulary	PA; Specialty*; Formulary Exclusion
YUTREPIA CAPSULE 79.5 MCG INHALATION	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)		
ADEMPAS TABLET 0.5 MG ORAL	3	PA; Specialty*; QL
ADEMPAS TABLET 1 MG ORAL	3	PA; Specialty*; QL
ADEMPAS TABLET 1.5 MG ORAL	3	PA; Specialty*; QL
ADEMPAS TABLET 2 MG ORAL	3	PA; Specialty*; QL
ADEMPAS TABLET 2.5 MG ORAL	3	PA; Specialty*; QL
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	2	PA; Specialty*
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	2	PA; Specialty*
WINREVAIR KIT 45 MG SUBCUTANEOUS	2	PA; Specialty*
WINREVAIR KIT 60 MG SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
Pulmonary Hypertension - Endothelin Receptor Antagonists*		
ambrisentan tablet 10 mg oral	1	PA; Specialty*; QL
ambrisentan tablet 5 mg oral	1	PA; Specialty*; QL
bosentan tablet 125 mg oral	1	PA; Specialty*; QL
bosentan tablet 62.5 mg oral	1	PA; Specialty*; QL
LETAIRIS TABLET 10 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
LETAIRIS TABLET 5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
OPSUMIT TABLET 10 MG ORAL	2	PA; Specialty*; QL
TRACLEER TABLET 125 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
TRACLEER TABLET 62.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
TRACLEER TABLET SOLUBLE 32 MG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABLET 20 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
ALYQ TABLET 20 MG ORAL	1	PA; Specialty*; QL
LIQREV SUSPENSION 10 MG/ML ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
REVATIO SOLUTION 10 MG/12.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REVATIO SUSPENSION RECONSTITUTED 10 MG/ML ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
REVATIO TABLET 20 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
sildenafil citrate solution 10 mg/12.5ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
sildenafil citrate suspension reconstituted 10 mg/ml oral	1	PA; Specialty*
sildenafil citrate tablet 20 mg oral	1	PA; Specialty*; QL
tadalafil (pah) tablet 20 mg oral	1	PA; Specialty*; QL
TADLIQ SUSPENSION 20 MG/5ML ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
****Pulmonary Hypertension - Prostacyclin Receptor Agonist******		
UPTRAVI SOLUTION RECONSTITUTED 1800 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UPTRAVI TABLET 1000 MCG ORAL	2	PA; Specialty*; QL
UPTRAVI TABLET 1200 MCG ORAL	2	PA; Specialty*; QL
UPTRAVI TABLET 1400 MCG ORAL	2	PA; Specialty*; QL
UPTRAVI TABLET 1600 MCG ORAL	2	PA; Specialty*; QL
UPTRAVI TABLET 200 MCG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
UPTRAVI TABLET 400 MCG ORAL	2	PA; Specialty*; QL
UPTRAVI TABLET 600 MCG ORAL	2	PA; Specialty*; QL
UPTRAVI TABLET 800 MCG ORAL	2	PA; Specialty*; QL
UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL	2	PA; Specialty*; QL
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
CIALIS TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CIALIS TABLET 2.5 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
CIALIS TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CIALIS TABLET 5 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
LEVITRA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
LEVITRA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; 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
STAXYN TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STENDRA TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STENDRA TABLET 100 MG ORAL	3	QL
STENDRA TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STENDRA TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; 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

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Drug Name	Tier	Notes
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
VIAGRA TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VIAGRA TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VIAGRA TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Septal Agents - Ablation*		
ABLYSINOL SOLUTION INTRA-ARTERIAL	Non-Formulary	Medical Only Exclusion
Sinus Node Inhibitors*		
CORLANOR SOLUTION 5 MG/5ML ORAL	2	QL
CORLANOR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CORLANOR TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
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	3	PA; Specialty*; QL
VYNDAMAX CAPSULE 61 MG ORAL	2	PA; Specialty*; QL
VYNDAQEL CAPSULE 20 MG ORAL	2	PA; Specialty*; QL
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*		
Cephalosporin Combinations*		

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Drug Name	Tier	Notes
AVYCAZ SOLUTION RECONSTITUTED 2.5 (2-0.5) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZERBAXA SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****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	Mony Code (MONY Code)
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution prefilled syringe 1 gm/10ml intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution prefilled syringe 2 gm/10ml intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution prefilled syringe 2 gm/20ml intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution prefilled syringe 3 gm/30ml injection	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
cefazolin sodium solution reconstituted 10 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 100 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 3 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 3 gm intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 300 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
cefazolin sodium-dextrose solution 1-4 gm/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-4 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-5 gm/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium-dextrose solution 3-4 gm/150ml-% intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution reconstituted 1-4 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution reconstituted 2-3 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution reconstituted 3-2 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cephalexin capsule 250 mg oral	1	
cephalexin capsule 500 mg oral	1	

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Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
cephalexin capsule 750 mg oral	1	
cephalexin capsule 750 mg oral	1	Mony Code (MONY code issue)
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	
KEFLEX CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
KEFLEX CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
KEFLEX CAPSULE 750 MG ORAL	Non-Formulary	Formulary Exclusion
Cephalosporins - 2Nd Generation*		
cefaclor capsule 250 mg oral	1	Mony Code (MONY Code)
cefaclor capsule 500 mg oral	1	Mony Code (MONY Code)

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
CEFOTAN SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
CEFOTAN SOLUTION RECONSTITUTED 2 GM INJECTION	Non-Formulary	Medical Only Exclusion
cefotetan disodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
cefotetan disodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
cefotetan disodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
cefotetan disodium-dextrose solution reconstituted 1-3.58 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefotetan disodium-dextrose solution reconstituted 2-2.08 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium-dextrose solution reconstituted 1-4 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium-dextrose solution reconstituted 2-2.2 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
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	
cefuroxime sodium solution reconstituted 1.5 gm intravenous	Non-Formulary	Medical Only Exclusion
cefuroxime sodium solution reconstituted 1.5 gm intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
cefuroxime sodium solution reconstituted 750 mg injection	Non-Formulary	Medical Only Exclusion
Cephalosporins - 3Rd Generation*		
cefdinir capsule 300 mg oral	1	

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
cefotaxime sodium solution reconstituted 1 gm injection	Non-Formulary	Non FDA Exclusion
cefotaxime sodium solution reconstituted 2 gm injection	Non-Formulary	Non FDA Exclusion
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	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
cefpodoxime proxetil tablet 200 mg oral	1	
ceftazidime and dextrose solution reconstituted 1-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
ceftazidime and dextrose solution reconstituted 2-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
ceftazidime solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
ceftazidime solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
ceftazidime solution reconstituted 6 gm injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium in dextrose solution 20 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium in dextrose solution 40 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ceftriaxone sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 100 gm injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 250 mg injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium-dextrose solution reconstituted 1-3.74 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ceftriaxone sodium-dextrose solution reconstituted 2-2.22 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
FORTAZ SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
FORTAZ SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FORTAZ SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Medical Only Exclusion
SUPRAX CAPSULE 400 MG ORAL	Non-Formulary	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	2	
SUPRAX TABLET CHEWABLE 100 MG ORAL	2	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SUPRAX TABLET CHEWABLE 200 MG ORAL	2	
TAZICEF SOLUTION 1 GM/50ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
TAZICEF SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
TAZICEF SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAZICEF SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
TAZICEF SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAZICEF SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
TAZICEF SOLUTION RECONSTITUTED 6 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Cephalosporins - 4Th Generation*		
cefepime hcl solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
cefepime hcl solution 2 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion
cefepime hcl solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
cefepime hcl solution reconstituted 100 gm intravenous	Non-Formulary	Medical Only Exclusion
cefepime hcl solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
cefepime-dextrose solution reconstituted 1-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefepime-dextrose solution reconstituted 2-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
Cephalosporins - 5Th Generation*		
TEFLARO SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
TEFLARO SOLUTION RECONSTITUTED 600 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZEVTERA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cephalosporins - Siderophores*		
FETROJA SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CHEMICALS		
Bases*		
potassium hydroxide solution 5 % external	Non-Formulary	Non FDA Exclusion
sodium hydroxide solution 10 % external (rx)	Non-Formulary	Non FDA Exclusion
Bulk Chemicals - Er*		
erlotinib hcl (bulk) powder	Non-Formulary	Non FDA Exclusion
CONTRACEPTIVES		
Biphasic Contraceptives - Oral*		

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	1	
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	
MIRCETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	Non-Formulary	Formulary Exclusion
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	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	Non-Formulary	Formulary Exclusion
BALZIVA TABLET 0.4-35 MG-MCG ORAL	1	
BEYAZ TABLET 3-0.02-0.451 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
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	Mony Code (MONY code issue)
drospiren-eth estrad-levomefol tablet 3-0.03-0.451 mg oral	1	Mony Code (MONY Code)
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	

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Mony Code = Mony Code
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Drug Name	Tier	Notes
ethynodiol diac-eth estradiol tablet 1-35 mg-mcg oral	1	
ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral	1	
FALESSA KIT 20-1-0.1 MCG-MG ORAL	Non-Formulary	Non FDA Exclusion
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	
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GEMMILY CAPSULE 1-20 MG-MCG(24) ORAL	1	
GENERESS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL	Non-Formulary	Formulary Exclusion
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
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	

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Mony Code = Mony Code
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
MICROGESTIN FE 1/20 TABLET 1-20 MG-MCG ORAL	1	
MILI TABLET 0.25-35 MG-MCG ORAL	1	
MINASTRIN 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
RECLIPSEN TABLET 0.15-30 MG-MCG ORAL	1	
SAFYRAL TABLET 3-0.03-0.451 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	Non-Formulary	Formulary Exclusion
TURQOZ TABLET 0.3-30 MG-MCG ORAL	1	
TYBLUME TABLET CHEWABLE 0.1-20 MG-MCG ORAL	1	Mony Code (MONY Code)
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	

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Drug Name	Tier	Notes
YASMIN 28 TABLET 3-0.03 MG ORAL	Non-Formulary	Formulary Exclusion
YAZ TABLET 3-0.02 MG ORAL	Non-Formulary	Formulary Exclusion
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	
TWIRLA PATCH WEEKLY 120-30 MCG/24HR TRANSDERMAL	3	
XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	1	

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Drug Name	Tier	Notes
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	
NUVARING RING 0.12-0.015 MG/24HR VAGINAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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	Mony Code (MONY Code)
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	

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Drug Name	Tier	Notes
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 (otc)	1	
MY CHOICE TABLET 1.5 MG ORAL	1	
MY WAY TABLET 1.5 MG ORAL (OTC)	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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	
LOSEASONIQUE TABLET 0.1-0.02 & 0.01 MG ORAL	Non-Formulary	Formulary Exclusion
QUARTETTE TABLET 42-21-21-7 DAYS ORAL	Non-Formulary	Formulary Exclusion
RIVELSA TABLET 42-21-21-7 DAYS ORAL	1	
ROSYRAH TABLET 42-21-21-7 DAYS ORAL	1	
SEASONIQUE TABLET 0.15-0.03 &0.01 MG ORAL	Non-Formulary	Formulary Exclusion
SETLAKIN TABLET 0.15-0.03 MG ORAL	1	

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Drug Name	Tier	Notes
SIMPESSE TABLET 0.15-0.03 &0.01 MG ORAL	1	
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-PROVERA SUSPENSION 150 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS	3	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
ORTHO MICRONOR TABLET 0.35 MG ORAL	Non-Formulary	Formulary Exclusion
SHAROBEL TABLET 0.35 MG ORAL	1	
SLYND TABLET 4 MG ORAL	3	

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Drug Name	Tier	Notes
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	
ESTROSTEP FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	Non-Formulary	Formulary Exclusion
LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL	1	

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Drug Name	Tier	Notes
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	
PIRMELLA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	1	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL	1	Mony Code (MONY code issue)
XARAH FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	1	
CORTICOSTEROIDS		
****Glucocorticosteroids******		
active injection d kit 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
AGAMREE SUSPENSION 40 MG/ML ORAL	3	PA; 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

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Drug Name	Tier	Notes
betamethasone sodium phosphate solution 12 mg/2ml injection	Non-Formulary	Non FDA Exclusion
betamethasone sodium phosphate solution 6 mg/ml injection	Non-Formulary	Non FDA Exclusion
budesonide capsule delayed release particles 3 mg oral	1	Mony Code (MONY code issue)
budesonide capsule delayed release particles 3 mg oral	1	
budesonide er tablet extended release 24 hour 9 mg oral	1	
CORTEF TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
CORTEF TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CORTEF TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
cortisone acetate tablet 25 mg oral	3	
DECADRON TABLET 0.5 MG ORAL	1	
DECADRON TABLET 0.75 MG ORAL	1	

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Drug Name	Tier	Notes
DECADRON TABLET 4 MG ORAL	1	
DECADRON TABLET 6 MG ORAL	1	
deflazacort suspension 22.75 mg/ml oral	1	PA; Specialty*
deflazacort tablet 18 mg oral	1	PA; Specialty*
deflazacort tablet 30 mg oral	1	PA; Specialty*
deflazacort tablet 36 mg oral	1	PA; Specialty*
deflazacort tablet 6 mg oral	1	PA; 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	Non Essential Drug Exclusion
dexameth sod phos (pf) +rfid solution prefilled syringe 10 mg/ml injection	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
dexamethasone (la) suspension 16 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone (la) suspension 8 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone acetate suspension 8 mg/ml injection	Non-Formulary	Non FDA Exclusion
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 phos-nacl solution 6-0.9 mg/25ml-% intravenous	Non-Formulary	Non FDA Exclusion
dexamethasone sod phosphate pf solution 10 mg/ml injection	1	
dexamethasone sod phosphate pf solution prefilled syringe 10 mg/ml injection	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
dexamethasone sodium phosphate solution 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone sodium phosphate solution 10 mg/ml injection	1	Mony Code (MONY Code)
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	Non-Formulary	Non FDA Exclusion
dexamethasone sodium phosphate solution 4 mg/ml injection	1	

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Drug Name	Tier	Notes
dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection	1	Mony Code (MONY code issue)
dexamethasone solution 0.5 mg/5ml oral	3	
dexamethasone tablet 0.5 mg oral	1	
dexamethasone tablet 0.5 mg oral	1	Mony Code (MONY code issue)
dexamethasone tablet 0.75 mg oral	1	
dexamethasone tablet 0.75 mg oral	1	Mony Code (MONY code issue)
dexamethasone tablet 1 mg oral	1	
dexamethasone tablet 1 mg oral	1	Mony Code (MONY Code)
dexamethasone tablet 1.5 mg oral	1	
dexamethasone tablet 2 mg oral	1	
dexamethasone tablet 2 mg oral	1	Mony Code (MONY Code)
dexamethasone tablet 4 mg oral	1	
dexamethasone tablet 6 mg oral	1	

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Drug Name	Tier	Notes
dexamethasone tablet therapy pack 1.5 mg (21) oral	1	Non Essential Drug Exclusion
dexamethasone tablet therapy pack 1.5 mg (35) oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
dexamethasone tablet therapy pack 1.5 mg (51) oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
DEXONTO 0.4% SOLUTION 20 MG/5ML IONTOPHORESIS	Non-Formulary	Non FDA Exclusion
DOUBLEDEX KIT 10 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
DXEVO 11-DAY TABLET THERAPY PACK 1.5 MG ORAL	3	Non Essential Drug Exclusion
EMFLAZA SUSPENSION 22.75 MG/ML ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
EMFLAZA TABLET 18 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
EMFLAZA TABLET 30 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
EMFLAZA TABLET 36 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
EMFLAZA TABLET 6 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
ENTOCORT EC CAPSULE DELAYED RELEASE PARTICLES 3 MG ORAL	Non-Formulary	Formulary Exclusion
EOHILIA SUSPENSION 2 MG/10ML ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
HEMADY TABLET 20 MG ORAL	3	Non Essential Drug Exclusion
HEXATRIONE SUSPENSION 20 MG/ML INTRA-ARTICULAR	Non-Formulary	Non FDA Exclusion
HIDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	1	Non Essential Drug Exclusion
hydrocortisone sod suc (pf) solution reconstituted 100 mg injection	1	
hydrocortisone tablet 10 mg oral	1	

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Drug Name	Tier	Notes
hydrocortisone tablet 20 mg oral	1	
hydrocortisone tablet 5 mg oral	1	
KENALOG-10 SUSPENSION 10 MG/ML INJECTION	3	
KENALOG-40 SUSPENSION 40 MG/ML INJECTION	3	
KENALOG-80 SUSPENSION 80 MG/ML INJECTION	3	
KHINDIVI SOLUTION 1 MG/ML ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
MAS CARE-PAK KIT 10 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
MEDROL TABLET 16 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 2 MG ORAL	3	
MEDROL TABLET 32 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
MEDROL TABLET THERAPY PACK 4 MG ORAL	Non-Formulary	Formulary Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	1	
methylprednisolone acetate suspension 50 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone acetate suspension 80 mg/ml injection	Non-Formulary	Non FDA Exclusion
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	

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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	Non Essential Drug Exclusion
MILLIPRED TABLET 5 MG ORAL	3	Non Essential Drug Exclusion
ORAPRED ODT TABLET DISPERSIBLE 10 MG ORAL	3	
ORAPRED ODT TABLET DISPERSIBLE 15 MG ORAL	3	

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Drug Name	Tier	Notes
ORAPRED ODT TABLET DISPERSIBLE 30 MG ORAL	3	
ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL	3	Non Essential Drug Exclusion
ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	Non Essential Drug Exclusion
p-care k40 kit 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
p-care k80 kit 2 x 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
PEDIAPRED SOLUTION 5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
pod-care 100k kit 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
prednisolone sodium phosphate solution 10 mg/5ml oral	1	Non Essential Drug Exclusion
prednisolone sodium phosphate solution 15 mg/5ml oral	1	
prednisolone sodium phosphate solution 20 mg/5ml oral	1	

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Drug Name	Tier	Notes
prednisolone sodium phosphate solution 25 mg/5ml oral	1	
prednisolone sodium phosphate solution 25 mg/5ml oral	1	Mony Code (MONY Code)
prednisolone sodium phosphate solution 5 mg/5ml oral	1	
prednisolone sodium phosphate tablet dispersible 10 mg oral	1	Mony Code (MONY Code)
prednisolone sodium phosphate tablet dispersible 10 mg oral	1	
prednisolone sodium phosphate tablet dispersible 15 mg oral	1	Mony Code (MONY Code)
prednisolone sodium phosphate tablet dispersible 15 mg oral	1	
prednisolone sodium phosphate tablet dispersible 30 mg oral	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
prednisolone sodium phosphate tablet dispersible 30 mg oral	1	
prednisolone solution 15 mg/5ml oral	1	
prednisolone solution 15 mg/5ml oral	1	Mony Code (MONY Code)
prednisolone tablet 5 mg oral	1	Non Essential Drug Exclusion
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
prednisone solution 5 mg/5ml oral	1	Mony Code (MONY Code)
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 50 mg oral	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
prednisone tablet therapy pack 10 mg (21) oral	1	
prednisone tablet therapy pack 10 mg (21) oral	1	Mony Code (MONY Code)
prednisone tablet therapy pack 10 mg (48) oral	1	
prednisone tablet therapy pack 10 mg (48) oral	1	Mony Code (MONY Code)
prednisone tablet therapy pack 5 mg (21) oral	1	
prednisone tablet therapy pack 5 mg (21) oral	1	Mony Code (MONY Code)
prednisone tablet therapy pack 5 mg (48) oral	1	
PRO-C-DURE 5 KIT 2 X 40 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
PRO-C-DURE 6 KIT 3 X 40 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
RAYOS TABLET DELAYED RELEASE 1 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
RAYOS TABLET DELAYED RELEASE 2 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
RAYOS TABLET DELAYED RELEASE 5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
READYSHARP DEXAMETHASONE KIT 10 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	Non Essential Drug Exclusion
TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	1	Non Essential Drug Exclusion
TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG ORAL	1	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL	3	Non Essential Drug Exclusion
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
topidex kit 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone acetonide suspension 40 mg/ml injection	1	
triamcinolone acetonide suspension 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone acetonide suspension 50 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone acetonide suspension 80 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone diacetate suspension 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone diacetate suspension 80 mg/ml injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	Non-Formulary	Formulary Exclusion
zcort 7-day tablet therapy pack 1.5 mg (25) oral	3	Non Essential Drug Exclusion
ZILRETTA SUSPENSION RECONSTITUTED ER 32 MG INTRA-ARTICULAR	Non-Formulary	Medical Only Exclusion
Mineralocorticoids		
fludrocortisone acetate tablet 0.1 mg oral	1	
Steroid Combinations		
active injection blm-1 kit 6 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
active injection bm kit 6 & 0.25 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection dl kit 10 & 1 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection dlm kit 10 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
ACTIVE INJECTION KIT L KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
active injection kl-3 kit 40-1 mg/ml-% combination	Non-Formulary	Non FDA Exclusion
active injection km kit 40-0.5 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection lm-dep-2 kit 40 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
active injection m-1 kit 10 & 0.25 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
beta 1 kit kit 30 mg/5ml injection	Non-Formulary	Non FDA Exclusion
BETALIDO KIT 6 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
BETALOAN SUIK KIT 30 MG/5ML COMBINATION	Non-Formulary	Non FDA Exclusion
betamethasone combo suspension 6 (3-3) mg/ml injection	Non-Formulary	Non FDA Exclusion

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
betamethasone combo suspension 7 (4-3) mg/ml injection	Non-Formulary	Non FDA Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	Non-Formulary	Non FDA Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	1	
betamethasone sod phos & acet suspension 7 (4-3) mg/ml injection	Non-Formulary	Non FDA Exclusion
BLT-25 KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
bsp 0820 kit 30 mg/5ml injection	Non-Formulary	Non FDA Exclusion
bupivilog kit 40 & 0.5 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION	3	
CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
CONTRAST ALLERGY PREMED PACK KIT 3 X 50 MG & 1 X 50 MG ORAL	Non-Formulary	Non FDA Exclusion
dexameth sod phos-bupiv-epin solution prefilled syringe 0.01-0.375 %-1:200000 injection	Non-Formulary	Non FDA Exclusion
dexamethasone ace & sod phos suspension 8-4 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone sod phos-bupiv solution prefilled syringe 0.01-0.375 % injection	Non-Formulary	Non FDA Exclusion
DEXLIDO KIT 10 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
DEXLIDO-M KIT 10 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
DMT SUIK KIT 10 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
DYURAL 80-LM KIT 80 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
DYURAL-40 KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
DYURAL-80 KIT 80 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
DYURAL-L KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
DYURAL-LM KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
lidocidex i solution 5-10 mg/1.5ml injection	Non-Formulary	Non FDA Exclusion
lidolog kit 40 & 2 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
MARBETA-25 KIT 6 & 0.25 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
MARBETA-L KIT 6 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
MARDEX-25 KIT 10 & 0.25 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
MEDROLOAN II SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
MEDROLOAN SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
methylprednisolone ace-lido suspension 40-10 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone ace-lido suspension 80-10 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone-bupivacaine suspension 40-5 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone-bupivacaine suspension 80-5 mg/ml injection	Non-Formulary	Non FDA Exclusion
mlk f1 kit 40 & 0.5 & 2 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
mlk f2 kit 40 & 0.5 & 2 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
mlk f3 kit 40 & 0.5 & 2 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
MLK F4 KIT 40 & 0.5 & 2 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
multi-Specialty kit 40 & 1 mg/ml-% injection*	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
p-care k40g kit 40 mg/ml combination	Non-Formulary	Non FDA Exclusion
p-care k40mx kit 40 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
p-care k80g kit 40 mg/ml combination	Non-Formulary	Non FDA Exclusion
p-care k80mx kit 40 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
physicians ez use j/t/t kit ii kit 40 & 1 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
physicians ez use joint/tunnel kit 40-1 mg/ml-% combination	Non-Formulary	Non FDA Exclusion
physicians ez use m-pred kit 40-0.5 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
pod-care 100c kit 30 mg/5ml injection	Non-Formulary	Non FDA Exclusion
pod-care 100cg kit 30 mg/5ml combination	Non-Formulary	Non FDA Exclusion
pod-care 100cmx kit 6 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
pod-care 100kg kit 40 mg/ml combination	Non-Formulary	Non FDA Exclusion
pod-care 100kmx kit 40 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
POINT OF CARE KM KIT 40 & 0.5 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
POINT OF CARE L.2 KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
POINT OF CARE L.5 KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
POINT OF CARE LM DEP 2 KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
READYSHARP ANESTH + BETAMETH KIT 6 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
READYSHARP ANESTH + DEXAMETH KIT 10 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
READYSHARP ANESTH + METHYLPRED KIT 80 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
READYSHARP BETAMETHASONE KIT 30 MG/5ML INJECTION	Non-Formulary	Non FDA Exclusion
ROPIDEX KIT 10-0.5 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
triamcinolone-bupivacaine suspension 40-5 mg/ml injection	Non-Formulary	Non FDA Exclusion
TRILOAN II SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
TRILOAN SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
COUGH/COLD/ALLERGY		
****Antitussive - Nonnarcotic******		
benzonatate capsule 100 mg oral	1	
benzonatate capsule 150 mg oral	1	Mony Code (MONY code issue)
benzonatate capsule 150 mg oral	1	
benzonatate capsule 200 mg oral	1	

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Drug Name	Tier	Notes
TESSALON PERLES CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
Antitussive - Opioid*		
HYCODAN SOLUTION 5-1.5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
HYCODAN SOLUTION 5-1.5 MG/5ML ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
HYCODAN TABLET 5-1.5 MG ORAL	Non-Formulary	Formulary Exclusion
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*		

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Drug Name	Tier	Notes
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	Mony Code (MONY CODE ISSUE)
promethazine-phenylephrine syrup 6.25-5 mg/5ml oral	1	Mony Code (MONY code issue)
promethazine-phenylephrine syrup 6.25-5 mg/5ml oral	1	Mony Code (MONY Code)
****Decongestant W/ Expectorant******		
GILPHEX TR TABLET 10-388 MG ORAL	Non-Formulary	Non FDA Exclusion
****Iodine Expectorants******		
SSKI SOLUTION 1 GM/ML ORAL	3	
****Misc. Respiratory Inhalants******		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	3	

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Drug Name	Tier	Notes
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	Non-Formulary	Formulary Exclusion
NEBUSAL NEBULIZATION SOLUTION 3 % INHALATION	1	
PULMOSAL NEBULIZATION SOLUTION 7 % INHALATION	1	
sodium chloride nebulization solution 0.9 % inhalation (rx)	1	
sodium chloride nebulization solution 10 % inhalation	1	
sodium chloride nebulization solution 10 % inhalation	Non-Formulary	Non FDA Exclusion
sodium chloride nebulization solution 3 % inhalation	1	
sodium chloride nebulization solution 7 % inhalation	1	

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Drug Name	Tier	Notes
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	
promethazine-dm syrup 6.25-15 mg/5ml oral	1	Mony Code (MONY Code)
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	
NEOTUSS PLUS LIQUID 7.5-4-30 MG/5ML ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
Opioid Antitussive-Antihistamine*		
hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral	1	
hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral	1	Mony Code (MONY code issue)
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	Non Essential Drug Exclusion
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	

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Drug Name	Tier	Notes
Opioid Antitussive-Decongestant-Antihistamine*		
promethazine vc/codeine syrup 6.25-5-10 mg/5ml oral	1	Mony Code (MONY CODE ISSUE)
promethazine-phenyleph-codeine syrup 6.25-5-10 mg/5ml oral	1	Mony Code (MONY Code)
DERMATOLOGICALS		
Acne Antibiotics*		
ACZONE GEL 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ACZONE GEL 7.5 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
AMZEEQ FOAM 4 % EXTERNAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, AZELAIC ACID GEL)
CLEOCIN-T LOTION 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
CLINDACIN ETZ SWAB 1 % EXTERNAL	1	Mony Code (MONY Code)
CLINDACIN FOAM 1 % EXTERNAL	1	
CLINDACIN-P SWAB 1 % EXTERNAL	1	Mony Code (MONY Code)
CLINDAGEL GEL 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	Mony Code (MONY Code)
clindamycin phos (twice-daily) gel 1 % external	1	

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Drug Name	Tier	Notes
clindamycin phosphate foam 1 % external	1	
clindamycin phosphate lotion 1 % external	1	
clindamycin phosphate solution 1 % external	1	
clindamycin phosphate swab 1 % external	1	
clindamycin phosphate swab 1 % external	1	Mony Code (MONY Code)
dapsone gel 5 % external	1	
dapsone gel 7.5 % external	1	
dapsone gel 7.5 % external	1	Mony Code (MONY Code)
ery pad 2 % external	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP 1: TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, AZELAIC ACID GEL)

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ERYGEL GEL 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
erythromycin gel 2 % external	1	
erythromycin solution 2 % external	1	
EVOCLIN FOAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
KLARON LOTION 10 % EXTERNAL	Non-Formulary	Formulary Exclusion
sulfacetamide sodium (acne) lotion 10 % external	1	
Acne Combinations		
abenor cream 4-10 % external	Non-Formulary	Non FDA Exclusion
abenor hp lotion 4-15 % external	Non-Formulary	Non FDA Exclusion
ACANYA GEL 1.2-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
acioxiay cream 15-4 % external	Non-Formulary	Non FDA Exclusion
adainzde gel 0.3-2.5-1 % external	Non-Formulary	Non FDA Exclusion
adainzoxia gel 0.3-2.5-4 % external	Non-Formulary	Non FDA Exclusion
adalina gel 4-5 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
adapalene-benzoyl peroxide gel 0.1-2.5 % external	1	
adapalene-benzoyl peroxide gel 0.3-2.5 % external	Non-Formulary	Formulary Exclusion
adapalene-benzoyl peroxide pad 0.1-2.5 % external	Non-Formulary	Non FDA Exclusion
adeinzde gel 0.1-2.5-1 % external	Non-Formulary	Non FDA Exclusion
adermica gel 2.5-1-2-0.025 % external	Non-Formulary	Non FDA Exclusion
adermica hp gel 2.5-1-2-0.05 % external	Non-Formulary	Non FDA Exclusion
admirazol cream 6-2-5 % external	Non-Formulary	Non FDA Exclusion
admirazol hp cream 8.5-2-5 % external	Non-Formulary	Non FDA Exclusion
alixi cream 6-4 % external	Non-Formulary	Non FDA Exclusion
alixi hp cream 8.5-4 % external	Non-Formulary	Non FDA Exclusion
alomira gel 5-1-2-0.05 % external	Non-Formulary	Non FDA Exclusion
alomira hp gel 5-1-2-0.1 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
alomira lp gel 5-1-2-0.025 % external	Non-Formulary	Non FDA Exclusion
aluris cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
aluris gel 4-0.05 % external	Non-Formulary	Non FDA Exclusion
aluris hp cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
aluris hp plus cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
aluris lp cream 4-0.025 % external	Non-Formulary	Non FDA Exclusion
aluris lp plus cream 4-0.025 % external	Non-Formulary	Non FDA Exclusion
aluris plus cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
aluxof hp therapy pack 10-4 & 2-4-0.1 % external	Non-Formulary	Non FDA Exclusion
aluxof therapy pack 10-4 & 2-4-0.05 % external	Non-Formulary	Non FDA Exclusion
alvox cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
alvox hp cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
apexol cleanser suspension 2-8 % external	Non-Formulary	Non FDA Exclusion
apexol hp cleanser suspension 5-10 % external	Non-Formulary	Non FDA Exclusion
aphoria gel 0.3-2.5-4 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
aporix gel 1-4 % external	Non-Formulary	Non FDA Exclusion
aporix lotion 1-4 % external	Non-Formulary	Non FDA Exclusion
artilis gel 1-2.5-4 % external	Non-Formulary	Non FDA Exclusion
artilis hp gel 1-5-4 % external	Non-Formulary	Non FDA Exclusion
augustil gel 1-4-2-0.025 % external	Non-Formulary	Non FDA Exclusion
AVAR CLEANSER LIQUID 10-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR LS CLEANSER LIQUID 10-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR-E EMOLLIENT CREAM 10-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR-E GREEN CREAM 10-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR-E LS CREAM 10-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
avidora cream 1-4-0.025 % external	Non-Formulary	Non FDA Exclusion
avidora hp cream 1-4-0.05 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
avidora solution 1-4-0.025 % external	Non-Formulary	Non FDA Exclusion
awanis cream 8.5-2-0.025 % external	Non-Formulary	Non FDA Exclusion
azalta gel 2-5-0.025 % external	Non-Formulary	Non FDA Exclusion
azalta hp gel 2-5-0.05 % external	Non-Formulary	Non FDA Exclusion
BENZACLIN GEL 1-5 % EXTERNAL	Non-Formulary	Formulary Exclusion
BENZACLIN WITH PUMP GEL 1-5 % EXTERNAL	Non-Formulary	Formulary Exclusion
BENZAMYCIN GEL 5-3 % EXTERNAL	Non-Formulary	Formulary Exclusion
benzoyl perox-hydrocortisone lotion 5-0.5 % external	Non-Formulary	Non FDA Exclusion
benzoyl peroxide forte- hc lotion 7.5-1 % external	Non-Formulary	Non FDA Exclusion
benzoyl peroxide-erythromycin gel 5-3 % external	1	
bp 10-1 emulsion 10-1 % external	Non-Formulary	Non FDA Exclusion
bp cleansing wash emulsion 10-4 % external	Non-Formulary	Non FDA Exclusion
CABTREO GEL 0.15-3.1-1.2 % EXTERNAL	3	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
CLENIA PLUS SUSPENSION 9-4.25 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CLINDACIN ETZ KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CLINDACIN PAC KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
clindamycin phos-benzoyl perox gel 1.2-2.5 % external	1	
clindamycin phos-benzoyl perox gel 1.2-2.5 % external	1	Mony Code (MONY Code)
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	Non Essential Drug Exclusion
clindavix kit 1 & 1.8-2 % external	Non-Formulary	Non FDA Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
CLINOIN CREAM 1.25-0.025-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
deoxia gel 1-4 % external	Non-Formulary	Non FDA Exclusion
deoxia lotion 1-4 % external	Non-Formulary	Non FDA Exclusion
deoxiademtar gel 1-4-2-0.025 % external	Non-Formulary	Non FDA Exclusion
deoxiatar solution 1-4-0.025 % external	Non-Formulary	Non FDA Exclusion
deoxiavar cream 1-4-0.05 % external	Non-Formulary	Non FDA Exclusion
diadimaxia cream 6-2-5 % external	Non-Formulary	Non FDA Exclusion
diadimaxia gel 6-2-5 % external	Non-Formulary	Non FDA Exclusion
diaoxia gel 6-4 % external	Non-Formulary	Non FDA Exclusion
diasaxiatar cream 8.5-2-0.025 % external	Non-Formulary	Non FDA Exclusion
diasaxiatar gel 8.5-2-0.025 % external	Non-Formulary	Non FDA Exclusion
diasdimaxia cream 8.5-2-5 % external	Non-Formulary	Non FDA Exclusion
diasdimaxia gel 8.5-2-5 % external	Non-Formulary	Non FDA Exclusion
diasoxia cream 6-4 % external	Non-Formulary	Non FDA Exclusion
diasoxia cream 8.5-4 % external	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
diasoxia gel 8.5-4 % external	Non-Formulary	Non FDA Exclusion
dimoxia gel 4-5 % external	Non-Formulary	Non FDA Exclusion
draxace lotion cleanser suspension 2-8 % external	Non-Formulary	Non FDA Exclusion
draxacey suspension 2-8 % external	Non-Formulary	Non FDA Exclusion
drixece suspension 5-10 % external	Non-Formulary	Non FDA Exclusion
dynoma cream 0.05-4 % external	Non-Formulary	Non FDA Exclusion
eceoxia cream 4-10 % external	Non-Formulary	Non FDA Exclusion
EPIDUO FORTE GEL 0.3-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
EPIDUO GEL 0.1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ethoxia cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
fluoxia cream 0.05-4 % external	Non-Formulary	Non FDA Exclusion
idyyxiatar gel 5-0.025 % external	Non-Formulary	Non FDA Exclusion
INOVA 4/1 ACNE CONTROL THERAPY KIT 4 & 1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
INOVA 8/2 ACNE CONTROL THERAPY KIT 8 & 2 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
INOVA KIT 4 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
INOVA KIT 8 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
inzdeaxiatar gel 2.5-1-2-0.025 % external	Non-Formulary	Non FDA Exclusion
inzdeaxiavar gel 2.5-1-2-0.05 % external	Non-Formulary	Non FDA Exclusion
inzdeoxia gel 2.5-1-4 % external	Non-Formulary	Non FDA Exclusion
ithoxia cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
lounzdomdioxatar therapy pack 10-4 & 2-4-0.05 % external	Non-Formulary	Non FDA Exclusion
NEUAC GEL 1.2-5 % EXTERNAL	1	
NEUAC KIT 1.2-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NUCARACLINPAK KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NUCARARXPAK KIT 1-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
ONEXTON GEL 1.2-3.75 % EXTERNAL	2	ST; Step Therapy Requirements (SWITCH TO STEP 1: TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, AZELAIC ACID GEL)
onzdeaxiademtar gel 5-1-2-2-0.025 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiademvar gel 5-1-2-2-0.05 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiatar gel 5-1-2-0.025 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiavar gel 5-1-2-0.05 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiazar gel 5-1-2-0.1 % external	Non-Formulary	Non FDA Exclusion
onzdeoxia gel 1-5-4 % external	Non-Formulary	Non FDA Exclusion
oxiaice lotion 4-15 % external	Non-Formulary	Non FDA Exclusion
oxiatar cream 4-0.025 % external	Non-Formulary	Non FDA Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
oxiavar cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
oxiavarry cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
oxiavary cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
oxiazar cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
PLEXION CLEANSER LIQUID 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION CLEANSING CLOTH PAD 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION CREAM 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION LOTION 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
resorcinol-sulfur lotion 2-5 % external	Non-Formulary	Non FDA Exclusion
rumilo cream 15-4 % external	Non-Formulary	Non FDA Exclusion
saroxia cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
sirvana gel 5-0.025 % external	Non-Formulary	Non FDA Exclusion
sorixia cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
sss 10-5 cream 10-5 % external	Non-Formulary	Non FDA Exclusion
sss 10-5 foam 10-5 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
sulfacetamide sodium-sulfur cream 10-2 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	1	
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-2 % external	1	
sulfacetamide sodium-sulfur liquid 10-2 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-5 % external	1	

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Drug Name	Tier	Notes
sulfacetamide sodium-sulfur liquid 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9-4 % external	1	
sulfacetamide sodium-sulfur liquid 9-4 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9-4.5 % external	1	
sulfacetamide sodium-sulfur lotion 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur lotion 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur pad 10-4 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur pad 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

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UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
sulfacetamide sodium-sulfur suspension 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur suspension 10-5 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
sulfacetamide sodium-sulfur suspension 8-4 % external	1	
sulfacetamide sodium-sulfur suspension 9-4.25 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4.5 % external	1	
sulfacetamide-sulfur in urea emulsion 10-5 % external	Non-Formulary	Non FDA Exclusion
SULFACLEANSE 8/4 SUSPENSION 8-4 % EXTERNAL	1	
sulfamez wash emulsion 10-1 % external	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
SUMADAN KIT 9-4.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SUMADAN WASH LIQUID 9-4.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
SUMADAN XLT KIT 9-4.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SUMAXIN CP KIT 10-4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SUMAXIN PAD 10-4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
tardeoxia cream 1-4-0.025 % external	Non-Formulary	Non FDA Exclusion
tardimaxia gel 2-5-0.025 % external	Non-Formulary	Non FDA Exclusion
taroxia cream 4-0.025 % external	Non-Formulary	Non FDA Exclusion
taroxia gel 4-0.025 % external	Non-Formulary	Non FDA Exclusion
TWYNEO CREAM 0.1-3 % EXTERNAL	Non-Formulary	Formulary Exclusion
unzdomdioxiazar therapy pack 10-4 & 2-4-0.1 % external	Non-Formulary	Non FDA Exclusion
VANOXIDE-HC LOTION 5-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
vardimaxia gel 2-5-0.05 % external	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
varoxia cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
varoxia gel 4-0.05 % external	Non-Formulary	Non FDA Exclusion
VELTIN GEL 1.2-0.025 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZACARE KIT 4 & 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ZACARE KIT 8 & 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ZIANA GEL 1.2-0.025 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZMA CLEAR SUSPENSION 9-4.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Acne Products		
ABSORICA CAPSULE 10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABSORICA CAPSULE 20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ABSORICA CAPSULE 25 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABSORICA CAPSULE 30 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABSORICA CAPSULE 35 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABSORICA CAPSULE 40 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABSORICA LD CAPSULE 16 MG ORAL	2	Non Essential Drug Exclusion
ABSORICA LD CAPSULE 24 MG ORAL	2	Non Essential Drug Exclusion
ABSORICA LD CAPSULE 32 MG ORAL	2	Non Essential Drug Exclusion
ABSORICA LD CAPSULE 8 MG ORAL	2	Non Essential Drug Exclusion
ACCUTANE CAPSULE 10 MG ORAL	1	
ACCUTANE CAPSULE 20 MG ORAL	1	
ACCUTANE CAPSULE 30 MG ORAL	1	
ACCUTANE CAPSULE 40 MG ORAL	1	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
adapalene cream 0.1 % external	1	
adapalene gel 0.1 % external (rx)	1	
adapalene gel 0.3 % external	1	
adapalene pad 0.1 % external	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
adapalene solution 0.1 % external	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
AKLIEF CREAM 0.005 % EXTERNAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
ALTRENO LOTION 0.05 % EXTERNAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
AMNESTEEM CAPSULE 10 MG ORAL	1	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
AMNESTEEM CAPSULE 20 MG ORAL	1	
AMNESTEEM CAPSULE 30 MG ORAL	1	
AMNESTEEM CAPSULE 40 MG ORAL	1	
ARAZLO LOTION 0.045 % EXTERNAL	Non-Formulary	Formulary Exclusion
ATRALIN GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
AVITA CREAM 0.025 % EXTERNAL	1	
AVITA GEL 0.025 % EXTERNAL	1	
AZELEX CREAM 20 % EXTERNAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, AZELAIC ACID GEL)
BENZAC AC WASH LIQUID 5 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
BENZEPRO 5.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO CREAMY WASH LIQUID 7 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
BENZEPRO FOAM 5.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO FOAM 5.3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO FOAM 9.7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO FOAMING CLOTHS 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO LIQUID 6.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
benzoyl peroxide foam 9.8 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
benzoyl peroxide gel 6.5 % external	Non-Formulary	Non FDA Exclusion
benzoyl peroxide gel 8 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
CLARAVIS CAPSULE 10 MG ORAL	1	
CLARAVIS CAPSULE 20 MG ORAL	1	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
CLARAVIS CAPSULE 30 MG ORAL	1	
CLARAVIS CAPSULE 40 MG ORAL	1	
DIFFERIN CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
DIFFERIN GEL 0.3 % EXTERNAL	Non-Formulary	Formulary Exclusion
DIFFERIN LOTION 0.1 % EXTERNAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
ENZOCLEAR FOAM 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
EPSOLAY CREAM 5 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
FABIOR FOAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 25 mg oral	Non-Formulary	Formulary Exclusion
isotretinoin capsule 25 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 35 mg oral	Non-Formulary	Formulary Exclusion
isotretinoin capsule 35 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
isotretinoin capsule 40 mg oral	1	
MYORISAN CAPSULE 10 MG ORAL	1	
MYORISAN CAPSULE 20 MG ORAL	1	
MYORISAN CAPSULE 30 MG ORAL	1	
MYORISAN CAPSULE 40 MG ORAL	1	
PR BENZOYL PEROXIDE LIQUID 6.9 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
RETIN-A CREAM 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
RETIN-A CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A GEL 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A GEL 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO GEL 0.04 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO GEL 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.04 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
tazarotene foam 0.1 % external	Non-Formulary	Formulary Exclusion
tretinoin cream 0.025 % external	1	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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 0.025 % external	Non-Formulary	Formulary Exclusion
tretinoin gel 0.05 % external	1	
tretinoin microsphere gel 0.04 % external	1	
tretinoin microsphere gel 0.08 % external	1	
tretinoin microsphere gel 0.1 % external	1	
tretinoin microsphere pump gel 0.04 % external	1	
tretinoin microsphere pump gel 0.08 % external	1	
tretinoin microsphere pump gel 0.1 % external	1	
WINLEVI CREAM 1 % EXTERNAL	3	
zaclir cleansing lotion 8 % external	Non-Formulary	Non FDA Exclusion
ZENATANE CAPSULE 10 MG ORAL	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
Agents For Facial Wrinkles - Retinoids*		
REFISSA CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
RENOVA CREAM 0.02 % EXTERNAL	Non-Formulary	Formulary Exclusion
RENOVA PUMP CREAM 0.02 % EXTERNAL	Non-Formulary	Formulary Exclusion
tretinoin (emollient) cream 0.05 % external	Non-Formulary	Formulary Exclusion
Alopecia Agents - Janus Kinus (Jak) Inhibitors*		

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
LEQSELVI TABLET 8 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
LITFULO CAPSULE 50 MG ORAL	3	PA; Specialty*; QL
Analgesic Combinations - Topical*		
A.A.G.C. KIT IN TERODERM CREAM 8-4-10-4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Analgesics - Topical*		
baclofen (cmpd kit) cream 2 % external	Non-Formulary	Non FDA Exclusion
enovarx-baclofen cream 1 % external	Non-Formulary	Non FDA Exclusion
enovarx-tramadol cream 5 % external	Non-Formulary	Non FDA Exclusion
MUSCUSOLICE CREAM 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MUSCUSOLICE CREAM 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NEURAPTINE CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRAKETAMIDE CREAM 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antibiotic Mixtures Topical*		

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
batizia ointment 2-2 % external	Non-Formulary	Non FDA Exclusion
baxonil ointment 1-2 % external	Non-Formulary	Non FDA Exclusion
idaran ointment 1-2 % external	Non-Formulary	Non FDA Exclusion
nanran ointment 2-2 % external	Non-Formulary	Non FDA Exclusion
Antibiotic Steroid Combinations - Topical*		
NEO-SYNALAR CREAM 0.5-0.025 % EXTERNAL	3	
NEO-SYNALAR KIT 0.5-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antibiotics - Topical*		
ALTABAX OINTMENT 1 % EXTERNAL	3	
CENTANY AT KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CENTANY OINTMENT 2 % EXTERNAL	1	Mony Code (MONY Code)
gentamicin sulfate cream 0.1 % external	1	
gentamicin sulfate cream 0.1 % external	1	Mony Code (MONY Code)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
gentamicin sulfate ointment 0.1 % external	1	
gentamicin sulfate ointment 0.1 % external	1	Mony Code (MONY Code)
mupirocin calcium cream 2 % external	1	
mupirocin calcium cream 2 % external	1	Mony Code (MONY Code Issue)
mupirocin calcium cream 2 % external	1	Mony Code (MONY Code)
mupirocin ointment 2 % external	1	
XEPI CREAM 1 % EXTERNAL	3	
Antifungals - Topical Combinations*		
ALA-QUIN CREAM 3-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ALCORTIN A GEL 1-2-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
clotrimazole-betamethasone cream 1-0.05 % external	1	
clotrimazole-betamethasone lotion 1-0.05 % external	1	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
clotrimazole-betamethasone lotion 1-0.05 % external	1	Mony Code (MONY code issue)
corti-sav cream 1-1 % external	Non-Formulary	Non FDA Exclusion
dazinia cream 1-2.5-2 % external	Non-Formulary	Non FDA Exclusion
delibon cream 2-2.5 % external	Non-Formulary	Non FDA Exclusion
denvita cream 2-4 % external	Non-Formulary	Non FDA Exclusion
DERMACINRX THERAZOLE PAK THERAPY PACK 1-0.05 & 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMAZENE CREAM 1-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMETAZOLE THERAPY PACK 2 & 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
difmetioxrime solution 4-2-1-4 % external	Non-Formulary	Non FDA Exclusion
EXODERM LOTION 25-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
fenovia solution 4-2-1-4 % external	Non-Formulary	Non FDA Exclusion
fervina lotion 3-5-20 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
fidila shampoo 2-2 % external	Non-Formulary	Non FDA Exclusion
filoma solution 8-1-1 % external	Non-Formulary	Non FDA Exclusion
frivo cream 1-4 % external	Non-Formulary	Non FDA Exclusion
fungimez solution external	Non-Formulary	Non FDA Exclusion
FUNGIZYL AC CREAM 2-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
FUNGIZYL AL LIQUID 2-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
hexiounyl lotion 3-5-20 % external	Non-Formulary	Non FDA Exclusion
hixdefrima solution 8-1-1 % external	Non-Formulary	Non FDA Exclusion
hydrocortisone-iodoquinol cream 1-1 % external	Non-Formulary	Non FDA Exclusion
imioxia cream 1-4 % external	Non-Formulary	Non FDA Exclusion
iodoquimez-hc cream 1-1.9 % external	Non-Formulary	Non FDA Exclusion
iodoquinol-hc-aloe polysacch gel 1-2-1 % external	Non-Formulary	Non FDA Exclusion
iodoquinol-hydrocortisone-aloe cream 1-1.9 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
miconazole-zinc oxide-petrolat ointment 0.25-15-81.35 % external	3	Non Essential Drug Exclusion
MYCOZYL HC GEL 1-0.667 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MYCOZYL HC LIQUID 1-0.667 % EXTERNAL	Non-Formulary	Non FDA Exclusion
nystatin-triamcinolone cream 100000-0.1 unit/gm-% external	1	
nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external	1	
ONYCHO-MED KIT 2-250 %-MG EXTERNAL	Non-Formulary	Non FDA Exclusion
pedizolpak therapy pack 2 & 2 % external	Non-Formulary	Non FDA Exclusion
phedrax shampoo 2-2 % external	Non-Formulary	Non FDA Exclusion
pheodoyo cream 1-2.5-2 % external	Non-Formulary	Non FDA Exclusion
pheoxia cream 2-4 % external	Non-Formulary	Non FDA Exclusion
pheyo cream 2.5-2 % external	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
PODIATROLE THERAPY PACK 2 & 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
QUINJA GEL 1.25-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
RECURA CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
VUSION OINTMENT 0.25-15-81.35 % EXTERNAL	3	Non Essential Drug Exclusion
VYTONE CREAM 1-1.9 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XOLEGEL COREPAK KIT 2 & 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XOLEGEL DUO/HEAD & SHOULDERS KIT 2 & 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XOLEGEL DUO/XOLEX KIT 2 & 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ZOLPAK KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antifungals - Topical*		
CICLODAN SOLUTION 8 % EXTERNAL	1	

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Drug Name	Tier	Notes
ciclopirox gel 0.77 % external	1	
ciclopirox olamine cream 0.77 % external	1	
ciclopirox olamine suspension 0.77 % external	Non-Formulary	Formulary Exclusion
ciclopirox shampoo 1 % external	1	
ciclopirox solution 8 % external	1	
ciclopirox treatment kit 8 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
KLAYESTA POWDER 100000 UNIT/GM EXTERNAL	1	
LOPROX CREAM 0.77 % EXTERNAL	Non-Formulary	Formulary Exclusion
LOPROX KIT 0.77 % (SUSP) EXTERNAL	Non-Formulary	Non FDA Exclusion
LOPROX KIT 0.77 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LOPROX SHAMPOO 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
LOPROX SUSPENSION 0.77 % EXTERNAL	Non-Formulary	Formulary Exclusion
MENTAX CREAM 1 % EXTERNAL	3	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
MYCOZYL AL SOLUTION 1 % EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
naftifine hcl cream 1 % external	1	Mony Code (MONY Code)
naftifine hcl cream 2 % external	Non-Formulary	Formulary Exclusion
naftifine hcl cream 2 % external	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
naftifine hcl gel 2 % external	1	
NAFTIN CREAM 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
NAFTIN GEL 1 % EXTERNAL	3	
NAFTIN GEL 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
NYAMYC POWDER 100000 UNIT/GM EXTERNAL	1	
nystatin cream 100000 unit/gm external	1	
nystatin ointment 100000 unit/gm external	1	
nystatin powder 100000 unit/gm external	1	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
NYSTOP POWDER 100000 UNIT/GM EXTERNAL	1	
rimi solution 5 % external	Non-Formulary	Non FDA Exclusion
Anti-Inflammatory Agents - Topical*		
diclofenac epolamine patch 1.3 % external	1	Mony Code (MONY Code)
diclofenac epolamine patch 1.3 % external	3	
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium solution 1.5 % external	1	QL
diclofenac sodium solution 2 % external	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DICLOFONO GEL 1.6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
enovarx-diclofenac sodium cream 2.5 % external	Non-Formulary	Non FDA Exclusion
enovarx-ibuprofen cream 10 % external	Non-Formulary	Non FDA Exclusion
enovarx-naproxen cream 10 % external	Non-Formulary	Non FDA Exclusion
FLECTOR PATCH 1.3 % EXTERNAL	3	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
FROTEK CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
KETOPHENE RAPIDPAQ CREAM 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ketorolac tromethamine gel 2 % external	Non-Formulary	Non FDA Exclusion
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	ST; Step Therapy Requirements (TRIAL OF FLECTOR PATCH IN THE PAST 120 DAYS)
LIXOFEN KIT 1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
napro cream 15 % external	Non-Formulary	Non FDA Exclusion
PENNSAID SOLUTION 2 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
VENNGEL ONE KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
VENNGEL TWO KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
VOLTAREN GEL 1 % EXTERNAL	Non-Formulary	Formulary Exclusion; QL
XICLO PATCH 1.25 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
Anti-Inflammatory Combinations - Topical*		
aif #2 drug preparation kit cream external	Non-Formulary	Non FDA Exclusion
aif #3 drug preparation kit cream external	Non-Formulary	Non FDA Exclusion
biifenac 1000 therapy pack 1.5-4 % external	Non-Formulary	Non FDA Exclusion
biifenac 500 therapy pack 1.5-4 % external	Non-Formulary	Non FDA Exclusion
capsfenac pak therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
capsinac therapy pack 0.025-1.5 % external	Non-Formulary	Non FDA Exclusion
DERMACINRX LEXITRAL PHARMAPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
dfs/ms/menth/cap pak kit 1.5&25-6-0.025 % external	Non-Formulary	Non FDA Exclusion
diclareal therapy pack 2 & 0.025 % external	Non-Formulary	Non FDA Exclusion
DICLOGEN THERAPY PACK 1.5 & 4-10 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
dicloheal-60 therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
diclona gel 1-4.5 % external	Non-Formulary	Non FDA Exclusion
diclona+ patch 1.25-4.5 % external	Non-Formulary	Non FDA Exclusion
diclopr kit 1 & 10-30 % external	Non-Formulary	Non FDA Exclusion
DICLOSAICIN THERAPY PACK 1.5-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
diclostream therapy pack 1.5-10 % external	Non-Formulary	Non FDA Exclusion
DICLOTREX II THERAPY PACK 1.5 & 4-10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DICLOTREX THERAPY PACK 1.5 & 4-10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
diclovix kit 1.5 & 2-2.5-4 % external	Non-Formulary	Non FDA Exclusion
diclovix m therapy pack 1.5-8 % external	Non-Formulary	Non FDA Exclusion
diclozor therapy pack 1 % external	Non-Formulary	Non FDA Exclusion
dimentho therapy pack 1.5 & 10 % external	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
dual complex formula 1 kit cream external	Non-Formulary	Non FDA Exclusion
fbl kit cream 15-4-5 % external	Non-Formulary	Non FDA Exclusion
FENOVAR KIT 1.5-10-15 % EXTERNAL	Non-Formulary	Non FDA Exclusion
gabapentin-naproxen cmpd kit cream 5-10 % external	Non-Formulary	Non FDA Exclusion
ICLOFENAC CP THERAPY PACK 0.025-1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
K.B.G.L IN TERODERM CREAM 15-4-10-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
kapzin dc therapy pack 0.025-1.5 % external	Non-Formulary	Non FDA Exclusion
LEXITRAL PHARMAPAK II THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LEXTOL THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
np #2 drug preparation kit cream external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
NUDICLO SOLUPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
pennsaicin therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
PROFINAC THERAPY PACK 1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
sure result dss premium pack therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
TRIFENA PAIN RELIEF PATCH 1.2-5-4 % EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
triple complex formula 3 kit cream 20-2-10 % external	Non-Formulary	Non FDA Exclusion
VAROPHEN KIT 1.5-10-15 % EXTERNAL	Non-Formulary	Non FDA Exclusion
vp fc kit cream external	Non-Formulary	Non FDA Exclusion
vp gkl kit cream 20-2-10 % external	Non-Formulary	Non FDA Exclusion
XICLOFEN OINTMENT 1-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
XRYLIX II THERAPY PACK 1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XRYLIX THERAPY PACK 1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ziclocin therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
ZICLOPRO THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antineoplastic Alkylating Agents - Topical*		
VALCHLOR GEL 0.016 % EXTERNAL	2	PA; Specialty*; QL
Antineoplastic Antimetabolites - Topical*		
CARAC CREAM 0.5 % EXTERNAL	2	Non Essential Drug Exclusion
EFUDEX CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
FLUOROPLEX CREAM 1 % EXTERNAL	3	

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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
fluorouracil cream 0.5 % external	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
fluorouracil cream 5 % external	1	
fluorouracil solution 2 % external	1	Mony Code (MONY Code)
fluorouracil solution 5 % external	1	Mony Code (MONY Code)
TOLAK CREAM 4 % EXTERNAL	Non-Formulary	Formulary Exclusion
Antineoplastic Or Premalignant Lesion Agent - Comb*		
kazuri gel 5-1-0.05 % external	Non-Formulary	Non FDA Exclusion
KEFUNOVA CREAM 5-0.005 % EXTERNAL	Non-Formulary	Non FDA Exclusion
keraxa gel 3-4 % external	Non-Formulary	Non FDA Exclusion
kerida gel 5-30-0.1 % external	Non-Formulary	Non FDA Exclusion
kynara gel 5-1-2 % external	Non-Formulary	Non FDA Exclusion
ORMECA KIT 3 & 46-0.4-1.1 % & MG COMBINATION	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
quidroxzar gel 5-30-0.1 % external	Non-Formulary	Non FDA Exclusion
quihoxaxia gel 5-1-2 % external	Non-Formulary	Non FDA Exclusion
quihoxvar gel 5-1-0.05 % external	Non-Formulary	Non FDA Exclusion
quitar gel 5-0.025 % external	Non-Formulary	Non FDA Exclusion
roaoxia gel 3-4 % external	Non-Formulary	Non FDA Exclusion
solaravix therapy pack 3 % external	Non-Formulary	Non FDA Exclusion
Antineoplastic Or Premalignant Lesions - Topical Misc.*		
PICATO GEL 0.015 % EXTERNAL	Non-Formulary	Formulary Exclusion
PICATO GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
Antineoplastic Or Premalignant Lesions - Topical Nsaid's*		
diclofenac sodium gel 3 % external	1	PA; QL
diclofenac sodium gel 3 % external	Non-Formulary	PA; Non FDA Exclusion; QL
Antineoplastic Retinoids - Topical*		

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Drug Name	Tier	Notes
PANRETIN GEL 0.1 % EXTERNAL	3	
Antipruritics - Topical*		
doxepin hcl cream 5 % external	1	Non Essential Drug Exclusion
PRUDOXIN CREAM 5 % EXTERNAL	3	Non Essential Drug Exclusion
ZONALON CREAM 5 % EXTERNAL	3	Non Essential Drug Exclusion
Antipsoriatic Combinations*		
calsodore kit 0.005 % external	Non-Formulary	Non FDA Exclusion
calsodore therapy pack 0.005-5 % external	Non-Formulary	Non FDA Exclusion
diooxia cream 0.005-4 % external	Non-Formulary	Non FDA Exclusion
NUDERMRXPAK 120 THERAPY PACK 0.005-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NUDERMRXPAK 60 THERAPY PACK 0.005-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
purazil cream 0.005-4 % external	Non-Formulary	Non FDA Exclusion
TRIONEX KIT 0.005 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
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	3	PA; Specialty*
BIMZELX SOLUTION AUTO-INJECTOR 320 MG/2ML SUBCUTANEOUS	3	PA; Specialty*
BIMZELX SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	3	PA; Specialty*
BIMZELX SOLUTION PREFILLED SYRINGE 320 MG/2ML SUBCUTANEOUS	3	PA; Specialty*
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
COSENTYX SOLUTION 125 MG/5ML INTRAVENOUS	2	PA; Specialty*
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
methoxsalen rapid capsule 10 mg oral	1	PA

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Drug Name	Tier	Notes
methoxsalen rapid capsule 10 mg oral	1	PA; Mony Code (MONY Code)
OTULFI SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; New to Market Exclusion; Specialty*
OTULFI SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	Non-Formulary	PA; New to Market Exclusion; Specialty*
OXSORALEN ULTRA CAPSULE 10 MG ORAL	Non-Formulary	PA; Formulary Exclusion
PYZCHIVA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion
PYZCHIVA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion
SELARSDI SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
SELARSDI SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	2	PA; Specialty*
SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
SKYRIZI (150 MG DOSE) PREFILLED SYRINGE KIT 75 MG/0.83ML SUBCUTANEOUS	2	PA; Specialty*
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
SORIATANE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SORIATANE CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SOTYKTU TABLET 6 MG ORAL	2	PA; Specialty*; QL
SPEVIGO SOLUTION 450 MG/7.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SPEVIGO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA; Specialty*
STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	2	PA; Specialty*
STEQEYMA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
STEQEYMA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
TALTZ SOLUTION PREFILLED SYRINGE 20 MG/0.25ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
TALTZ SOLUTION PREFILLED SYRINGE 40 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
TREMFYA ONE-PRESS SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; Specialty*
TREMFYA PEN SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; Specialty*
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	2	PA; Specialty*
ustekinumab solution 45 mg/0.5ml subcutaneous	Non-Formulary	PA; New to Market Exclusion; Specialty*
ustekinumab solution prefilled syringe 45 mg/0.5ml subcutaneous	Non-Formulary	PA; New to Market Exclusion; Specialty*
ustekinumab solution prefilled syringe 90 mg/ml subcutaneous	Non-Formulary	PA; New to Market Exclusion; Specialty*
ustekinumab-aekn solution prefilled syringe 45 mg/0.5ml subcutaneous	Non-Formulary	PA; New to Market Exclusion; Specialty*
ustekinumab-aekn solution prefilled syringe 90 mg/ml subcutaneous	Non-Formulary	PA; New to Market Exclusion; Specialty*

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ustekinumab-ttwe solution prefilled syringe 45 mg/0.5ml subcutaneous	Non-Formulary	New to Market Exclusion
ustekinumab-ttwe solution prefilled syringe 90 mg/ml subcutaneous	Non-Formulary	New to Market Exclusion
WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
YESINTEK SOLUTION 45 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
YESINTEK SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
YESINTEK SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
Antipsoriatics*		
calcipotriene cream 0.005 % external	1	
calcipotriene foam 0.005 % external	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
calcipotriene ointment 0.005 % external	1	
calcipotriene solution 0.005 % external	1	
calcipotriene solution 0.005 % external	1	Mony Code (MONY code issue)
CALCITRENE OINTMENT 0.005 % EXTERNAL	1	
calcitriol ointment 3 mcg/gm external	3	
calcitriol ointment 3 mcg/gm external	1	Mony Code (MONY Code)
DOVONEX CREAM 0.005 % EXTERNAL	Non-Formulary	Formulary Exclusion
DRITHO-CREME HP CREAM 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SORILUX FOAM 0.005 % EXTERNAL	3	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
tazarotene cream 0.05 % external	1	
tazarotene cream 0.1 % external	1	
tazarotene gel 0.05 % external	1	
tazarotene gel 0.1 % external	1	
TAZORAC CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TAZORAC CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
TAZORAC GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TAZORAC GEL 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
VECTICAL OINTMENT 3 MCG/GM EXTERNAL	3	
VTAMA CREAM 1 % EXTERNAL	3	PA
ZITHRANOL SHAMPOO 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antiseborrheic Combinations*		
dafilor shampoo 0.77-2 % external	Non-Formulary	Non FDA Exclusion
dionaris shampoo 0.77-0.05-3 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
divendo shampoo 0.77-0.05 % external	Non-Formulary	Non FDA Exclusion
haxchlo shampoo 0.77-0.05 % external	Non-Formulary	Non FDA Exclusion
haxchlodrex shampoo 0.77-0.05-3 % external	Non-Formulary	Non FDA Exclusion
haxdrax shampoo 0.77-2 % external	Non-Formulary	Non FDA Exclusion
micuraderm emulsion external	Non-Formulary	Non FDA Exclusion
NUTRASEB CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
PROMISEB CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide-bakuchiol liquid 10 % external	Non-Formulary	Formulary Exclusion
Antiseborrheic Products*		
glycolic acid solution 70 % (rx)	Non-Formulary	Non FDA Exclusion
OVACE PLUS CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS FOAM 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS LOTION 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS SHAMPOO 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
OVACE PLUS WASH GEL 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS WASH LIQUID 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE WASH LIQUID 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION NS SHAMPOO 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
selenium sulfide lotion 2.5 % external	1	
selenium sulfide shampoo 2.25 % external	Non-Formulary	Non FDA Exclusion
selenium sulfide shampoo 2.3 % external	Non-Formulary	Non FDA Exclusion
SELRX SHAMPOO 2.3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide shampoo 10 % external	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide shampoo 9.8 % external	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide wash liquid 10 % external	1	
sodium sulfacetamide wash liquid 10 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium (cleans) gel 10 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium liquid 10 % external	Non-Formulary	Non FDA Exclusion

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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Antiviral Topical Combinations*		
XERESE CREAM 5-1 % EXTERNAL	3	Non Essential Drug Exclusion
Antivirals - Topical*		
acyclovir cream 5 % external	1	
acyclovir ointment 5 % external	1	
DENAVIR CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
penciclovir cream 1 % external	1	
ZELSUVMI GEL 10.3 % EXTERNAL	3	PA
ZOVIRAX CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZOVIRAX OINTMENT 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
Astringents*		
XERAC AC SOLUTION 6.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
XERAC AC SOLUTION 6.25 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*		
CIBINQO TABLET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
CIBINQO TABLET 200 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
CIBINQO TABLET 50 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
Atopic Dermatitis - Monoclonal Antibodies*		
ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	2	PA; Specialty*
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	2	PA; Specialty*
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	2	PA; Specialty*
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
EBGLYSS SOLUTION AUTO-INJECTOR 250 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
EBGLYSS SOLUTION PREFILLED SYRINGE 250 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
Burn Product Combinations		
rayasore kit kit 1 & 10 % external	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
Burn Products		
mafenide acetate packet 5 % external	Non-Formulary	Non FDA Exclusion
SILVADENE CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
silver sulfadiazine cream 1 % external	1	
SSD CREAM 1 % EXTERNAL	1	
SULFAMYLON CREAM 85 MG/GM EXTERNAL	3	
SULFAMYLON PACKET 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Cauterizing Agent Combinations		
ARZOL SILVER NIT APPLICATORS 75-25 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
grafco silver nit applicator 75-25 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
Cauterizing Agents		
silver nitrate solution 0.5 % external	Non-Formulary	Non FDA Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
silver nitrate solution 10 % external	Non-Formulary	Non FDA Exclusion
silver nitrate solution 25 % external	Non-Formulary	Non FDA Exclusion
silver nitrate solution 50 % external	Non-Formulary	Non FDA Exclusion
TRI-CHLOR LIQUID 80 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Corticosteroids - Topical		
ADVANCED ALLERGY COLLECTION KIT 2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ALA SCALP LOTION 2 % EXTERNAL	1	Mony Code (MONY Code)
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
alclometasone dipropionate ointment 0.05 % external	1	Mony Code (MONY code issue)
amcinonide cream 0.1 % external	3	
amcinonide lotion 0.1 % external	3	
amcinonide ointment 0.1 % external	1	Mony Code (MONY code issue)
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	Mony Code (MONY Code)
betamethasone dipropionate aug lotion 0.05 % external	1	
betamethasone dipropionate aug ointment 0.05 % external	1	

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Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	Non Essential Drug Exclusion
betamethasone valerate lotion 0.1 % external	1	
betamethasone valerate lotion 0.1 % external	1	Mony Code (MONY code issue)
betamethasone valerate ointment 0.1 % external	1	
BRYHALI LOTION 0.01 % EXTERNAL	3	Non Essential Drug Exclusion
CAPEX SHAMPOO 0.01 % EXTERNAL	3	
clobetasol prop emollient base cream 0.05 % external	1	
clobetasol propionate cream 0.025 % external	3	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
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	
clobetasol propionate ointment 0.05 % external	1	
clobetasol propionate shampoo 0.05 % external	1	
clobetasol propionate solution 0.05 % external	1	
CLOBEX LOTION 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
CLOBEX SHAMPOO 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
CLOBEX SPRAY LIQUID 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
clocortolone pivalate cream 0.1 % external	1	ST; Step Therapy Requirements (TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS)
CLODAN SHAMPOO 0.05 % EXTERNAL	1	
CLODERM CREAM 0.1 % EXTERNAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS)
CORDRAN CREAM 0.025 % EXTERNAL	3	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
CORDRAN CREAM 0.05 % EXTERNAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
CORDRAN LOTION 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
CORDRAN OINTMENT 0.05 % EXTERNAL	3	
CORDRAN TAPE 4 MCG/SQCM EXTERNAL	3	
CUTIVATE LOTION 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
DERMA-SMOOTHE/FS BODY OIL 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
DERMA-SMOOTHE/FS SCALP OIL 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion
DESONATE GEL 0.05 % EXTERNAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
desonide cream 0.05 % external	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
desonide gel 0.05 % external	1	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)

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Drug Name	Tier	Notes
desonide gel 0.05 % external	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
desonide lotion 0.05 % external	1	
desonide ointment 0.05 % external	1	
DESOWEN CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
desoximetasone cream 0.05 % external	1	
desoximetasone cream 0.05 % external	1	Mony Code (MONY Code)
desoximetasone cream 0.25 % external	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
desoximetasone gel 0.05 % external	1	Mony Code (MONY code issue)
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; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
diflorasone diacetate cream 0.05 % external	3	Non Essential Drug Exclusion
diflorasone diacetate ointment 0.05 % external	1	
DIPROLENE AF CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
DIPROLENE OINTMENT 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
fluocinolone acetonide body oil 0.01 % external	1	
fluocinolone acetonide cream 0.01 % external	1	
fluocinolone acetonide cream 0.01 % external	1	Mony Code (MONY code issue)
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 gel 0.05 % external	1	Mony Code (MONY code issue)
fluocinonide ointment 0.05 % external	1	

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Drug Name	Tier	Notes
fluocinonide solution 0.05 % external	1	
flurandrenolide cream 0.05 % external	1	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)

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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
flurandrenolide cream 0.05 % external	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
flurandrenolide lotion 0.05 % external	1	
flurandrenolide lotion 0.05 % external	1	Mony Code (MONY code issue)
flurandrenolide ointment 0.05 % external	1	
fluticasone propionate cream 0.05 % external	1	
fluticasone propionate lotion 0.05 % external	1	
fluticasone propionate lotion 0.05 % external	1	Mony Code (MONY code issue)

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	Non Essential Drug Exclusion
halobetasol propionate foam 0.05 % external	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
halobetasol propionate ointment 0.05 % external	1	
HALOG CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
HALOG OINTMENT 0.1 % EXTERNAL	3	
HALOG SOLUTION 0.1 % EXTERNAL	3	
hydrocort lotion complete kit therapy pack 2 % external	Non-Formulary	Non FDA Exclusion
hydrocortisone butyr lipo base cream 0.1 % external	1	

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Insufficient Evidence = Insufficient Evidence
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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
hydrocortisone butyr lipo base cream 0.1 % external	1	Mony Code (MONY code issue)
hydrocortisone butyrate cream 0.1 % external	1	Mony Code (MONY Code)
hydrocortisone butyrate lotion 0.1 % external	1	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydrocortisone butyrate ointment 0.1 % external	1	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydrocortisone butyrate ointment 0.1 % external	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
hydrocortisone butyrate solution 0.1 % external	1	Mony Code (MONY Code)
hydrocortisone complete kit therapy pack 2 % external	Non-Formulary	Non FDA Exclusion
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone cream 2.5 % external	1	
hydrocortisone lotion 2 % external	1	Mony Code (MONY code issue)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
hydrocortisone lotion 2.5 % external	1	
hydrocortisone lotion 2.5 % external	1	Mony Code (MONY code issue)
hydrocortisone ointment 1 % external (rx)	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	
HYDROXATE GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROXYM CREAM 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROXYM GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
IMPEKLO LOTION 0.15 MG/ACT (0.05%) EXTERNAL	3	Non Essential Drug Exclusion
IMPOYZ CREAM 0.025 % EXTERNAL	3	Non Essential Drug Exclusion
KENALOG AEROSOL SOLUTION 0.147 MG/GM EXTERNAL	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
LEXETTE FOAM 0.05 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
LOCOID LIPOCREAM CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
LOCOID LOTION 0.1 % EXTERNAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
LUXIQ FOAM 0.12 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
mometasone furoate cream 0.1 % external	1	

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
mometasone furoate ointment 0.1 % external	1	
mometasone furoate solution 0.1 % external	1	
NOLIX CREAM 0.05 % EXTERNAL	1	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
NOLIX LOTION 0.05 % EXTERNAL	1	
NUCORT LOTION 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OLUX FOAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
OLUX-E FOAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PANDEL CREAM 0.1 % EXTERNAL	3	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
prednicarbate ointment 0.1 % external	1	Mony Code (MONY Code)
SERNIVO EMULSION 0.05 % EXTERNAL	3	ST; Step Therapy Requirements (TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS)
SYNALAR CREAM 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
SYNALAR OINTMENT 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
SYNALAR SOLUTION 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion
TASOPROL KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TEMOVATE CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TEMOVATE OINTMENT 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TEXACORT SOLUTION 2.5 % EXTERNAL	3	
TOPICORT CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT CREAM 0.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT OINTMENT 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT OINTMENT 0.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT SPRAY LIQUID 0.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOVET FOAM 0.05 % EXTERNAL	1	
TOVET KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
triamcinolone acetonide aerosol solution 0.147 mg/gm external	1	
triamcinolone acetonide aerosol solution 0.147 mg/gm external	1	Mony Code (MONY code issue)
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	Non Essential Drug Exclusion
triamcinolone acetonide ointment 0.1 % external	1	
triamcinolone acetonide ointment 0.5 % external	1	
triamcinolone acetonide ointment 0.5 % external	1	Mony Code (MONY Code)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
triamcinolone in absorbase ointment 0.05 % external	1	Non Essential Drug Exclusion
TRIAMVEX KIT 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TRIANEX OINTMENT 0.05 % EXTERNAL	1	Non Essential Drug Exclusion
TRIDERM CREAM 0.1 % EXTERNAL	1	
TRIDERM CREAM 0.5 % EXTERNAL	1	
TRIDESILON CREAM 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
TRITOCIN OINTMENT 0.05 % EXTERNAL	1	Non Essential Drug Exclusion
ULTRAVATE LOTION 0.05 % EXTERNAL	3	Non Essential Drug Exclusion
VANOS CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
VERDESO FOAM 0.05 % EXTERNAL	3	
Depigmenting Agents*		
BLANCHE CREAM 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
hydroquinone cream 4 % external	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
kaxm emulsion 4 % external	Non-Formulary	Non FDA Exclusion
keido emulsion 6 % external	Non-Formulary	Non FDA Exclusion
kexm emulsion 6 % external	Non-Formulary	Non FDA Exclusion
kutea emulsion 8 % external	Non-Formulary	Non FDA Exclusion
kuxm emulsion 8 % external	Non-Formulary	Non FDA Exclusion
medorfa emulsion 6 % external	Non-Formulary	Non FDA Exclusion
medorfa hp emulsion 8 % external	Non-Formulary	Non FDA Exclusion
medorfa hp plus emulsion 8 % external	Non-Formulary	Non FDA Exclusion
medorfa lp emulsion 4 % external	Non-Formulary	Non FDA Exclusion
medorfa plus emulsion 6 % external	Non-Formulary	Non FDA Exclusion
Depigmenting Combinations*		
kataraxap emulsion 4-0.025-0.025 % external	Non-Formulary	Non FDA Exclusion
KATARVIA EMULSION 4-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
katarya emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
kataryaxn emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
ketarya emulsion 6-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
kevaraxap emulsion 6-0.05-0.025 % external	Non-Formulary	Non FDA Exclusion
kevartia emulsion 6-0.05 % external	Non-Formulary	Non FDA Exclusion
kevarya emulsion 6-0.5-0.05 % external	Non-Formulary	Non FDA Exclusion
keya emulsion 6-0.5 % external	Non-Formulary	Non FDA Exclusion
kotaraxap emulsion 5-0.025-0.025 % external	Non-Formulary	Non FDA Exclusion
kutar emulsion 8-0.025 % external	Non-Formulary	Non FDA Exclusion
kutarvia emulsion 8-0.025 % external	Non-Formulary	Non FDA Exclusion
kutaryaxm emulsion 8-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
kutaryaxmpa emulsion 8-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
kuvarya emulsion 8-0.5-0.05 % external	Non-Formulary	Non FDA Exclusion
kuvarye emulsion 8-1-0.05 % external	Non-Formulary	Non FDA Exclusion
mavilo emulsion 5-0.025-0.025 % external	Non-Formulary	Non FDA Exclusion
mavilo hp emulsion 6-0.05-0.025 % external	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
mavilo lp emulsion 4-0.025-0.025 % external	Non-Formulary	Non FDA Exclusion
mecorix emulsion 8-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
mecorix hp emulsion 8-0.5-0.05 % external	Non-Formulary	Non FDA Exclusion
mecorix plus emulsion 8-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
mekam emulsion 6-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
mekam hp emulsion 6-0.5-0.05 % external	Non-Formulary	Non FDA Exclusion
melidu emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
melondis emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
melondis plus emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
mimora emulsion 6-0.5 % external	Non-Formulary	Non FDA Exclusion
mokura emulsion 8-0.025 % external	Non-Formulary	Non FDA Exclusion
mokura lp emulsion 4-0.025 % external	Non-Formulary	Non FDA Exclusion
mokura mod emulsion 6-0.05 % external	Non-Formulary	Non FDA Exclusion
mokura plus emulsion 8-0.025 % external	Non-Formulary	Non FDA Exclusion
molexi emulsion 4-2.5-0.025 % external	Non-Formulary	Non FDA Exclusion

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
mythius emulsion 8-1-0.05 % external	Non-Formulary	Non FDA Exclusion
myvori cream 10-4 % external	Non-Formulary	Non FDA Exclusion
prooxia cream 10-4 % external	Non-Formulary	Non FDA Exclusion
TRI-LUMA CREAM 0.01-4-0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
yaxatarxyn emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
yokatar emulsion 4-2.5-0.025 % external	Non-Formulary	Non FDA Exclusion
Emollient Combinations*		
lactic acid e cream 10-3500 %-unt/30gm external (rx)	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
Emollient/Keratolytic Agents*		
CEM-UREA SOLUTION 45 % EXTERNAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
CEROVEL LOTION 40 % EXTERNAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DERMACINRX UREA CREAM 41 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDRO 40 FOAM 40 % EXTERNAL	Non-Formulary	Formulary Exclusion
KERALAC CREAM 47 % EXTERNAL	Non-Formulary	Non FDA Exclusion
protexa cream 42 % external	Non-Formulary	Non FDA Exclusion
UMECTA MOUSSE FOAM 40 % EXTERNAL	Non-Formulary	Formulary Exclusion
URAMAXIN GEL 45 % EXTERNAL	Non-Formulary	Formulary Exclusion
urea cream 20 % external (rx)	Non-Formulary	Non FDA Exclusion
urea cream 39 % external	Non-Formulary	Non FDA Exclusion
urea cream 39 % external	Non-Formulary	Formulary Exclusion
urea cream 39.5 % external	Non-Formulary	Non FDA Exclusion
urea cream 40 % external	Non-Formulary	Non FDA Exclusion
urea cream 40 % external	Non-Formulary	Formulary Exclusion
urea cream 41 % external	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
urea cream 41 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
urea cream 45 % external	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
urea cream 47 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
urea cream 47 % external	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
urea foam 35 % external	Non-Formulary	Non FDA Exclusion
urea lotion 40 % external	Non-Formulary	Non FDA Exclusion
urea lotion 40 % external	Non-Formulary	Formulary Exclusion
urea nail gel 45 % external	Non-Formulary	Formulary Exclusion
UREDEB CREAM 39 % EXTERNAL	Non-Formulary	Non FDA Exclusion
uremez-40 cream 40 % external	Non-Formulary	Non FDA Exclusion
URESOL CREAM 42.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
UTOPIC CREAM 41 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
xurea cream 39 % external	Non-Formulary	Non FDA Exclusion
Emollient/Keratolytic Combinations*		
PRONAL GEL 40-10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
urea hydrating foam 35 % external	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
xirun gel 40-10 % external	Non-Formulary	Non FDA Exclusion
Emollients*		
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
lactic acid lotion 10 % external	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
vitamin c brightening serum liquid external	Non-Formulary	Non FDA Exclusion
Enzymes - Topical*		
NEXOBRID GEL 8.8 % EXTERNAL	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SANTYL OINTMENT 250 UNIT/GM EXTERNAL	3	QL
Eyelid Cleansers & Lubricants*		
ACUICYN SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
AVENOVA SOLUTION 0.01 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPOCYN SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
Glabellar Lines (Frown Lines) Agents*		
BOTOX COSMETIC SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
BOTOX COSMETIC SOLUTION RECONSTITUTED 50 UNIT INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DAXXIFY SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
JEUVEAU SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
Hair Growth Agent - Combinations*		
finapid solution 0.1-5 % external	Non-Formulary	Non FDA Exclusion
finapod solution 0.1-7 % external	Non-Formulary	Non FDA Exclusion
finapodtar solution 0.1-7-0.025 % external	Non-Formulary	Non FDA Exclusion
flyprogpidtar solution 0.1-0.1-5-0.025 % external	Non-Formulary	Non FDA Exclusion
harisis solution 0.1-0.1-5-0.025 % external	Non-Formulary	Non FDA Exclusion
harviva hp solution 0.1-7 % external	Non-Formulary	Non FDA Exclusion
harviva solution 0.1-5 % external	Non-Formulary	Non FDA Exclusion
hemtara hp solution 0.05-7 % external	Non-Formulary	Non FDA Exclusion
hemtara solution 0.05-5 % external	Non-Formulary	Non FDA Exclusion
hentis hp solution 7-0.1-0.025 % external	Non-Formulary	Non FDA Exclusion
hentis solution 5-0.1-0.025 % external	Non-Formulary	Non FDA Exclusion
hesmilla solution 0.05-5-2-0.5 % external	Non-Formulary	Non FDA Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
hevona solution 0.01-5-0.025 % external	Non-Formulary	Non FDA Exclusion
holixia solution 0.1-7 % external	Non-Formulary	Non FDA Exclusion
holizar solution 7-0.025 % external	Non-Formulary	Non FDA Exclusion
honista solution 0.1-7-0.025 % external	Non-Formulary	Non FDA Exclusion
hovitra solution 7-4 % external	Non-Formulary	Non FDA Exclusion
oxopid solution 0.05-5 % external	Non-Formulary	Non FDA Exclusion
oxopidaxiaqup solution 0.05-5-2-0.5 % external	Non-Formulary	Non FDA Exclusion
oxopod solution 0.05-7 % external	Non-Formulary	Non FDA Exclusion
pidprogtar solution 5-0.1-0.025 % external	Non-Formulary	Non FDA Exclusion
podoxia solution 7-4 % external	Non-Formulary	Non FDA Exclusion
podprog solution 0.1-7 % external	Non-Formulary	Non FDA Exclusion
podprogtar solution 7-0.1-0.025 % external	Non-Formulary	Non FDA Exclusion
podtar solution 7-0.025 % external	Non-Formulary	Non FDA Exclusion
tetpidtar solution 0.01-5-0.025 % external	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
Imidazole-Related Antifungals - Topical*		
clotrimazole cream 1 % external (rx)	1	
clotrimazole solution 1 % external (rx)	1	
econazole nitrate cream 1 % external	1	
ECOZA FOAM 1 % EXTERNAL	3	
ERTACZO CREAM 2 % EXTERNAL	3	Non Essential Drug Exclusion
EXELDERM CREAM 1 % EXTERNAL	3	
EXELDERM SOLUTION 1 % EXTERNAL	3	
EXTINA FOAM 2 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
JUBLIA SOLUTION 10 % EXTERNAL	2	
ketoconazole cream 2 % external	1	
ketoconazole foam 2 % external	1	Non Essential Drug Exclusion
ketoconazole shampoo 2 % external	1	

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Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Drug Name	Tier	Notes
KETODAN FOAM 2 % EXTERNAL	1	Non Essential Drug Exclusion
KETODAN KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
luliconazole cream 1 % external	3	
LUZU CREAM 1 % EXTERNAL	3	
oxiconazole nitrate cream 1 % external	1	
OXISTAT CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
OXISTAT LOTION 1 % EXTERNAL	3	
sulconazole nitrate cream 1 % external	3	
sulconazole nitrate solution 1 % external	3	
XOLEGEL GEL 2 % EXTERNAL	3	Non Essential Drug Exclusion
Immunomodulators Imidazoquinolinamines - Topical*		
ALDARA CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
imiquimod cream 3.75 % external	1	
imiquimod cream 5 % external	1	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
imiquimod pump cream 3.75 % external	1	
imiquimod pump cream 3.75 % external	1	Mony Code (MONY Code)
ZYCLARA CREAM 3.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZYCLARA PUMP CREAM 2.5 % EXTERNAL	2	
ZYCLARA PUMP CREAM 3.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
****Immunosuppressive Agents - Topical Combinations******		
elyzia cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
elyzia ointment 4-0.1 % external	Non-Formulary	Non FDA Exclusion
oxianuji ointment 4-0.03 % external	Non-Formulary	Non FDA Exclusion
oxianujo cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
oxianujo ointment 4-0.1 % external	Non-Formulary	Non FDA Exclusion
****Interleukin-31 Receptor Antagonists - Systemic******		

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Keratolytic/Antimitotic/Vesicant Agents*		
ACNESIC GEL 0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
bensal hp ointment 3 % external	Non-Formulary	Non FDA Exclusion
cantharidin solution 0.7 % external	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
CONDYLOX GEL 0.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
KERALYT GEL 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
KERALYT SCALP KIT 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
KERALYT SHAMPOO 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PODOCON-25 SOLUTION 25 % EXTERNAL	Non-Formulary	Non FDA Exclusion
podofilox gel 0.5 % external	1	
podofilox solution 0.5 % external	1	

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Drug Name	Tier	Notes
podofilox solution 0.5 % external	1	Mony Code (MONY code issue)
rayasal cream 5.9 % external	Non-Formulary	Non FDA Exclusion
SALEX SHAMPOO 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SALICATE LIQUID 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
salicylic acid er solution 28.5 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
salicylic acid foam 6 % external	Non-Formulary	Non FDA Exclusion
salicylic acid gel 6 % external	Non-Formulary	Non FDA Exclusion
salicylic acid ointment 3 % external	Non-Formulary	Non FDA Exclusion
salicylic acid shampoo 6 % external	Non-Formulary	Non FDA Exclusion
salicylic acid solution 26 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
salicylic acid wart remover liquid 27.5 % external	Non-Formulary	Non FDA Exclusion
salicylic acid-cleanser kit 6 % cream external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
salimez cream 6 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
salimez forte cream 10 % external	Non-Formulary	Non FDA Exclusion
SALVAX FOAM 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SALYCIM CREAM 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
salyntra gel 6 % external	Non-Formulary	Non FDA Exclusion
ULTRASAL-ER SOLUTION 28.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
VIRASAL LIQUID 27.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XALIX SOLUTION 28 % EXTERNAL	Non-Formulary	Non FDA Exclusion
YCANTH SOLUTION 0.7 % EXTERNAL	Non-Formulary	Medical Only Exclusion
Keratolytic/Antimitotic/Vesicant Combinations*		
geametdray gel 5-2-17 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
GORDOFILM SOLUTION 16.7-16.7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
guanendrux cream 10-5-40 % external	Non-Formulary	Non FDA Exclusion
pyrogallic acid ointment 25-2 % external	Non-Formulary	Non FDA Exclusion
SALVAX DUO PLUS KIT 6 & 35 % EXTERNAL	Non-Formulary	Non FDA Exclusion
UREA-SALICYLIC ACID CREAM 39.5-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
weleris gel 2-17 % external	Non-Formulary	Non FDA Exclusion
Liniment Combinations		
fordagel kit 4-10-30 % external	Non-Formulary	Non FDA Exclusion
Liniments		
methyl salicylate liquid external	Non-Formulary	Formulary Exclusion
turpentine spirit external	Non-Formulary	Formulary Exclusion
Local Anesthetics - Topical		

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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
7T LIDO GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
ANACAINE OINTMENT 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ASTERO GEL 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BRUSELIX CREAM 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
BRUSELIX GEL 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMACINRX LIDOGEL GEL 2.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
dyclopro solution 0.5 % external	3	
eha lotion 4 % external (rx)	Non-Formulary	Non FDA Exclusion; QL
enovarx-lidocaine hcl cream 10 % external	Non-Formulary	Non FDA Exclusion
enovarx-lidocaine hcl cream 5 % external	Non-Formulary	Non FDA Exclusion
gen7t lotion 3.5 % external	Non-Formulary	Non FDA Exclusion
gen7t patch 3.5 % external	Non-Formulary	Non FDA Exclusion
GLYDO PREFILLED SYRINGE 2 % EXTERNAL	Non-Formulary	Medical Only Exclusion; QL

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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Drug Name	Tier	Notes
LDO PLUS GEL 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidocaine hcl cream 3 % external (rx)	Non-Formulary	Non FDA Exclusion; QL
lidocaine hcl cream 4.12 % external	Non-Formulary	Non FDA Exclusion
lidocaine hcl lotion 3 % external	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution 4 % external	1	QL
lidocaine hcl urethral/mucosal gel 2 % external	Non-Formulary	Medical Only Exclusion; QL
lidocaine hcl urethral/mucosal prefilled syringe 2 % external	Non-Formulary	Medical Only Exclusion; QL
lidocaine ointment 5 % external	1	QL
lidocaine ointment 5 % external	Non-Formulary	Non FDA Exclusion; QL
lidocaine patch 5 % external	1	QL
LIDOCAN PATCH 5 % EXTERNAL	1	QL
LIDOCAN PATCH 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
lidocanna patch 4 % external	Non-Formulary	Non FDA Exclusion
LIDODERM PATCH 5 % EXTERNAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
lidopin cream 3 % external	Non-Formulary	Non FDA Exclusion; QL
lidopin cream 3.25 % external	Non-Formulary	Non FDA Exclusion; QL
LIDOREX GEL 2.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidorx gel 3 % external	Non-Formulary	Non FDA Exclusion
LIDO-SORB LOTION 3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL 1 PATCH 4.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL CREAM 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
LIDOTRAL GEL 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL GEL 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL LIQUID 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL ROLL-ON GEL 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL SOLUTION 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAN CREAM 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
LIDTOPIC CREAM 7.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDTOPIC MAX CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
LYDEXA CREAM 4.12 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NEUROZYL CREAM 4.12 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRAMOX GEL 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
premium lidocaine ointment 5 % external	Non-Formulary	Non FDA Exclusion; QL
PROXIVOL GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
QUTENZA (2 PATCH) KIT 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
QUTENZA (4 PATCH) KIT 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
QUTENZA KIT 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TRIDACAINE II PATCH 5 % EXTERNAL	1	QL
TRIDACAINE III PATCH 5 % EXTERNAL	1	QL
TRILOCAINE CREAM 4.12 % EXTERNAL	Non-Formulary	Non FDA Exclusion
zionodil 100 lotion 3 % external	Non-Formulary	Non FDA Exclusion
zionodil lotion 3 % external	Non-Formulary	Non FDA Exclusion
ZTLIDO PATCH 1.8 % EXTERNAL	3	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
ZYLOTROL-L KIT 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Macrolide Immunosuppressants - Topical*		
ELIDEL CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
hovyn solution 0.1 % external	Non-Formulary	Non FDA Exclusion
HYFTOR GEL 0.2 % EXTERNAL	3	PA
nujo solution 0.1 % external	Non-Formulary	Non FDA Exclusion
nuju cream 0.1 % external	Non-Formulary	Non FDA Exclusion
pimecrolimus cream 1 % external	1	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS)
PROTOPIC OINTMENT 0.03 % EXTERNAL	Non-Formulary	Formulary Exclusion
PROTOPIC OINTMENT 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
tacrolimus ointment 0.03 % external	1	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS)
tacrolimus ointment 0.1 % external	1	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS)
veven cream 0.1 % external	Non-Formulary	Non FDA Exclusion
Melanocortin Receptor Agonists (Uv Protective)		
SCENESSE IMPLANT 16 MG SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Microtubule Inhibitors - Topical		
KLISYRI (250 MG) OINTMENT 1 % EXTERNAL	3	

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Drug Name	Tier	Notes
KLISYRI (350 MG) OINTMENT 1 % EXTERNAL	3	
Misc. Dermatological Products*		
ALADERM PLUS EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
alevamax cream external	Non-Formulary	Non FDA Exclusion
ALEVICYN ANTIPRURITIC GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
ALEVICYN ANTIPRURITIC SG GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
atopaderm cream external	Non-Formulary	Non FDA Exclusion
ATOPICLAIR CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
CERACADE EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
CERAMAX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
CERAMAX LOTION EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMASO PLUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
DEXERYL CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
ELETONE CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
EMULSION SB EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
ENTTY SPRAY EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
EPICERAM EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
GENADUR KIT COMBINATION	Non-Formulary	Non FDA Exclusion
GENADUR LIQUID EXTERNAL	Non-Formulary	Non FDA Exclusion
HALUCORT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
HPR PLUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HPR PLUS FOAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HPR PLUS HYDROGEL KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
HYLAGUARD CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HYLATOPIC PLUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HYLATOPIC PLUS LOTION EXTERNAL	Non-Formulary	Non FDA Exclusion
ilideerm emulsion external	Non-Formulary	Non FDA Exclusion
KAMDOY EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
KIVIK EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
LEVICYN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
LOYON SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
MIMYX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOSALUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOSALUS FOAM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOSALUS LOTION EXTERNAL	Non-Formulary	Non FDA Exclusion
NUVAIL SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
PENLEN EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
PHLAG SPRAY EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
PR CREAM KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
PRESERA FOAM EXTERNAL	Non-Formulary	Non FDA Exclusion
PRUCLAIR CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
PRUMYX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
remigen cream external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
SEBUDERM GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA CTX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA MARK GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA XRT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
suvicort emulsion external	Non-Formulary	Non FDA Exclusion
SYNERDERM EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
TETRIX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
XERALUX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
Misc. Topical Combinations*		
DERMACINRX CLORHEXACIN KIT 4 & 2 & 5 % (OINT) EXTERNAL	Non-Formulary	Non FDA Exclusion
dermacinrx surgical combopak kit external	Non-Formulary	Non FDA Exclusion
NUSURGEPAK SURGICAL PREP/CARE KIT 4 & 2 & 5 % (OINT) EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
PRE & POST SX POUCH THERAPY PACK 4 & 2 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Misc. Topical*		
arnica flower tincture	Non-Formulary	Formulary Exclusion
boric acid granules external (rx)	Non-Formulary	Formulary Exclusion
DRYSOL SOLUTION 20 % EXTERNAL	Non-Formulary	Formulary Exclusion
PROSILK GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
QBREXZA PAD 2.4 % EXTERNAL	3	
SOFDRA GEL 12.45 % EXTERNAL	Non-Formulary	PA; Formulary Exclusion
Ornithine Decarboxylase (Odc) Inhibitors - Topical*		
VANIQA CREAM 13.9 % EXTERNAL	Non-Formulary	Formulary Exclusion
Oxaborole-Related Antifungals - Topical*		

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Drug Name	Tier	Notes
KERYDIN SOLUTION 5 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
tavaborole solution 5 % external	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
Phosphodiesterase 4 (Pde4) Inhibitors - Topical*		
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID OR CALCENERIUM INHIBITOR IN THE PAST 120 DAYS)
ZORYVE CREAM 0.15 % EXTERNAL	Non-Formulary	PA; Formulary Exclusion
ZORYVE CREAM 0.3 % EXTERNAL	Non-Formulary	PA; Formulary Exclusion
ZORYVE FOAM 0.3 % EXTERNAL	Non-Formulary	PA; Formulary Exclusion
Photodynamic Therapy Agents - Topical*		

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Drug Name	Tier	Notes
AMELUZ GEL 10 % EXTERNAL	Non-Formulary	Formulary Exclusion
LEVULAN KERASTICK SOLUTION RECONSTITUTED 20 % EXTERNAL	Non-Formulary	Formulary Exclusion
Prostaglandins - Topical		
bimatoprost solution 0.03 % external	Non-Formulary	Formulary Exclusion
LATISSE SOLUTION 0.03 % EXTERNAL	Non-Formulary	Formulary Exclusion
Rosacea Agents		
azelaic acid gel 15 % external	1	
brimonidine tartrate gel 0.33 % external	1	
dazomon gel 0.25 % external	Non-Formulary	Non FDA Exclusion
doxycycline capsule delayed release 40 mg oral	1	PA
doxycycline capsule delayed release 40 mg oral	1	PA; Mony Code (MONY code issue)
EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	PA; QL

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Drug Name	Tier	Notes
FINACEA FOAM 15 % EXTERNAL	Non-Formulary	Formulary Exclusion
FINACEA GEL 15 % EXTERNAL	Non-Formulary	Formulary Exclusion
ivermectin cream 1 % external	1	
METROCREAM CREAM 0.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
METROGEL GEL 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
METROLOTION LOTION 0.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
metronidazole cream 0.75 % external	1	
metronidazole gel 0.75 % external	1	
metronidazole gel 1 % external	1	
metronidazole lotion 0.75 % external	Non-Formulary	Formulary Exclusion
MIRVASO GEL 0.33 % EXTERNAL	Non-Formulary	Formulary Exclusion
NORITATE CREAM 1 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ORACEA CAPSULE DELAYED RELEASE 40 MG ORAL	2	PA

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
remyda gel 0.25 % external	Non-Formulary	Non FDA Exclusion
RHOFADE CREAM 1 % EXTERNAL	3	
ROSADAN CREAM 0.75 % EXTERNAL	1	
ROSADAN GEL 0.75 % EXTERNAL	1	
ROSADAN KIT 0.75 % CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
ROSADAN KIT 0.75 % GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
SOOLANTRA CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZILXI FOAM 1.5 % EXTERNAL	2	ST; Step Therapy Requirements (SWITCH TO STEP 1: TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, AZELAIC ACID GEL)
Rosacea Combinations*		

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
aveida gel 1-1 % external	Non-Formulary	Non FDA Exclusion
aveidaoxia gel 1-1-4 % external	Non-Formulary	Non FDA Exclusion
dazaveidaoxia gel 0.25-1-1-4 % external	Non-Formulary	Non FDA Exclusion
idaoxia gel 1-4 % external	Non-Formulary	Non FDA Exclusion
restimo gel 1-1 % external	Non-Formulary	Non FDA Exclusion
rositara gel 1-1-4 % external	Non-Formulary	Non FDA Exclusion
rovis gel 0.25-1-1-4 % external	Non-Formulary	Non FDA Exclusion
Scabicides & Pediculicides*		
CROTAN LOTION 10 % EXTERNAL	1	Mony Code (MONY Code)
ELIMITE CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ivermectin lotion 0.5 % external (rx)	1	Mony Code (MONY Code)
lindane shampoo 1 % external	1	Mony Code (MONY Code)
malathion lotion 0.5 % external	1	
NATROBA SUSPENSION 0.9 % EXTERNAL	3	
OVIDE LOTION 0.5 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
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Specialty* = Specialty*
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Drug Name	Tier	Notes
permethrin cream 5 % external	1	
PRURADIK LOTION 10 % EXTERNAL	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
SKLICE LOTION 0.5 % EXTERNAL (RX)	Non-Formulary	Formulary Exclusion
spinosad suspension 0.9 % external	3	
spinosad suspension 0.9 % external	1	Mony Code (MONY Code)
sulfurated lime solution external	Non-Formulary	Non FDA Exclusion
Scar Treatment Products - Combinations*		
silipac kit external	Non-Formulary	Non FDA Exclusion
Scar Treatment Products*		
beau rx gel external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
CELACYN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
COPASIL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
DERMELLE GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
JUVAZIN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KELARX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
RECEDO GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
RECEDO GEL EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
scarcin gel external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
scarcin liquid external	Non-Formulary	Non FDA Exclusion
scarsilk gel external	Non-Formulary	Non FDA Exclusion
STRATA TRIZ GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
Seborrheic Keratosis Products*		
ESKATA SOLUTION 40 % EXTERNAL	Non-Formulary	Medical Only Exclusion
Skin Cleansers**		
EPICYN SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
HYCLODEX SOLUTION 0.012 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPOCYN ANTIPRURITIC GEL 0.012 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPOCYN SOLUTION 0.012 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Skin Protectants		
benzoin compound tincture external (rx)	Non-Formulary	Formulary Exclusion
benzoin tincture external (rx)	Non-Formulary	Formulary Exclusion
SCARTRATE CREAM 5-2.25 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Steroid-Local Anesthetic Combinations		
CORTANE-B LOTION 10-10-1 MG/ML EXTERNAL	Non-Formulary	Formulary Exclusion
EPIFOAM FOAM 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
HYDROCAINE CREAM 3-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
hydrocortisone ace-pramoxine cream 2.5-1 % external	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
lidocaine-hydrocortisone ace cream 1-1 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
LIDOTRAL + HYDROCORTISONE CREAM 3.88-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE CREAM 5-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE LOTION 3.88-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE LOTION 5-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NOVACORT GEL 1-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRAMOSONE CREAM 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE CREAM 1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE LOTION 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PRAMOSONE LOTION 1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE OINTMENT 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE OINTMENT 1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
pramoxine-hc cream 1-2.35 % external	Non-Formulary	Non FDA Exclusion
RADIAURA CREAM 3-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Tar Products		
coal tar solution 20 % external	Non-Formulary	Non FDA Exclusion
Tissue Replacements		
AFFINITY SHEET 1.5 CM X 1.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AFFINITY SHEET 2.5 CM X 2.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 2 CM X 12 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
AMNIOCORE AMNIOTIC MEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 16 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 9 CM X 20 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE HUMAN TISSUE SHEET 9 CM X 20 CM EXTERNAL	Non-Formulary	Formulary Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 160 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 20 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 40 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOTEXT SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
AMNIOTEXT SHEET 10 CM X 10 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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1 = Generic
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
AMNIOTEXT SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
amphenol-40 suspension reconstituted 40 mg injection	Non-Formulary	Medical Only Exclusion
APLIGRAF DISK EXTERNAL	Non-Formulary	Medical Only Exclusion
BIOVANCE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOVANCE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOVANCE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOVANCE SHEET 6 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
CORETEXT SUSPENSION 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
CORETEXT SUSPENSION 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
CYGNUS DUAL SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
CYGNUS DUAL SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
CYGNUS DUAL SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPICORD SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPICORD SHEET 3 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX DISK 14 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX DISK 18 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX DISK 24 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 160 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 40 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPIFIX SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
EPIFIX SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 3 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 3.5 CM X 3.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 4.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 5 CM X 5.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 5 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 7 CM X 7 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 1.5CM X 2CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 16MM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 2CM X 3CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
GRAFIX CORE 3CM X 4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 5CM X 5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 16MM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 2CM X 3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 3CM X 4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 5CM X 5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX XC 7.5CM X 15CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KARDIAMEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KARDIAMEMBRANE SHEET 6 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KARDIAMEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX 100 SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
NEOX 100 SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX 100 SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX 100 SHEET 7 CM X 7 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 1.5 CM X 1.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 2.5 CM X 2.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NEOX CORD 1K SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 6 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 8 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NOVACHOR SHEET 1.5 CM X2.75 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NOVACHOR SHEET 2.5 CM X 2.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUCEL INJECTABLE 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUCEL INJECTABLE 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUCEL INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NUCEL INJECTABLE 2.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD DISK 1.6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD DISK 14 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 3.2 CM X 3.2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 6 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 10 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 0.25 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 4 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN HYDROMEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PALINGEN HYDROMEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PALINGEN HYDROMEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN INOVOFLO INJECTABLE 0.25 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN INOVOFLO INJECTABLE 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN INOVOFLO INJECTABLE 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN INOVOFLO INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN MEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
PALINGEN MEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
PALINGEN XPLUS HYDROMEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PROTEXT SUSPENSION 0.25 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PROTEXT SUSPENSION 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PROTEXT SUSPENSION 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PROTEXT SUSPENSION 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
simpligraft sheet 2 cm x 3 cm external	Non-Formulary	Non FDA Exclusion
simpligraft sheet 4 cm x 4 cm external	Non-Formulary	Non FDA Exclusion
simpligraft sheet 4 cm x 8 cm external	Non-Formulary	Non FDA Exclusion
STRATAGRAFT SHEET EXTERNAL	Non-Formulary	Medical Only Exclusion
STRAVIX SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
STRAVIX SHEET 6 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
TRANSCYTE SHEET EXTERNAL	Non-Formulary	Formulary Exclusion
TRUSKIN SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
TRUSKIN SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
VIA MATRIX SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
VIA MATRIX SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
VIA MATRIX SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
Topical Anesthetic Combinations*		
1ST MEDX-PATCH/ LIDOCAINE PATCH 4-0.0375-5-20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ACCUCAINE KIT 1 % COMBINATION	Non-Formulary	Medical Only Exclusion
agoneaze kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
anodyne lpt kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
APRIZIO PAK II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
APRIZIO PAK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CADIRAMD KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CETACAINE AEROSOL 2-2-14 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CETACAINE GEL 2-2-14 % EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CETACAINE LIQUID 2-2-14 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMACINRX PHN THERAPY PACK 5 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMACINRX ZRM THERAPY PACK 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
dermalid therapy pack 5 % external	Non-Formulary	Non FDA Exclusion
ELEMAR PATCH KIT 5-6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
EMPRICAINE-II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
emreal kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
enznonuty ointment 20-10-10 % external	Non-Formulary	Non FDA Exclusion
gen7t plus lotion 3.5-7 % external	Non-Formulary	Non FDA Exclusion
GEN7T PLUS PATCH 3.5-7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
l.e.t. (racepinephrine) gel 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
l.e.t. (racepinephrine) solution 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
l.e.t. gel 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
l.e.t. solution 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
levatio patch 0.03-5 % external	Non-Formulary	Non FDA Exclusion
LIDO BDK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidocaine-prilocaine cream 2.5-2.5 % external	1	QL
lidocaine-prilocaine kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
lidocaine-tetracaine cream 7-7 % external	3	Non Essential Drug Exclusion; QL
lido-epinephrine-tetracaine solution 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
lidolite kit 5 % external	Non-Formulary	Non FDA Exclusion
lidopac kit 5 % external	Non-Formulary	Non FDA Exclusion
lidopril kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
lidopril xr kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
LIDOPURE PATCH KIT 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
lido-racepinephrine-tetracaine gel 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
lido-racepinephrine-tetracaine solution 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
lidosol kit 5 % external	Non-Formulary	Non FDA Exclusion
lidosol-50 kit 5 % external	Non-Formulary	Non FDA Exclusion
lidostream kit 5 & 10 % external	Non-Formulary	Non FDA Exclusion
LIDOTHOL GEL 4.5-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTHOL PATCH 4.5-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTHOL PATCH 4-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTOR KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL-MENTHOL LIQUID 5-3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidovix l kit 5 % external	Non-Formulary	Non FDA Exclusion; Mony Code (MONY code issue)
LIVIXIL PAK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
LM PLUS RELIEF PATCH 3.5-7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LMR PLUS KIT 5 & 0.5-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MOXICAINE KIT 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
nendrux gel 5-40 % external	Non-Formulary	Non FDA Exclusion
nobela ointment 20-10-10 % external	Non-Formulary	Non FDA Exclusion
nolira cream 23-7 % external	Non-Formulary	Non FDA Exclusion
NUVAKAAN-II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
nynutey cream 23-7 % external	Non-Formulary	Non FDA Exclusion
paingo kft kit 2.5-2.5-10-30 % external	Non-Formulary	Non FDA Exclusion
PLIAGLIS CREAM 7-7 % EXTERNAL	3	Non Essential Drug Exclusion; QL
PLIAGLIS KIT 7-7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
premium scar patch 2-4-30 % external	Non-Formulary	Non FDA Exclusion
prepiv supply kit 2.5-2.5 & 0.9 % combination	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
PRILO PATCH II KIT 2.5-2.5 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRILO PATCH KIT 2.5-2.5 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
priloheal plus 30 kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilolid kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix lite kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix lite plus kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix plus kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix ultralite kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix ultralite plus kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovixil kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
PRIZOPAK II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRIZOTRAL-II KIT 2.5-2.5 & 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
REAL HEAL-I KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
RELADOR PAK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
RELADOR PAK PLUS KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SKYADERM-LP KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SOOTHEE PATCH 0.5-0.0375-5-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
STERILE TOPICAL L.E.T. GEL GEL 4-0.18-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SX1 MEDICATED POST-OPERATIVE KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SYNERA PATCH 70-70 MG EXTERNAL	3	
topical l.e.t. gel 4-0.09-0.5 % external	Non-Formulary	Non FDA Exclusion
TRUBREXA PATCH 4.75-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
valladerm-90 kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
VENIPUNCTURE PX1 PHLEBOTOMY KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
vexatrol kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
wayzen gel 5-40 % external	Non-Formulary	Non FDA Exclusion
wpr plus wound healing system therapy pack 4 & 10-30 % external	Non-Formulary	Non FDA Exclusion
XYLIDERM KIT 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
zeruvia patch 4-1 % external	Non-Formulary	Non FDA Exclusion
ZILACAINE PATCH THERAPY PACK 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ziloval kit 5 % external	Non-Formulary	Non FDA Exclusion
Topical Anesthetic Gases*		
CRYODOSE TA AEROSOL EXTERNAL	Non-Formulary	Non FDA Exclusion
ethyl chloride aerosol external	Non-Formulary	Non FDA Exclusion
GEBAUERS PAIN EASE AEROSOL EXTERNAL	Non-Formulary	Non FDA Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
GEBAUERS SPRAY AND STRETCH AEROSOL EXTERNAL	Non-Formulary	Non FDA Exclusion
Topical Selective Retinoid X Receptor Agonists*		
bexarotene gel 1 % external	1	PA; Specialty*; QL
TARGRETIN GEL 1 % EXTERNAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
Topical Steroid Combinations*		
acioxia gel 0.5-0.1 % external	Non-Formulary	Non FDA Exclusion
BESER KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion
calcipotriene-betameth diprop ointment 0.005-0.064 % external	1	
calcipotriene-betameth diprop suspension 0.005-0.064 % external	1	
chlohux shampoo 0.05-2 % external	Non-Formulary	Non FDA Exclusion
chlooxia cream 0.05-4 % external	Non-Formulary	Non FDA Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
chlooxia ointment 0.05-4 % external	Non-Formulary	Non FDA Exclusion
chlooxia solution 0.05-4 % external	Non-Formulary	Non FDA Exclusion
clobetavix kit 0.05 % external	Non-Formulary	Non FDA Exclusion
CLODAN KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion
diochloy solution 0.005-0.05 % external	Non-Formulary	Non FDA Exclusion
divinix cream 0.05-4 % external	Non-Formulary	Non FDA Exclusion
divinix ointment 0.05-4 % external	Non-Formulary	Non FDA Exclusion
divinix solution 0.05-4 % external	Non-Formulary	Non FDA Exclusion
domela cream 0.01-4 % external	Non-Formulary	Non FDA Exclusion
DUOBRII LOTION 0.01-0.045 % EXTERNAL	3	
ENSTILAR FOAM 0.005-0.064 % EXTERNAL	2	
FLUOPAR KIT 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
fluovix plus therapy pack 0.1 % external	Non-Formulary	Non FDA Exclusion
fluovix therapy pack 0.1 % external	Non-Formulary	Non FDA Exclusion
ilexor shampoo 0.05-2 % external	Non-Formulary	Non FDA Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
MOMETACURE THERAPY PACK 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NUTRIARX CREAMPAK KIT 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
oxiachlo solution 0.05-4 % external	Non-Formulary	Non FDA Exclusion
plenura solution 0.005-0.05 % external	Non-Formulary	Non FDA Exclusion
QUINIXIL THERAPY PACK 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
sanadermrx skin repair kit 0.1 & 5 % external	Non-Formulary	Non FDA Exclusion
SCALACORT DK KIT 2 & 2-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SCARZEN SKIN REPAIR KIT 0.1 & 5 % (LOTION) EXTERNAL	Non-Formulary	Non FDA Exclusion
SILA III THERAPY PACK 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SYNALAR (CREAM) KIT 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
SYNALAR (OINTMENT) KIT 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SYNALAR TS KIT 0.01 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TACLONEX OINTMENT 0.005-0.064 % EXTERNAL	Non-Formulary	Formulary Exclusion
TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL	Non-Formulary	Formulary Exclusion
teliora gel 0.1-0.5 % external	Non-Formulary	Non FDA Exclusion
tetoxia cream 0.01-4 % external	Non-Formulary	Non FDA Exclusion
triadime kit 0.1 & 5 % external	Non-Formulary	Non FDA Exclusion
triadime-80 kit 5-0.1 % external	Non-Formulary	Non FDA Exclusion
TRIASIL THERAPY PACK 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
triheal-80 kit 0.1 & 5 % external	Non-Formulary	Non FDA Exclusion
TRILOCICLO KIT 0.1 & 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TRIVIX KIT 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
WYNZORA CREAM 0.005-0.064 % EXTERNAL	Non-Formulary	Formulary Exclusion
Type Ii 5-Alpha Reductase Inhibitors*		
finasteride tablet 1 mg oral	Non-Formulary	Formulary Exclusion
PROPECIA TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
Wound Care - Growth Factor Agents*		
REGRANEX GEL 0.01 % EXTERNAL	3	
Wound Care Combinations*		
b & c ointment external	Non-Formulary	Non FDA Exclusion
balsam peru-castor oil ointment external	Non-Formulary	Non FDA Exclusion
bpco ointment external	Non-Formulary	Non FDA Exclusion
LIDOTREX (ALOE VERA) GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
REGENECARE GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
REXASIL PATCH & VITAMIN E LIQ KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
SCARCARE GEL-PAD KIT/LARGE KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
VENELEX OINTMENT EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE PATCH PAD 3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE STRIP PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION GAUZE PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION STRIP EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
XEROFORM OIL ROLL 4"X9' 3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT PATCH 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT PATCH 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
xeroform petrolatum dres 4"x4" pad 3 % external	Non-Formulary	Non FDA Exclusion
xeroform petrolatum dres 5"x9" pad 3 % external	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	Non-Formulary	Non FDA Exclusion
Wound Cleansers/Decubitus Ulcer Therapy*		

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
ALEVICYN DERMAL SPRAY SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
DELUO SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
lavare wound wash gel external	Non-Formulary	Non FDA Exclusion
LEVICYN DERMAL SPRAY SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
MICROCYN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
MICROCYN LIQUID 0.023 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MICROCYN SKIN AND WOUND GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
VASHE CLEANSING SOLUTION EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
VASHE WOUND SOLUTION 0.033 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
VASHE WOUND THERAPY SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
Wound Dressings*		
abravo emulsion external	Non-Formulary	Non FDA Exclusion
aceso ag pad 4"x4" external	Non-Formulary	Non FDA Exclusion
ACTICOAT 7 PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT 7 PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT 7 SHEET 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 16"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
ACTICOAT FLEX 3 SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 4"X48" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 8"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 1"X24" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 16"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ACTICOAT FLEX 7 SHEET 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 8"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 16"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 4"X48" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 5"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 8"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL PAD 4"X10" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL PAD 4"X13-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL PAD 4"X4-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ACTICOAT SURGICAL PAD 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG ADHESIVE PAD 12.5X12.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG ADHESIVE PAD 17.5X17.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG ADHESIVE PAD 7.5X7.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER PAD 12.5X12.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER PAD 17.5X17.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER PAD 7.5X7.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
ALLEVYN AG GENTLE PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE PAD 8"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 8"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG SACRUM 9"X9" EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
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Drug Name	Tier	Notes
ALLEVYN GENTLE PAD EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
AQUACEL AG BURN PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
AQUACEL AG FOAM PAD 12.5X12.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AQUACEL AG FOAM PAD 17.5X17.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ARIDA GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
atopavo emulsion external	Non-Formulary	Non FDA Exclusion
AVO CREAM EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
AZADROX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
BASADROX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
BIAFINE EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
bilayer matrix wound dressing sheet 5 cm x 5 cm external	Non-Formulary	Non FDA Exclusion
BIONECT CREAM 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
BIONECT FOAM 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BIONECT GEL 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP AG SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP AG SHEET 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP SHEET 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP SHEET 5 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
COLLANEX POWDER EXTERNAL	Non-Formulary	Non FDA Exclusion
COLLATYL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
CURAFOAM AG FOAM DRESSING PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
CURITY HYPERTONIC NACL STRIP EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
CURITY NACL DRESSING 6"X6-3/4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
DERPIXA GEL EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DURAFIBER AG PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 3/4"X18" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 4"X4-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 8"X11-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER PAD 4"X4-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAFOAM AG FOAM DRESSING PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG CA ALG ROPE 30CM 1/4" X 12" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 2"X2" PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X5" PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
DYNAGINATE AG SILVER CAL 4"X8" PAD 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL TEMPLATE SHEET 10X12.7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL TEMPLATE SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL/FENESTRATED SHEET 10X12.7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL/FENESTRATED SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
FILSUVEZ GEL 10 % EXTERNAL	3	PA; Specialty*
foraxa emulsion external	Non-Formulary	Non FDA Exclusion
haproderm gel external	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE 6"X6" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
HYDROFERA BLUE FOAM DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE FOAM/TUNNELING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE MRF DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE READY FOAM PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
hygel gel 2.5 % external	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC DISK 15 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
INNOVAMATRIX AC SHEET 5 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE 12" ROPE EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE DRESS 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE DRESS 4"X8" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL AMORPHOUS WOUND GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X8" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL WOUND DRESS EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
KENDALL ZINC CA ALGINATE 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAGEL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAGELT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 10CMX10CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 2CMX3CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 5CMX5CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
KERASTAT CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
KERASTAT GEL 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
L-MESITRAN SOFT WOUND GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
LUXAMEND CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
LUXAMEND CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
MEDIHONEY CA ALGINATE 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY CA ALGINATE 4"X5" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND &BURN DRESSING PASTE EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING PASTE EXTERNAL	Non-Formulary	Non FDA Exclusion
MEPILEX AG PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
MICROMATRIX WOUND POWDER POWDER EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
MIRO3D FIBERS 100 MG EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D FIBERS 250 MG EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D FIBERS 500 MG EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D FIBERS 700 MG EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 10 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 2 X 2 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 3 X 3 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 4 X 4 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 5 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 7 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
MIRODERM BIO MATRIX FENESTRAT SHEET 2X2CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 2X3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 3X3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 4X4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 7X10CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 8X15CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
MIRODERM BIO MATRIX FENESTRAT SHEET 8X8CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 3X3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 4X4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 7X10CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 8X15CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 8X8CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
MIRODRY WOUND MATRIX SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 5 CM X 10 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 5 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 5 CM X 7 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIROTRACT WOUND MATRIX DEVICE 3 MM X 5 CM	Non-Formulary	Non FDA Exclusion
MIROTRACT WOUND MATRIX DEVICE 3 MM X 9 CM	Non-Formulary	Non FDA Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
MIROTRACT WOUND MATRIX DEVICE 5 MM X 5 CM	Non-Formulary	Non FDA Exclusion
MIROTRACT WOUND MATRIX DEVICE 5 MM X 9 CM	Non-Formulary	Non FDA Exclusion
NORMLGEL AG GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED SHEET 3X3.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX SHEET 5X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX SHEET 7X10CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX SHEET 7X20CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS WOUND MATRIX FENESTRATED SHEET 3X3.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
OASIS WOUND MATRIX FENESTRATED SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OCM WOUND CARE MATRIX DEVICE 1.6 GM EXTERNAL	Non-Formulary	Non FDA Exclusion
OMEZA COLLAGEN MATRIX LIQUID 1.6 GM EXTERNAL	Non-Formulary	Non FDA Exclusion
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	Non-Formulary	Non FDA Exclusion
PROTYL AG GEL 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY 1.6CM DISK EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICRO 3.76X3.76CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X2CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X4CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
PURAPLY ANTIMICROBIAL 3.02CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3X4CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 4X4CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 5X5CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 6X9CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 8X16CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY SHEET 2X4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY SHEET 6X9CM EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PURAPLY XT ANTIMICROBIAL 5X5CM SHEET 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 6X9CM SHEET 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
RADIAPLEXRX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 4"X4.75" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 6"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
RTD WOUND CARE DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG FOAM DRESSING PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING PAD 2"X3" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Drug Name	Tier	Notes
SILVRSTAT WOUND DRESSING GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
SOLOX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
SONAFINE EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA GRT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
TEGADERM AG MESH PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
TEGADERM AG MESH PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
TEGADERM AG MESH PAD 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
TEGADERM AG MESH PAD 8"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
vexasyn gel external	Non-Formulary	Non FDA Exclusion
WOUNDGELHA MATRIX GEL 2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
XCELLISTEM WOUND POWDER POWDER EXTERNAL	Non-Formulary	Non FDA Exclusion
zanabin hydrogel gel external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 2"x2" external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 4"x5" external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 6"x6" external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 8"x8" external	Non-Formulary	Non FDA Exclusion
zenifoam ag pad 2"x2" external	Non-Formulary	Non FDA Exclusion
zenifoam ag pad 4"x5" external	Non-Formulary	Non FDA Exclusion
zenphor wound gel gel external	Non-Formulary	Non FDA Exclusion
zenphor wound pad pad external	Non-Formulary	Non FDA Exclusion
Wound Treatment - Autologous Cellular Gene Therapy*		
ZEVASKYN SHEET EXTERNAL	Non-Formulary	Medical Only Exclusion; Specialty*

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Wound Treatment - Gene Therapy*		
VYJUVEK GEL 5000000000 PFU/2.5ML EXTERNAL	Non-Formulary	Medical Only Exclusion
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals*		
almond (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
almond (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
alternaria alternat (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american elm (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american lobster (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
APLISOL SOLUTION 5 UNIT/0.1ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
apple (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
apple (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigat (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigatus solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
atlantic cod (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
atlantic salmon (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
atlantic/eastern oyster(diagn) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aureobasidium pullulans solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
avocado (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
banana (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
banana (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
beef (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
beef (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
bipolaris sorokin (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black walnut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black willow (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
blue crab (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
botrytis cinerea (diagnostic) solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
brazil nut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
brown shrimp (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
candida albicans skn tst antgn solution 1:10 injection	Non-Formulary	Medical Only Exclusion
candida albicans skn tst antgn solution intradermal	Non-Formulary	Medical Only Exclusion; Mony Code (MONYCODE ISSUE)
CANDIN SOLUTION INTRADERMAL	Non-Formulary	Medical Only Exclusion
cantaloupe (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
casein (diagnostic) solution 1:100 injection	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
cashew nut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
celery (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
chicken meat (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
chicken meat (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cladosporium sphaer (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cocoa bean (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
coconut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
corn (zea mays) (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
cow milk (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
crab (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
dog epithelium (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
eastern cottonwood(diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
egg white (diagnostic) solution 1:100 injection	Non-Formulary	Medical Only Exclusion
english plantain (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
english walnut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
hazelnut (filbert)(diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
horse epithelium (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
lambs quarters (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mosquito (diagnostic) solution 1:100 intradermal	Non-Formulary	Medical Only Exclusion
mountain cedar (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mouse epithelium (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
nettle (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
northern quahog clam(diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
oat (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
oat grain (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
orange (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
orange (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
peanut (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
peanut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
pecan nut (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
pecan nut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum (diagnost) solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
pineapple (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
pistachio nut (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
pork (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
pork (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red maple (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red oak (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
rice (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
rice (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
saccharomyces cerevisiae solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
sagebrush (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sea scallops (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sesame seed (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
sesame seed (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
shrimp (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
soybean (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
soybean (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
SPHERUSOL SOLUTION 127 MCG/0.1ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
strawberry (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
strawberry (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
sweet cherry (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sweet corn (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
tomato (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
tomato (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
trichophyton mentag (diagnost) solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
TUBERSOL SOLUTION 5 UNIT/0.1ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
western juniper (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
white alder (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white ash (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white birch (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white potato (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
whole egg (diagnostic) solution 1:100 injection	Non-Formulary	Medical Only Exclusion
whole grain barley(diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
whole wheat (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
Diagnostic Drugs*		
adenosine (diagnostic) solution 3 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ARIDOL KIT 0 & 5 & 10 & 20 & 40 MG INHALATION	Non-Formulary	Formulary Exclusion
BLUDIGO SOLUTION 8 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
CHIRHOSTIM SOLUTION RECONSTITUTED 16 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CORTROSYN SOLUTION RECONSTITUTED 0.25 MG INJECTION	Non-Formulary	Medical Only Exclusion
cosyntropin solution reconstituted 0.25 mg injection	Non-Formulary	Medical Only Exclusion
CYSVIEW SOLUTION RECONSTITUTED 100 MG INTRAVESICAL	Non-Formulary	Medical Only Exclusion
CYTALUX SOLUTION 3.2 MG/1.6ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dipyridamole solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
d-xylose powder (rx)	Non-Formulary	Formulary Exclusion
GLEOLAN SOLUTION RECONSTITUTED 1.5 GM ORAL	Non-Formulary	Medical Only Exclusion
GLUCAGEN DIAGNOSTIC SOLUTION RECONSTITUTED 1 MG INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
glucagon hcl (diagnostic) solution reconstituted 1 mg injection	Non-Formulary	Medical Only Exclusion
HISTATROL SOLUTION 0.275 MG/ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
HISTATROL SOLUTION 2.75 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
IC GREEN SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
IC GREEN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
indigo carmine solution 8 mg/ml injection	Non-Formulary	Non FDA Exclusion
indocyanine green solution reconstituted 25 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
isosulfan blue solution 1 % subcutaneous	Non-Formulary	Medical Only Exclusion
KINEVAC SOLUTION RECONSTITUTED 5 MCG INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
LEXISCAN SOLUTION 0.4 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LUMISIGHT SOLUTION RECONSTITUTED 39 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MACRILEN PACKET 60 MG ORAL	Non-Formulary	Medical Only Exclusion
methacholine chloride kit inhalation	Non-Formulary	Non FDA Exclusion
METOPIRONE CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
PRE-PEN SOLUTION 0.25 ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
PROVOCHOLINE KIT INHALATION	3	
PROVOCHOLINE SOLUTION RECONSTITUTED 100 MG INHALATION	Non-Formulary	Formulary Exclusion
regadenoson solution 0.4 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
R-GENE 10 SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SECREFLO SOLUTION RECONSTITUTED 16 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
sincalide solution reconstituted 5 mcg injection	Non-Formulary	Medical Only Exclusion
SPY AGENT GREEN SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
SPY- MIS KIT SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
SPY-PHI KIT SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
THYROGEN SOLUTION RECONSTITUTED 0.9 MG INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
VUEBLU SOLUTION 50 MG/10ML INJECTION	Non-Formulary	Medical Only Exclusion
Diagnostic Infection Test Combinations*		
BD VERITOR SARS-COV-2/FLU A+B KIT IN VITRO	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
COBAS LIAT SARS-COV-2-AB ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB CNTRL KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LUCIRA COVID-19 & FLU TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA2 FLU+SARS ANTIGEN FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
STATUS COVID-19/FLU A&B KIT IN VITRO	Non-Formulary	Non FDA Exclusion
****Diagnostic Products, Misc.******		
BREEZA FOR ORAL IODINATED CONT SOLUTION ORAL	Non-Formulary	Non FDA Exclusion
BREEZA NEUTRAL ABD/PELVIC IMAG SOLUTION ORAL	Non-Formulary	Non FDA Exclusion
****Diagnostic Radiopharmaceuticals - Brain******		

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
AMYVID SOLUTION 500-1900 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DATSCAN SOLUTION 185 MBQ/2.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
fluorodopa f 18 solution 37-1480 mbq/ml intravenous	Non-Formulary	Medical Only Exclusion
NEURACEQ SOLUTION 1.4-135 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAUVID SOLUTION 300-1900 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAUVID SOLUTION 300-3700 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VIZAMYL SOLUTION 4.05 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Cardiac*		

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Drug Name	Tier	Notes
ammonia n 13 solution 3.75-37.5 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
CARDIOGEN-82 SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDIOLITE KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FLYRCADO SOLUTION 5-55 MCI/ML INTRAVENOUS	3	
MYOVIEW 30ML KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MYOVIEW KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
technetium tc 99m sestamibi kit intravenous	Non-Formulary	Medical Only Exclusion
thallous chloride tl 201 solution 2 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Endocrine*		
ADREVIEW SOLUTION 10 MCI/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
DETECTNET SOLUTION 1 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTATOC GA 68 SOLUTION 0.5-4 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
indium in 111 dtpa solution intrathecal	Non-Formulary	Medical Only Exclusion
indium in-111 pentetreotide kit intravenous	Non-Formulary	Medical Only Exclusion
NETSPOT KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Gases*		
xenon xe 133 gas 10 mci inhalation	Non-Formulary	Medical Only Exclusion
xenon xe 133 gas 20 mci inhalation	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Hepatobiliary*		
CHOLETEC KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
technetium tc 99m mebrofenin kit intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Diagnostic Radiopharmaceuticals - Lymphatic System*		
LYMPHOSEEK KIT INJECTION	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Miscellaneous**		
CERIANNA SOLUTION 4-100 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
fludeoxyglucose f 18 solution 20-200 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
fludeoxyglucose f 18 solution 20-300 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
fludeoxyglucose f 18 solution 20-500 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
gallium citrate ga 67 solution 2 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
LEU TECHNELITE KIT COMBINATION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
NEUROLITE KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECHNELITE KIT COMBINATION	Non-Formulary	Medical Only Exclusion
technet tc 99m sulfur colloid kit combination	Non-Formulary	Medical Only Exclusion
technetium tc 99m pyrophos kit intravenous	Non-Formulary	Medical Only Exclusion
volumex solution prefilled syringe 25 mcci/ml intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Prostatic*		
AXUMIN SOLUTION 9-221 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
gallium ga 68 gozetotide solution 0.5-5 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
ILLUCCIX CONFIGURATION A KIT 25 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ILLUCCIX CONFIGURATION B KIT 25 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
LOCAMETZ KIT 25 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
POSLUMA SOLUTION 296-5846 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PYLARIFY SOLUTION 1-80 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PYLARIFY SOLUTION PREFILLED SYRINGE 9 MCI INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Diagnostic Radiopharmaceuticals - Renal******		
dmsa kit intravenous	3	
****Diagnostic Radiopharmaceuticals - Skeletal******		
sodium fluoride f 18 solution 10-200 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
technetium tc 99m medronate kit intravenous	Non-Formulary	Medical Only Exclusion

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UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
Diagnostic Radiopharmaceuticals-Immune Cell Radiolabeling*		
CERETEC KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
indium in 111 oxyquinoline solution 1 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Supplies**		
cervical specimen collection swab	Non-Formulary	Non FDA Exclusion
ultrasound gel gel external	Non-Formulary	Non FDA Exclusion
Diagnostic Tests**		
12-PANEL POC TOXICOLOGY SYSTEM KIT IN VITRO	Non-Formulary	Medical Only Exclusion
ACCU-CHEK AVIVA PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ACCU-CHEK GUIDE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ACCU-CHEK SMARTVIEW STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ACCUTREND GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ADVANCE INTUITION TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVANCE MICRO-DRAW TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVOCATE REDI-CODE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVOCATE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX AMP TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX JAZZ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX KEYNOTE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX PRESTO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE 3 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE 4 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
ASSURE II CHECK STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE II STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE PLATINUM STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE PRISM MULTI TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE PRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
BIOSCANNER GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
BIOTEL CARE TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
blood glucose test strips 333 strip in vitro	Non-Formulary	Formulary Exclusion; QL
BLULINK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CAREONE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CARESENS N GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CARETOUCH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
cholesterol and lipid test diagnostic test in vitro	Non-Formulary	Non FDA Exclusion
CLEVER CHEK AUTO-CODE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHEK AUTO-CODE VOICE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHEK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE AUTO-CODE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE MICRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE NO CODING STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CLEVER CHOICE TALK SYSTEM STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CONTOUR NEXT TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CONTOUR PLUS TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CONTOUR TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
COOL BLOOD GLUCOSE TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CVS ADVANCED GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
cvs glucose meter test strips strip in vitro	Non-Formulary	Formulary Exclusion; QL
cvs true metrix glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
D-CARE BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
DIATHRIVE+ GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
diatrue plus test strip in vitro	Non-Formulary	Formulary Exclusion; QL
DUO-CARE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
DX1 ORAGENOMIC DNA SCREEN KIT	Non-Formulary	Medical Only Exclusion
DX2 ORAGENOMIC DNA SCREEN KIT	Non-Formulary	Medical Only Exclusion
EASY MAX BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
easy plus ii glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
EASY STEP TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
easy talk blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
easy talk plus ii test strips strip in vitro	Non-Formulary	Formulary Exclusion; QL
EASY TOUCH HEALTHPRO GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASY TOUCH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Drug Name	Tier	Notes
easy trak blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
easy trak ii glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
EASYGLUCO PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYGLUCO STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYMAX 15 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYMAX TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYPRO BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYPRO PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
element compact test strip in vitro	Non-Formulary	Formulary Exclusion; QL
ELEMENT TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE EVO BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE WAVE BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
eq blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
EVENCARE + BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE G2 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE G3 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE MINI GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Drug Name	Tier	Notes
EVENCARE PROVIEW GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVOLUTION AUTOCODE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EXACTECH R-S-G TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EXACTECH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FIFTY50 GLUCOSE TEST 2.0 STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA 6 CONNECT STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA 6 CONNECT/GTEL TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA D15G BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA D20 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Drug Name	Tier	Notes
FORA D40/G31 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA G30/PREM V10 GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA GD20 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA GD50 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA GTEL BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA TN'G ADVANCE PRO STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA TN'G/TN'G VOICE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA V20 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORACARE GD40 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORACARE PREMIUM V10 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORACARE TEST N GO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORTISCARE G1 TEST STRIP STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORTISCARE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FREESTYLE INSULINX TEST STRIP IN VITRO	2	QL

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FREESTYLE LITE TEST STRIP IN VITRO	2	QL
FREESTYLE PRECISION NEO TEST STRIP IN VITRO	2	QL
FREESTYLE TEST STRIP IN VITRO	2	QL
ge100 blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
GENULTIMATE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ght test strip in vitro	Non-Formulary	Formulary Exclusion; QL
GLUCO PERFECT 3 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD EXPRESSION TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD SHINE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD VITAL TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD X-SENSOR STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
GLUCOCOM TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCONAVII BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
glucose meter test strip in vitro	Non-Formulary	Formulary Exclusion; QL
gnp easy touch glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
GNP TRUE METRIX GLUCOSE STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GNP TRUETRACK SMART SYSTEM STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GNP TRUETRACK TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GOJJI BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GOJJI BLOOD TEST STRIP/LANCETS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
goodsense blood glucose strip in vitro	Non-Formulary	Formulary Exclusion; QL

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
HARMONY BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
home pap kit kit 2.5 % in vitro	Non-Formulary	Medical Only Exclusion
HW EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
HW EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
IGLUCOSE TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
IHEALTH BLOOD GLUCOSE TEST STR STRIP IN VITRO	Non-Formulary	ST; Formulary Exclusion; QL
IN TOUCH BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
INFINITY BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
INFINITY VOICE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
kroger blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
kroger premium glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
kroger test strip in vitro	Non-Formulary	Formulary Exclusion; QL
LIBERTY NEXT GENERATION TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
liberty test strip in vitro	Non-Formulary	Formulary Exclusion; QL
medicated dna collection 2 kit	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
medicated dna collection kit	Non-Formulary	Medical Only Exclusion
medicated dna collection kit	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
meijer blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
meijer essential glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
meijer premium glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
MEIJER TRUETEST TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
MEIJER TRUETRACK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MICRODOT TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MM BLULINK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MM EASY TOUCH GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MYGLUCOHEALTH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
NEUTEK 2TEK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
NOVA MAX GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ON CALL EXPRESS BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
one drop test strip in vitro	Non-Formulary	Formulary Exclusion; QL
ONETOUCH ULTRA BLUE TEST STRIP IN VITRO	2	QL
ONETOUCH ULTRA STRIP IN VITRO	2	QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Drug Name	Tier	Notes
ONETOUCH ULTRA TEST STRIP IN VITRO	2	QL
ONETOUCH VERIO STRIP IN VITRO	2	QL
OPTIUM TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
OPTIUMEZ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ph strips diagnostic test in vitro	3	
PHARMACIST CHOICE AUTOCODE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
pharmacist choice no coding strip in vitro	Non-Formulary	Formulary Exclusion; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
POCKETCHEM EZ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
POGO AUTOMATIC TEST CARTRIDGES DIAGNOSTIC TEST IN VITRO	Non-Formulary	Formulary Exclusion; QL
PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO	2	QL
premium blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
PRO DNA COLLECTION KIT 2 %	Non-Formulary	Medical Only Exclusion
pro voice v8/v9 glucose strip in vitro	Non-Formulary	Formulary Exclusion; QL
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
professional dna collection kit	Non-Formulary	Medical Only Exclusion
PTS PANELS EGLU TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PTS PANELS GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PTS PANELS LIPID PANEL+EGLU STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
QUICK TOUCH BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
QUICKTEK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
REFUAH PLUS BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
RELION BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION CONFIRM/MICRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION GLUCOSE TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION PREMIER TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION PRIME TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION ULTIMA TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
REXALL BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS100 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
RIGHTEST GS300 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS550 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GT333 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GT333 GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SMART SENSE PREMIUM TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SMART SENSE VALUE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SMARTEST BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SOLUS V2 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SURE EDGE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
SURECHEK BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SURE-TEST EASYPLUS MINI TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
tgt blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
TOXICOLOGY MED COLLECTION SYS KIT IN VITRO	Non-Formulary	Medical Only Exclusion
true focus blood glucose strip strip in vitro	Non-Formulary	Formulary Exclusion; QL
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
TRUETEST TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
TRUETRACK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
udsx medicated system kit 20 mg combination	Non-Formulary	Non FDA Exclusion
udsxmp medicated system kit 20 mg combination	Non-Formulary	Non FDA Exclusion
ULTRATRAK PRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ULTRATRAK ULTIMATE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
UNISTRIP1 GENERIC STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
verasens blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
VIVAGUARD INO TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
VOCAL POINT BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
Digital Diagnostic Aids*		
CANVAS DX DIAGNOSIS AID AUTISM	Non-Formulary	Non FDA Exclusion
Infection Tests*		
ACCULA SARS-COV-2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
BD VERITOR SYSTEM GROUP A STRP KIT IN VITRO	Non-Formulary	Non FDA Exclusion
BD VERITOR SYSTEM SARS-COV-2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
BINAXNOW COVID-19 AG CARD KIT IN VITRO	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2 ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2 CONTROL KIT IN VITRO	Non-Formulary	Non FDA Exclusion
covid-19 otc antigen 1-pack kit in vitro	Non-Formulary	Non FDA Exclusion
covid-19 otc antigen 2-pack kit in vitro	Non-Formulary	Non FDA Exclusion
covid-19 specimen collection kit	Non-Formulary	Non FDA Exclusion
CUE COVID-19 TEST CARTRIDGE IN VITRO	Non-Formulary	Non FDA Exclusion
CUE HEALTH MONITORING SYSTEM IN VITRO	Non-Formulary	Non FDA Exclusion
DXTERITY COVID-19 HOME TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ECOTEST COVID-19 RAPID TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
EVERLYWELL COVID-19 HOME TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
FASTEP COVID-19 RAPID TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 2.0 TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 CONTROL KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 CONTR KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW RSV CONTROL SWAB KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW RSV KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW STREP A2 CONTROL SWAB KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW STREP A2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
LUCIRA CHECK IT COVID-19 TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LUCIRA COVID-19 ALL-IN-ONE KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LYRA DIRECT SARS-COV-2 ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LYRA SARS-COV-2 ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion
PIXEL COVID-19 PCR HOME TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE + STREP A TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE DIPSTICK STREP A TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE INFLUENZA A+B TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE IN-LINE STREP A TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
QUICKVUE SARS ANTIGEN TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SIMPLICITY COVID-19 AT-HOME KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA INFLUENZA A+B FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA SARS ANTIGEN FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA STREP A FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA STREP A+ FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA2 SARS ANTIGEN FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
XPERT XPRESS SARS-COV-2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
Miscellaneous Contrast Media Combinations*		
BL-C KIT INJECTION	Non-Formulary	Non FDA Exclusion
BL-CONTRAST KIT INJECTION	Non-Formulary	Non FDA Exclusion
Miscellaneous Contrast Media*		

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Drug Name	Tier	Notes
CLARISCAN SOLUTION 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 2.5 MMOL/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 50 MMOL/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION PREFILLED SYRINGE 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION PREFILLED SYRINGE 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION PREFILLED SYRINGE 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
DEFINITY RT SUSPENSION 6.52 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DEFINITY SUSPENSION 6.52 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 2.5 MMOL/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 50 MMOL/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION PREFILLED SYRINGE 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DOTAREM SOLUTION PREFILLED SYRINGE 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION PREFILLED SYRINGE 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELUCIREM SOLUTION 0.5 MMOL/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EOVIST SOLUTION 0.25 MMOL/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EXEM FOAM 10 ML INTRAUTERINE	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION 1 MMOL/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION PREFILLED SYRINGE 10 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION PREFILLED SYRINGE 15 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION PREFILLED SYRINGE 7.5 MMOL/7.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
gadobutrol solution 1 mmol/ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 10 mmol/20ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 2.5 mmol/5ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 5 mmol/10ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 50 mmol/100ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 7.5 mmol/15ml intravenous	Non-Formulary	Medical Only Exclusion
gadoteridol solution 279.3 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
LUMASON SUSPENSION RECONSTITUTED 60.7-25 MG INJECTION	Non-Formulary	Medical Only Exclusion
MULTIHANCE SOLUTION 529 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
OMNISCAN INJECTABLE 287 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNISCAN SOLUTION 287 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OPTISON SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROHANCE SOLUTION 279.3 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VUEWAY SOLUTION 0.5 MMOL/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
XENOVIEW GAS 1 % INHALATION	Non-Formulary	Medical Only Exclusion
Multiple Skin Tests*		
cockroach mixed (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sheep sorrel-dock (diagostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
short-giant ragweed (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
T.R.U.E. TEST DIAGNOSTIC TEST EXTERNAL	Non-Formulary	Formulary Exclusion
Radiographic Contrast Media - Barium*		
barium sulfate powder (rx)	Non-Formulary	Formulary Exclusion
ENTERO VU SUSPENSION 24 % ORAL	Non-Formulary	Formulary Exclusion
E-Z-DISK TABLET 700 MG ORAL	Non-Formulary	Formulary Exclusion
E-Z-HD SUSPENSION RECONSTITUTED 98 % ORAL	Non-Formulary	Formulary Exclusion
LIQUID E-Z-PAQUE SUSPENSION 60 % ORAL	Non-Formulary	Formulary Exclusion
LIQUID POLIBAR PLUS SUSPENSION 105 % COMBINATION	Non-Formulary	Non FDA Exclusion
NEULUMEX SUSPENSION 0.1 % ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
READI-CAT 2 SUSPENSION 2 % ORAL	Non-Formulary	Formulary Exclusion
SITZMARKS CAPSULE ORAL (RX)	Non-Formulary	Non FDA Exclusion
SITZMARKS COMBO PACKAGE CAPSULE THERAPY PACK ORAL	Non-Formulary	Non FDA Exclusion
SITZMARKS FOR KIDS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
TAGITOL V SUSPENSION 40 % ORAL	Non-Formulary	Formulary Exclusion
VANILLA SILQ SUSPENSION 2.1 % COMBINATION	Non-Formulary	Non FDA Exclusion
VARIBAR HONEY SUSPENSION 40 % ORAL	Non-Formulary	Formulary Exclusion
VARIBAR NECTAR SUSPENSION 40 % ORAL	Non-Formulary	Formulary Exclusion
VARIBAR PUDDING PASTE 40 % ORAL	Non-Formulary	Formulary Exclusion
VARIBAR THIN HONEY SUSPENSION 40 % ORAL	Non-Formulary	Formulary Exclusion
VARIBAR THIN LIQUID SUSPENSION RECONSTITUTED 40 % ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
Radiographic Contrast Media - Iodinated*		
CONRAY SOLUTION 60 % INJECTION	Non-Formulary	Medical Only Exclusion
CYSTO-CONRAY II SOLUTION 17.2 % URETHRAL	Non-Formulary	Medical Only Exclusion
CYSTOGRAFIN SOLUTION 30 % URETHRAL	Non-Formulary	Medical Only Exclusion
CYSTOGRAFIN-DILUTE SOLUTION 18 % URETHRAL	Non-Formulary	Medical Only Exclusion
diatrizoate meglumine & sodium solution 66-10 % oral	Non-Formulary	Formulary Exclusion
GASTROGRAFIN SOLUTION 66-10 % ORAL	Non-Formulary	Formulary Exclusion
iodixanol solution 270 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
iodixanol solution 320 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
iohexol solution 240 mg/ml epidural	Non-Formulary	Non FDA Exclusion
iohexol solution 300 mg/ml epidural	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
iopamidol solution 41 % injection	Non-Formulary	Medical Only Exclusion
iopamidol solution 41 % intravenous	Non-Formulary	Medical Only Exclusion
iopamidol solution 51 % intravenous	Non-Formulary	Medical Only Exclusion
iopamidol solution 61 % injection	Non-Formulary	Medical Only Exclusion
iopamidol solution 61 % intravenous	Non-Formulary	Medical Only Exclusion
iopamidol solution 76 % intravenous	Non-Formulary	Medical Only Exclusion
ISOVUE-200 SOLUTION 41 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOVUE-250 SOLUTION 51 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOVUE-300 SOLUTION 61 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOVUE-370 SOLUTION 76 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOVUE-M 200 SOLUTION 41 % INJECTION	Non-Formulary	Medical Only Exclusion
ISOVUE-M 300 SOLUTION 61 % INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
LIPIODOL OIL 480 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 12 MG/ML ORAL	Non-Formulary	Formulary Exclusion
OMNIPAQUE SOLUTION 140 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 180 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML COMBINATION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
OMNIPAQUE SOLUTION 350 MG/ML COMBINATION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 350 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 9 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Non-Formulary	Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Non-Formulary	Medical Only Exclusion
VISIPAQUE SOLUTION 270 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VISIPAQUE SOLUTION 320 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
****Dietary Management Product Combinations******		
ASTAMED MYO CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
AXONA PACKET ORAL	Non-Formulary	Non FDA Exclusion
CEREFOLIN BRAIN WELLNESS TABLET 6-2-600 MG ORAL	Non-Formulary	Non FDA Exclusion
CEREFOLIN NAC TABLET 6-90.314-2-600 MG ORAL	Non-Formulary	Non FDA Exclusion
CEREFOLIN TABLET 6-1-50-5 MG ORAL	Non-Formulary	Non FDA Exclusion
DEPLIN 15 CAPSULE 15-90.314 MG ORAL	Non-Formulary	Non FDA Exclusion
DEPLIN 7.5 CAPSULE 7.5-90.314 MG ORAL	Non-Formulary	Non FDA Exclusion
ELFOLATE PLUS TABLET 3-35-2 MG ORAL	Non-Formulary	Non FDA Exclusion
ENLYTE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
FOLBIC RF TABLET 1.13-25-2 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLTANX RF CAPSULE 3-90.314-2-35 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLTANX TABLET 3-35-2 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLTX TABLET 1.13-25-2 MG ORAL	Non-Formulary	Non FDA Exclusion
FOSTEUM CAPSULE 27-20-200 MG-MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOSTEUM PLUS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
LDL CARE POWDER ORAL	Non-Formulary	Non FDA Exclusion
LIMBREL250 CAPSULE 250-50 MG ORAL	Non-Formulary	Non FDA Exclusion
LIMBREL500 CAPSULE 500-50 MG ORAL	Non-Formulary	Non FDA Exclusion
l-methylfolate ca me-cbl nac tablet 6-90.314-2-600 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate forte capsule 15-90.314 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate forte capsule 7.5-90.314 mg oral	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
l-methylfolate-algae capsule 15-90.314 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate-algae-b12-b6 capsule 3-90.314-2-35 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate-b6-b12 tablet 3-35-2 mg oral	Non-Formulary	Non FDA Exclusion
l-methyl-mc nac tablet 6-2-600 mg oral	Non-Formulary	Non FDA Exclusion
l-methyl-mc tablet 6-1-50-5 mg oral	Non-Formulary	Non FDA Exclusion
lormate capsule oral	Non-Formulary	Non FDA Exclusion
medactiv tablet oral	Non-Formulary	Non FDA Exclusion
METAFOLBIC PLUS RF TABLET 6-90.314-2-600 MG ORAL	Non-Formulary	Non FDA Exclusion
METAFOLBIC PLUS TABLET 6-2-600 MG ORAL	Non-Formulary	Non FDA Exclusion
METAFOLBIC TABLET 6-1-50-5 MG ORAL	Non-Formulary	Non FDA Exclusion
METANX CAPSULE 3-90.314-2-35 MG ORAL	Non-Formulary	Non FDA Exclusion
METANX FC CAPSULE 3-35-2 MG ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
METANX PRO NERVE HEALTH CAPSULE 3-2-35-500 MG ORAL	Non-Formulary	Non FDA Exclusion
METANX RR CAPSULE 3-2-35-500 MG ORAL	Non-Formulary	Non FDA Exclusion
methaver capsule oral	Non-Formulary	Non FDA Exclusion
methylfol-algae-b12-acetylcyst tablet 6-90.314-2-600 mg oral	Non-Formulary	Non FDA Exclusion
neoke bhb powder oral	Non-Formulary	Non FDA Exclusion
NICAPRIN TABLET ORAL	Non-Formulary	Non FDA Exclusion
nicazyme tablet oral	Non-Formulary	Non FDA Exclusion
omnivex tablet oral	Non-Formulary	Non FDA Exclusion
PODIAPN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
pro-critic packet oral	Non-Formulary	Non FDA Exclusion
PROLEEVA CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
proleva tablet oral	Non-Formulary	Non FDA Exclusion
PROTEOLIN TABLET ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
RHEUMATE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
ribozel capsule oral	Non-Formulary	Non FDA Exclusion
TOBAKIENT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
VASCULERA TABLET ORAL	Non-Formulary	Non FDA Exclusion
vb6 p5p powder oral	Non-Formulary	Non FDA Exclusion
westab max tablet 2.5-25-2 mg oral	Non-Formulary	Non FDA Exclusion
xyzbac tablet oral	Non-Formulary	Non FDA Exclusion
zyvexol tablet oral	Non-Formulary	Non FDA Exclusion
Dietary Management Products*		
AVAILNEX TABLET CHEWABLE 750 MG ORAL	Non-Formulary	Non FDA Exclusion
DEPLIN FC CAPSULE 15 MG ORAL	Non-Formulary	Non FDA Exclusion
DEPLIN FC CAPSULE 7.5 MG ORAL	Non-Formulary	Non FDA Exclusion
ELFOLATE TABLET 15 MG ORAL	Non-Formulary	Non FDA Exclusion
ELFOLATE TABLET 7.5 MG ORAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ENTERAGAM PACKET 5 GM ORAL	Non-Formulary	Non FDA Exclusion
GALAXTRA POWDER ORAL (RX)	Non-Formulary	Non FDA Exclusion
LIMBREL CAPSULE 250 MG ORAL	Non-Formulary	Non FDA Exclusion
LIMBREL CAPSULE 500 MG ORAL	Non-Formulary	Non FDA Exclusion
l-methylfolate calcium tablet 15 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate calcium tablet 15 mg oral	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
l-methylfolate calcium tablet 7.5 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate tablet 15 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate tablet 15 mg oral	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
l-methylfolate tablet 7.5 mg oral	Non-Formulary	Non FDA Exclusion
VASCAZEN CAPSULE 1 GM ORAL	Non-Formulary	Non FDA Exclusion
XAQUIL XR TABLET EXTENDED RELEASE 25.5 MG ORAL	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Nutritional Supplements - Diet Aids		
APP SLIM RMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
Nutritional Supplements		
AMINOPMRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
ASILNASALRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
CAMINO PRO COMPLETE/GLYTACTIN BAR ORAL	Non-Formulary	Non FDA Exclusion
ENU NUTRITIONAL SHAKE LIQUID ORAL (RX)	Non-Formulary	Non FDA Exclusion
ENU PRO3 PLUS POWDER ORAL	Non-Formulary	Non FDA Exclusion
equacare jr powder oral	Non-Formulary	Non FDA Exclusion
ESSENTIAL CARE JR POWDER ORAL	Non-Formulary	Non FDA Exclusion
FIBERSOURCE HN LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BETTERMILK 15 PACKET ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
GLYTACTIN BETTERMILK DE-LITE PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 10PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PKU PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BURST PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN COMPLETE 10PE BAR ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE 5 PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD 15 LIQUID ORAL	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
GLYTACTIN RTD LITE 15 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN SWIRL 15 PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN SWIRL 15PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
HCU EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion
HCU EXPRESS 15 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
HCU EXPRESS 20 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
HOMACTIN AA PLUS LIQUID ORAL	Non-Formulary	Non FDA Exclusion
HOMACTIN AA PLUS PACKET ORAL	Non-Formulary	Non FDA Exclusion
ISOVACTIN AA PLUS PACKET ORAL	Non-Formulary	Non FDA Exclusion
KATE FARMS PEPTIDE 1.5 LIQUID ENTERAL	Non-Formulary	Non FDA Exclusion
KATE FARMS STANDARD 1.4 LIQUID ENTERAL	Non-Formulary	Non FDA Exclusion
KETOVIE 3:1 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
KETOVIE 4:1 LIQUID ORAL	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
KETOVIE LIQUID ORAL	Non-Formulary	Non FDA Exclusion
KETOVIE PEPTIDE LIQUID ORAL	Non-Formulary	Non FDA Exclusion
MSUD EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion
NOURISH LIQUID ORAL	Non-Formulary	Non FDA Exclusion
PHENYLADE GMP MIX DHA/FIBER POWDER ORAL (RX)	Non-Formulary	Non FDA Exclusion
PKU EASY MICROTABS PLUS TABLET DELAYED RELEASE ORAL	Non-Formulary	Non FDA Exclusion
PKU EASY MICROTABS TABLET DELAYED RELEASE ORAL (RX)	Non-Formulary	Non FDA Exclusion
PKU EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion
PKU EXPRESS 15 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
PKU EXPRESS 20 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
PKU GO PACKET ORAL	Non-Formulary	Non FDA Exclusion
thrivacin 30 liquid oral	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
thrivacin detox liquid oral	Non-Formulary	Non FDA Exclusion
TYLACTIN BUILD 20PE TYR PACKET ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN COMPLETE 15 PE BAR ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN RESTORE 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN RESTORE 5PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN RTD 15 LIQUID ORAL (RX)	Non-Formulary	Non FDA Exclusion
TYR EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion
TYR EXPRESS 15 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
TYR EXPRESS 20 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
VILACTIN AA PLUS LIQUID ORAL	Non-Formulary	Non FDA Exclusion
VILACTIN AA PLUS PACKET ORAL	Non-Formulary	Non FDA Exclusion
Sweeteners		
sodium saccharin granules (rx)	Non-Formulary	Formulary Exclusion
sodium saccharin powder (rx)	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
DIGESTIVE AIDS		
****Digestive Enzyme Combinations******		
enzadyne capsule oral	Non-Formulary	Non FDA Exclusion
****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	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 4200-14200 UNIT ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	Non-Formulary	Formulary Exclusion
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL	Non-Formulary	Formulary Exclusion
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	Non-Formulary	Formulary Exclusion
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000-28750 UNIT ORAL	Non-Formulary	Formulary Exclusion
SUCRAID SOLUTION 8500 UNIT/ML ORAL	3	PA; Specialty*
VIOKACE TABLET 10440-39150 UNIT ORAL	Non-Formulary	Formulary Exclusion
VIOKACE TABLET 20880-78300 UNIT ORAL	Non-Formulary	Formulary Exclusion
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	2	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
acetazolamide sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
acetazolamide tablet 125 mg oral	1	
acetazolamide tablet 125 mg oral	1	Mony Code (MONY Code)
acetazolamide tablet 250 mg oral	1	
dichlorphenamide tablet 50 mg oral	1	PA; Specialty*
KEVEYIS TABLET 50 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
methazolamide tablet 25 mg oral	1	
methazolamide tablet 50 mg oral	1	
ORMALVI TABLET 50 MG ORAL	1	PA; Specialty*
Diuretic Combinations*		
ALDACTAZIDE TABLET 25-25 MG ORAL	Non-Formulary	Formulary Exclusion
ALDACTAZIDE TABLET 50-50 MG ORAL	3	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
amiloride-hydrochlorothiazide tablet 5-50 mg oral	1	
amiloride-hydrochlorothiazide tablet 5-50 mg oral	1	Mony Code (MONY code issue)
DYAZIDE CAPSULE 37.5-25 MG ORAL	Non-Formulary	Formulary Exclusion
MAXZIDE TABLET 75-50 MG ORAL	Non-Formulary	Formulary Exclusion
MAXZIDE-25 TABLET 37.5-25 MG ORAL	Non-Formulary	Formulary Exclusion
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 solution 0.25 mg/ml injection	Non-Formulary	Medical Only Exclusion
bumetanide tablet 0.5 mg oral	1	
bumetanide tablet 1 mg oral	1	

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Drug Name	Tier	Notes
bumetanide tablet 2 mg oral	1	
BUMEX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
BUMEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
BUMEX TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
EDECRIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ethacrynate sodium solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
ethacrynic acid tablet 25 mg oral	1	
FUROSCIX CARTRIDGE KIT 80 MG/10ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
furosemide in sodium chloride solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Formulary Exclusion
furosemide solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
furosemide solution 10 mg/ml oral	1	
furosemide solution 8 mg/ml oral	3	

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Drug Name	Tier	Notes
furosemide tablet 20 mg oral	1	
furosemide tablet 40 mg oral	1	
furosemide tablet 80 mg oral	1	
LASIX TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LASIX TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
LASIX TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
SOAANZ TABLET 20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
SOAANZ TABLET 40 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
SOAANZ TABLET 60 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
SODIUM EDECRIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
torsemide tablet 10 mg oral	1	
torsemide tablet 100 mg oral	1	

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Drug Name	Tier	Notes
torsemide tablet 20 mg oral	2	
torsemide tablet 20 mg oral	1	
torsemide tablet 5 mg oral	1	
Osmotic Diuretics*		
mannitol solution 20 % intravenous	Non-Formulary	Medical Only Exclusion
mannitol solution 25 % intravenous	Non-Formulary	Medical Only Exclusion
OSMITROL SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OSMITROL SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
OSMITROL SOLUTION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Potassium Sparing Diuretics*		
ALDACTONE TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
ALDACTONE TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ALDACTONE TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
amiloride hcl tablet 5 mg oral	1	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CAROSPIR SUSPENSION 25 MG/5ML ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DYRENIUM CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
DYRENIUM CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
spironolactone suspension 25 mg/5ml oral	1	Non Essential Drug Exclusion
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		
chlorothiazide sodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
chlorthalidone tablet 25 mg oral	1	

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Drug Name	Tier	Notes
chlorthalidone tablet 25 mg oral	1	Mony Code (MONY Code)
chlorthalidone tablet 50 mg oral	1	
chlorthalidone tablet 50 mg oral	1	Mony Code (MONY Code)
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	
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	

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Drug Name	Tier	Notes
metolazone tablet 5 mg oral	1	
SODIUM DIURIL SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
THALITONE TABLET 15 MG ORAL	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
****Abortifacient - Progesterone Receptor Antagonists******		
MIFEPREX TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
mifepristone tablet 200 mg oral	Non-Formulary	Formulary Exclusion
****Acid Sphingomyelinase Deficiency (Asmd) - Agents******		
XENPOZYME SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
XENPOZYME SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Adenosine Deaminase Scid Treatment - Agents******		
REVCOVI SOLUTION 2.4 MG/1.5ML INTRAMUSCULAR	2	PA; Specialty*
****Alpha-Mannosidosis Treatment - Agents******		
LAMZEDE SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Aromatic Amino Acid Decarboxylate Deficiency - Agents******		
KEBILIDI SUSPENSION 280000000000 VG/0.5ML INJECTION	Non-Formulary	Medical Only Exclusion
****Atp-Sensitive Potassium Channel Activators******		

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Drug Name	Tier	Notes
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PA; Specialty*
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	3	PA; Specialty*
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	3	PA; Specialty*
Bisphosphonates		
ACTONEL TABLET 150 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
ACTONEL TABLET 35 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL

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Drug Name	Tier	Notes
alendronate sodium solution 70 mg/75ml oral	1	Mony Code (MONY code issue); QL
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	Mony Code (MONY Code); QL
alendronate sodium tablet 70 mg oral	1	QL
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
BINOSTO TABLET EFFERVESCENT 70 MG ORAL	3	Non Essential Drug Exclusion; QL
BONIVA TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL	3	QL
FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL	3	QL
FOSAMAX TABLET 70 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ibandronate sodium solution 3 mg/3ml intravenous	1	
ibandronate sodium tablet 150 mg oral	1	QL
pamidronate disodium solution 30 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
pamidronate disodium solution 6 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
pamidronate disodium solution 90 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
RECLAST SOLUTION 5 MG/100ML INTRAVENOUS	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
risedronate sodium tablet 150 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
risedronate sodium tablet 30 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
risedronate sodium tablet 35 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
risedronate sodium tablet 5 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
risedronate sodium tablet delayed release 35 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
zoledronic acid concentrate 4 mg/5ml intravenous	1	PA; Specialty*
zoledronic acid solution 4 mg/100ml intravenous	3	PA; Specialty*
zoledronic acid solution 5 mg/100ml intravenous	1	PA; Specialty*; QL
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
PARSABIV SOLUTION 10 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARSABIV SOLUTION 2.5 MG/0.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
PARSABIV SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SENSIPAR TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SENSIPAR TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SENSIPAR TABLET 90 MG ORAL	Non-Formulary	Formulary Exclusion; QL
****Calcitonins******		
calcitonin (salmon) solution 200 unit/act nasal	1	QL
calcitonin (salmon) solution 200 unit/ml injection	1	QL
MIACALCIN SOLUTION 200 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion; QL
****Carnitine Replenisher - Agents******		
CARNITOR SF SOLUTION 1 GM/10ML ORAL	Non-Formulary	Formulary Exclusion
CARNITOR SOLUTION 1 GM/10ML ORAL	Non-Formulary	Formulary Exclusion
CARNITOR SOLUTION 200 MG/ML INTRAVENOUS	3	

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Drug Name	Tier	Notes
CARNITOR TABLET 330 MG ORAL	Non-Formulary	Formulary Exclusion
levocarnitine sf solution 1 gm/10ml oral	1	
levocarnitine solution 1 gm/10ml oral	1	
levocarnitine solution 200 mg/ml intravenous	1	
levocarnitine solution 500 mg/ml injection	Non-Formulary	Non FDA Exclusion
levocarnitine tablet 330 mg oral	1	
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor		
XPHOZAH TABLET 20 MG ORAL	Non-Formulary	PA; Formulary Exclusion
XPHOZAH TABLET 30 MG ORAL	Non-Formulary	PA; Formulary Exclusion
Corticotropin		
ACTHAR GEL 80 UNIT/ML INJECTION	3	PA; Specialty*
ACTHAR GEL PEN-INJECTOR 40 UNIT/0.5ML SUBCUTANEOUS	3	PA; Specialty*

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Drug Name	Tier	Notes
ACTHAR GEL PEN-INJECTOR 80 UNIT/ML SUBCUTANEOUS	3	PA; Specialty*
CORTROPHIN GEL 80 UNIT/ML INJECTION	3	PA; Specialty*
CORTROPHIN GEL PREFILLED SYRINGE 40 UNIT/0.5ML SUBCUTANEOUS	3	PA; Specialty*
CORTROPHIN GEL PREFILLED SYRINGE 80 UNIT/ML SUBCUTANEOUS	3	PA; Specialty*
****Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag****		
CRENESSITY CAPSULE 100 MG ORAL	3	PA; Specialty*; QL
CRENESSITY CAPSULE 25 MG ORAL	3	PA; Specialty*; QL
CRENESSITY CAPSULE 50 MG ORAL	3	PA; Specialty*; QL
CRENESSITY SOLUTION 50 MG/ML ORAL	3	PA; Specialty*; QL
****Cortisol Synthesis Inhibitors******		
ISTURISA TABLET 1 MG ORAL	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
ISTURISA TABLET 10 MG ORAL	3	PA; Specialty*; QL
ISTURISA TABLET 5 MG ORAL	3	PA; Specialty*; QL
RECORLEV TABLET 150 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
Dopamine Receptor Agonists*		
cabergoline tablet 0.5 mg oral	1	
Fabry Disease - Agents*		
ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ELFABRIO SOLUTION 5 MG/2.5ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	3	PA; Specialty*; QL
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	3	PA; Specialty*; QL
GALAFOLD CAPSULE 123 MG ORAL	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
Gaa Deficiency Treatment - Agents*		
LUMIZYME SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	3	PA; Specialty*
NEXVIAZYME SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
OPFOLDA CAPSULE 65 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
POMBILITI SOLUTION RECONSTITUTED 105 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Gnrh/Lhrh Antagonists*		
cetrorelix acetate kit 0.25 mg subcutaneous	2	PA; Specialty*
CETROTIDE KIT 0.25 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
FYREMADEL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	1	PA; Specialty*

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Drug Name	Tier	Notes
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; Specialty*
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
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	3	PA; Specialty*
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	3	PA; Specialty*
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS	3	PA; Specialty*
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	3	PA; Specialty*

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	3	PA; Specialty*
Growth Hormone Releasing Hormones (Ghrh)*		
EGRIFTA SV SOLUTION RECONSTITUTED 2 MG SUBCUTANEOUS	3	QL
Growth Hormones*		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	2	PA; Specialty*

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	2	PA; Specialty*
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
HUMATROPE CARTRIDGE 12 MG INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
HUMATROPE CARTRIDGE 24 MG INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
HUMATROPE CARTRIDGE 6 MG INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
HUMATROPE SOLUTION RECONSTITUTED 5 MG INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	2	PA; Specialty*
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS	2	PA; Specialty*
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	2	PA; Specialty*
NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS	3	PA; Specialty*
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS	3	PA; Specialty*
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	3	PA; Specialty*

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
SAIZENPREP SOLUTION RECONSTITUTED 8.8 MG INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS	2	PA; Specialty*
SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS	2	PA; Specialty*

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS	2	PA; Specialty*
SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS	2	PA; Specialty*
SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS	2	PA; Specialty*
SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS	2	PA; Specialty*
SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS	2	PA; Specialty*
SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS	2	PA; Specialty*
SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS	2	PA; Specialty*
SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	2	PA; Specialty*

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	2	PA; Specialty*
SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	2	PA; Specialty*
ZOMACTON (FOR ZOMA-JET 10) SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZORBTIVE SOLUTION RECONSTITUTED 8.8 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN PACKET 2 GM ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents		
nitisinone capsule 10 mg oral	1	PA; Specialty*
nitisinone capsule 2 mg oral	1	PA; Specialty*
nitisinone capsule 20 mg oral	1	PA; Specialty*
nitisinone capsule 5 mg oral	1	PA; Specialty*
NITYR TABLET 10 MG ORAL	2	PA; Specialty*
NITYR TABLET 2 MG ORAL	2	PA; Specialty*
NITYR TABLET 5 MG ORAL	2	PA; Specialty*
ORFADIN CAPSULE 10 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
ORFADIN CAPSULE 2 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
ORFADIN CAPSULE 20 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
ORFADIN CAPSULE 5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
ORFADIN SUSPENSION 4 MG/ML ORAL	2	PA; Specialty*
Homocystinuria Treatment - Agents*		
betaine powder oral	1	PA
betaine powder oral	Non-Formulary	PA; Non FDA Exclusion
CYSTADANE POWDER ORAL	Non-Formulary	PA; Formulary Exclusion
Hyperammonemia Treatment - Agents*		
CARBAGLU TABLET SOLUBLE 200 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
carglumic acid tablet soluble 200 mg oral	1	PA; Specialty*
Hyperparathyroid Treatment - Vitamin D Analogs*		
calcitriol capsule 0.25 mcg oral	1	

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Drug Name	Tier	Notes
calcitriol capsule 0.5 mcg oral	1	
calcitriol solution 1 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
calcitriol solution 1 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
calcitriol solution 1 mcg/ml oral	Non-Formulary	Formulary Exclusion
doxercalciferol capsule 0.5 mcg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
doxercalciferol capsule 1 mcg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
doxercalciferol capsule 2.5 mcg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
doxercalciferol solution 4 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
HECTOROL SOLUTION 4 MCG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
paricalcitol capsule 1 mcg oral	Non-Formulary	Formulary Exclusion
paricalcitol capsule 2 mcg oral	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
paricalcitol capsule 4 mcg oral	Non-Formulary	Formulary Exclusion
paricalcitol solution 2 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
paricalcitol solution 5 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	3	
ROCALTROL CAPSULE 0.25 MCG ORAL	Non-Formulary	Formulary Exclusion
ROCALTROL CAPSULE 0.5 MCG ORAL	Non-Formulary	Formulary Exclusion
ROCALTROL SOLUTION 1 MCG/ML ORAL	Non-Formulary	Formulary Exclusion
ZEMPLAR CAPSULE 1 MCG ORAL	Non-Formulary	Formulary Exclusion
ZEMPLAR CAPSULE 2 MCG ORAL	Non-Formulary	Formulary Exclusion
ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Hypoparathyroid Treatment - Parathyroid Hormone Analogs*		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	3	PA; Specialty*; QL
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	3	PA; Specialty*; QL
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	3	PA; Specialty*; QL
Hypophosphatasia (Hpp) Agents*		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	2	PA; Specialty*
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	2	PA; Specialty*
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	2	PA; Specialty*
****Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)******		
TEPEZZA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Insulin-Like Growth Factors (Somatomedins)******		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	2	PA; Specialty*
****Leptin Analogues******		
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	3	PA; Specialty*
****Lhrh/Gnrh Agonist Analog Pituitary Suppressants******		

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Drug Name	Tier	Notes
FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	2	PA; Specialty*; QL
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
SUPPRELIN LA KIT 50 MG SUBCUTANEOUS	3	PA; Specialty*; QL
SYNAREL SOLUTION 2 MG/ML NASAL	3	PA; Specialty*
TRIPTODUR SUSPENSION RECONSTITUTED ER 22.5 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
****Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents******		
TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	3	PA; Specialty*; QL
****Lysosomal Acid Lipase (Lal) Deficiency - Agents******		
KANUMA SOLUTION 20 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Molybdenum Cofactor Deficiency (Mocd) - Agents******		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NULIBRY SOLUTION RECONSTITUTED 9.5 MG INTRAVENOUS	3	PA; Specialty*
Mucopolysaccharidosis I (Mps I) - Agents*		
ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Mucopolysaccharidosis Ii (Mps Ii) - Agents*		
ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS	3	PA; Specialty*; QL
Mucopolysaccharidosis Iv (Mps Iv) - Agents*		
VIMIZIM SOLUTION 5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Mucopolysaccharidosis Vi (Mps Vi) - Agents*		

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Drug Name	Tier	Notes
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Mucopolysaccharidosis Vii (Mps Vii) - Agents******		
MEPSEVII SOLUTION 10 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Natriuretic Peptides******		
VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	3	PA; Specialty*
VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS	3	PA; Specialty*
VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	3	PA; Specialty*
****Neurokinin 3 (Nk3) Receptor Antagonists******		
VEOZAH TABLET 45 MG ORAL	3	

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Drug Name	Tier	Notes
Non-Steroidal Mineralocorticoid Receptor Antagonists*		
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
Ovulation Stimulants-Gonadotropins*		
chorionic gonadotropin solution reconstituted 10000 unit intramuscular	Non-Formulary	PA; Mony Code (MONY code issue); Specialty*; Formulary Exclusion
FOLLISTIM AQ SOLUTION 300 UNT/0.36ML SUBCUTANEOUS	3	PA; Specialty*
FOLLISTIM AQ SOLUTION 600 UNT/0.72ML SUBCUTANEOUS	3	PA; Specialty*
FOLLISTIM AQ SOLUTION 900 UNT/1.08ML SUBCUTANEOUS	3	PA; Specialty*

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Drug Name	Tier	Notes
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 300 UNIT/0.5ML SUBCUTANEOUS	2	PA; Specialty*
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 450 UNT/0.75ML SUBCUTANEOUS	2	PA; Specialty*
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 900 UNIT/1.5ML SUBCUTANEOUS	2	PA; Specialty*
GONAL-F RFF SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	2	PA; Specialty*
GONAL-F SOLUTION RECONSTITUTED 1050 UNIT INJECTION	2	PA; Specialty*
GONAL-F SOLUTION RECONSTITUTED 450 UNIT INJECTION	2	PA; Specialty*
MENOPUR SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	3	PA; Specialty*

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Drug Name	Tier	Notes
NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	1	PA; Mony Code (MONY code issue); Specialty*
NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR	2	PA; Specialty*
OVIDREL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	3	PA; Specialty*
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	1	PA; Mony Code (MONY Code); Specialty*
Ovulation Stimulants-Synthetic		
CLOMID TABLET 50 MG ORAL	1	PA
clomiphene citrate tablet 50 mg oral	1	PA
clomiphene citrate tablet 50 mg oral	1	PA; Mony Code (MONY Code)
Parathyroid Hormone And Derivatives		

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Drug Name	Tier	Notes
BONSITY SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
FORTEO SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
NATPARA CARTRIDGE 100 MCG SUBCUTANEOUS	3	PA; Specialty*; QL
NATPARA CARTRIDGE 25 MCG SUBCUTANEOUS	3	PA; Specialty*; QL
NATPARA CARTRIDGE 50 MCG SUBCUTANEOUS	3	PA; Specialty*; QL
NATPARA CARTRIDGE 75 MCG SUBCUTANEOUS	3	PA; Specialty*; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	PA; Specialty*; QL
teriparatide solution pen-injector 620 mcg/2.48ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL

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Drug Name	Tier	Notes
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	2	PA; Specialty*; QL
Phenylketonuria Treatment - Agents*		
JAVYGTOR PACKET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
JAVYGTOR PACKET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
JAVYGTOR TABLET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
KUVAN PACKET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
KUVAN PACKET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
KUVAN TABLET 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	3	PA; Specialty*; QL
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	3	PA; Specialty*; QL
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	3	PA; Specialty*; QL
sapropterin dihydrochloride packet 100 mg oral	1	PA; Specialty*
sapropterin dihydrochloride packet 500 mg oral	1	PA; Specialty*
sapropterin dihydrochloride tablet 100 mg oral	1	PA; Specialty*
Rank Ligand (Rankl) Inhibitors		
JUBBONTI SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty*
OSENVELT SOLUTION 120 MG/1.7ML SUBCUTANEOUS	Non-Formulary	PA; New to Market Exclusion; Specialty*
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	2	PA; Specialty*; QL

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	2	PA; Specialty*; QL with criteria
STOBOCLO SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	Non-Formulary	PA; New to Market Exclusion; Specialty*
WYOST SOLUTION 120 MG/1.7ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty*
XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS	3	PA; Specialty*; QL
Sclerostin Inhibitors*		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
Selective Estrogen Receptor Modulators (Serms)*		
EVISTA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
OSPHENA TABLET 60 MG ORAL	3	
raloxifene hcl tablet 60 mg oral	1	
Selective Vasopressin V2-Receptor Antagonists*		
JYNARQUE TABLET 15 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
JYNARQUE TABLET 30 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
JYNARQUE TABLET THERAPY PACK 15 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
JYNARQUE TABLET THERAPY PACK 30 & 15 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
JYNARQUE TABLET THERAPY PACK 45 & 15 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
JYNARQUE TABLET THERAPY PACK 60 & 30 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL

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Drug Name	Tier	Notes
JYNARQUE TABLET THERAPY PACK 90 & 30 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
SAMSCA TABLET 15 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
SAMSCA TABLET 30 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
tolvaptan tablet 15 mg oral	1	PA; Specialty*; QL
tolvaptan tablet 15 mg oral	3	PA; Specialty*; QL
tolvaptan tablet 30 mg oral	1	PA; Specialty*; QL
tolvaptan tablet therapy pack 15 mg oral	1	PA; Specialty*; QL
tolvaptan tablet therapy pack 30 & 15 mg oral	1	PA; Specialty*; QL
tolvaptan tablet therapy pack 45 & 15 mg oral	1	PA; Specialty*; QL
tolvaptan tablet therapy pack 60 & 30 mg oral	1	PA; Specialty*; QL
tolvaptan tablet therapy pack 90 & 30 mg oral	1	PA; Specialty*; QL
Somatostatic Agents*		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
BYNFEZIA PEN SOLUTION PEN-INJECTOR 2500 MCG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
lanreotide acetate solution 120 mg/0.5ml subcutaneous	1	PA; Specialty*
lanreotide acetate solution 120 mg/0.5ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
MYCAPSSA CAPSULE DELAYED RELEASE 20 MG ORAL	3	PA; Specialty*
octreotide acetate kit 10 mg intramuscular	1	PA; Specialty*
octreotide acetate kit 20 mg intramuscular	1	PA; Specialty*
octreotide acetate kit 30 mg intramuscular	1	PA; Specialty*
octreotide acetate solution 100 mcg/ml injection	1	PA; Specialty*
octreotide acetate solution 1000 mcg/ml injection	1	PA; Specialty*
octreotide acetate solution 200 mcg/ml injection	1	PA; Specialty*
octreotide acetate solution 50 mcg/ml injection	1	PA; Specialty*
octreotide acetate solution 500 mcg/ml injection	1	PA; Specialty*

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Drug Name	Tier	Notes
octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous	2	PA; Specialty*
octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous	2	PA; Specialty*
octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous	2	PA; Specialty*
SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion
SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion
SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion
SANDOSTATIN SOLUTION 100 MCG/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
SANDOSTATIN SOLUTION 50 MCG/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
SANDOSTATIN SOLUTION 500 MCG/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 10 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 20 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 30 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 40 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 60 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS	3	PA; Specialty*
SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS	3	PA; Specialty*
SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS	3	PA; Specialty*
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	2	PA; Specialty*
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	2	PA; Specialty*
Tripeptidyl Peptidase 1 Deficiency Treatment - Agents*		
BRINEURA KIT 2 X 150 MG/5ML	Non-Formulary	Medical Only Exclusion
Urea Cycle Disorder - Agents*		

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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
AMMONUL SOLUTION 10-10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BUPHENYL POWDER 3 GM/TSP ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
BUPHENYL TABLET 500 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
citrulline easy tablet extended release 1 gm oral (rx)	Non-Formulary	Non FDA Exclusion
OLPRUVA (2 GM DOSE) THERAPY PACK 2 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
OLPRUVA (3 GM DOSE) THERAPY PACK 3 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
OLPRUVA (4 GM DOSE) THERAPY PACK 2 & 2 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
OLPRUVA (5 GM DOSE) THERAPY PACK 2 & 3 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
OLPRUVA (6 GM DOSE) THERAPY PACK 3 & 3 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
OLPRUVA (6.67 GM DOSE) THERAPY PACK 3 & 3.67 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
PHEBURANE PELLET 483 MG/GM ORAL	3	PA; Specialty*
RAVICTI LIQUID 1.1 GM/ML ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
sod benz-sod phenylacet solution 10-10 % intravenous	Non-Formulary	Medical Only Exclusion
sodium phenylbutyrate powder 3 gm/tsp oral	1	PA; Specialty*
sodium phenylbutyrate tablet 500 mg oral	1	PA; Specialty*
V1a/V2-Arginine Vasopressin (Avp) Receptor Antagonists*		
VAPRISOL SOLUTION 20-5 MG/100ML-% INTRAVENOUS	3	
Vasopressin*		

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Drug Name	Tier	Notes
DDAVP PF SOLUTION 4 MCG/ML INJECTION	Non-Formulary	Formulary Exclusion
DDAVP SOLUTION 0.01 % NASAL	Non-Formulary	Formulary Exclusion
DDAVP SOLUTION 4 MCG/ML INJECTION	Non-Formulary	Formulary Exclusion
DDAVP TABLET 0.1 MG ORAL	Non-Formulary	Formulary Exclusion
DDAVP TABLET 0.2 MG ORAL	Non-Formulary	Formulary Exclusion
desmopressin ace spray refrig solution 0.01 % nasal	1	
desmopressin acetate pf solution 4 mcg/ml injection	1	
desmopressin acetate solution 1.5 mg/ml nasal	Non-Formulary	PA; Non FDA Exclusion
desmopressin acetate solution 4 mcg/ml injection	1	
desmopressin acetate spray solution 0.01 % nasal	1	
desmopressin acetate spray solution 0.01 % nasal	1	Mony Code (MONY code issue)
desmopressin acetate tablet 0.1 mg oral	1	

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Drug Name	Tier	Notes
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	PA
TERLIVAZ SOLUTION RECONSTITUTED 0.85 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
vasopressin +rfid solution 20 unit/ml intravenous	Non-Formulary	Non FDA Exclusion
vasopressin solution 20 unit/ml intravenous	1	
vasopressin solution 20 unit/ml intravenous	Non-Formulary	Non FDA Exclusion
vasopressin solution prefilled syringe 5 unit/5ml intravenous	Non-Formulary	Non FDA Exclusion
vasopressin-dextrose solution 20-5 ut/100ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
vasopressin-dextrose solution 50-5 ut/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
vasopressin-dextrose solution prefilled syringe 5-5 unit/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vasopressin-sodium chloride solution prefilled syringe 2-0.9 unit/2ml-% injection	Non-Formulary	Non FDA Exclusion
VASOSTRICT SOLUTION 20 UNIT/ML INTRAVENOUS	3	

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Drug Name	Tier	Notes
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	3	PA; Specialty*
CRYSVITA SOLUTION 20 MG/ML SUBCUTANEOUS	3	PA; Specialty*
CRYSVITA SOLUTION 30 MG/ML SUBCUTANEOUS	3	PA; Specialty*
ESTROGENS		
Estrogen & Androgen*		
COVARYX HS TABLET 0.625-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
COVARYX TABLET 1.25-2.5 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
EEMT HS TABLET 0.625-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
EEMT TABLET 1.25-2.5 MG ORAL	Non-Formulary	Formulary Exclusion
est estrogens-methyltest ds tablet 1.25-2.5 mg oral	Non-Formulary	Formulary Exclusion
est estrogens-methyltest hs tablet 0.625-1.25 mg oral	Non-Formulary	Formulary Exclusion
est estrogens-methyltest tablet 0.625-1.25 mg oral	Non-Formulary	Formulary Exclusion
est estrogens-methyltest tablet 1.25-2.5 mg oral	Non-Formulary	Formulary Exclusion
ESTRATEST F.S. TABLET 1.25-2.5 MG ORAL	Non-Formulary	Formulary Exclusion
ESTRATEST H.S. TABLET 0.625-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
Estrogen & Progestin		
ACTIVELLA TABLET 1-0.5 MG ORAL	Non-Formulary	Formulary Exclusion
AMABELZ TABLET 0.5-0.1 MG ORAL	1	
AMABELZ TABLET 1-0.5 MG ORAL	1	

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Drug Name	Tier	Notes
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	
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	Non-Formulary	Formulary Exclusion
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	
FEMHRT TABLET 0.5-2.5 MG-MCG ORAL	Non-Formulary	Formulary Exclusion
FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL	1	
FYAVOLV TABLET 1-5 MG-MCG ORAL	1	

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Drug Name	Tier	Notes
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

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Drug Name	Tier	Notes
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	
CLIMARA PATCH WEEKLY 0.025 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.0375 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
CLIMARA PATCH WEEKLY 0.05 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.06 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.075 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DELESTROGEN OIL 10 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DELESTROGEN OIL 20 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DELESTROGEN OIL 40 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR	3	

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Drug Name	Tier	Notes
DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 1 MG/GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	
ec-rx estradiol cream 0.4 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx estradiol cream 0.6 % transdermal	Non-Formulary	Non FDA Exclusion
ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
ESTRACE TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
ESTRACE TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
ESTRACE TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
estradiol gel 0.25 mg/0.25gm transdermal	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)

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Drug Name	Tier	Notes
estradiol gel 0.5 mg/0.5gm transdermal	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
estradiol gel 0.75 mg/0.75gm transdermal	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal	1	
estradiol gel 1 mg/gm transdermal	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)

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Drug Name	Tier	Notes
estradiol gel 1.25 mg/1.25gm transdermal	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	
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	

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Non-Formulary = Non-Formulary

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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 pellet 6 mg implant	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL	Non-Formulary	Formulary Exclusion
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
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	

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Drug Name	Tier	Notes
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	
MINIVELLE PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
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	
VIVELLE-DOT PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
VIVELLE-DOT PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
VIVELLE-DOT PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
VIVELLE-DOT PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
VIVELLE-DOT PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
Estrogen-Selective Estrogen Receptor Modulator Comb*		
DUAVEE TABLET 0.45-20 MG ORAL	2	
FLUOROQUINOLONES*		
Fluoroquinolones*		
BAXDELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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	
CIPRO TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
CIPRO TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ciprofloxacin hcl tablet 100 mg oral	1	Mony Code (MONY Code)
ciprofloxacin hcl tablet 250 mg oral	1	
ciprofloxacin hcl tablet 500 mg oral	1	
ciprofloxacin hcl tablet 750 mg oral	1	
ciprofloxacin in d5w solution 200 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
ciprofloxacin in d5w solution 400 mg/200ml intravenous	Non-Formulary	Medical Only Exclusion
ciprofloxacin suspension reconstituted 250 mg/5ml (5%) oral	1	
ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral	1	
levofloxacin in d5w solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
levofloxacin in d5w solution 500 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levofloxacin in d5w solution 750 mg/150ml intravenous	Non-Formulary	Medical Only Exclusion
levofloxacin solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
levofloxacin solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
levofloxacin solution 25 mg/ml oral	1	
levofloxacin solution 25 mg/ml oral	1	Mony Code (MONY Code)
levofloxacin solution 25 mg/ml oral	1	Mony Code (MONY CODE ISSUE)
levofloxacin tablet 250 mg oral	1	
levofloxacin tablet 500 mg oral	1	
levofloxacin tablet 750 mg oral	1	
moxifloxacin hcl in nacl solution 400 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)

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Drug Name	Tier	Notes
moxifloxacin hcl solution 400 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
moxifloxacin hcl tablet 400 mg oral	1	
ofloxacin tablet 300 mg oral	1	Mony Code (MONY Code)
ofloxacin tablet 400 mg oral	1	
GASTROINTESTINAL AGENTS - MISC.		
****5-Ht4 Receptor Agonists******		
MOTEGRITY TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MOTEGRITY TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion; QL
prucalopride succinate tablet 1 mg oral	1	ST; Step Therapy Requirements (TRIAL OF LINZESS AND TRULANCE IN THE PAST 365 DAYS); QL

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Drug Name	Tier	Notes
prucalopride succinate tablet 2 mg oral	1	ST; Step Therapy Requirements (TRIAL OF LINZESS AND TRULANCE IN THE PAST 365 DAYS); QL
Bile Acid Synthesis Disorder Agents*		
CHOLBAM CAPSULE 250 MG ORAL	3	PA; Specialty*
CHOLBAM CAPSULE 50 MG ORAL	3	PA; 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	2	PA; Specialty*
OCALIVA TABLET 5 MG ORAL	2	PA; Specialty*
Gallstone Solubilizing Agents*		

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Drug Name	Tier	Notes
ACTIGALL CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
CHENODAL TABLET 250 MG ORAL	1	PA; Specialty*
CTEXLI TABLET 250 MG ORAL	2	PA; Specialty*
RELTONE CAPSULE 200 MG ORAL	3	Non Essential Drug Exclusion
RELTONE CAPSULE 400 MG ORAL	3	Non Essential Drug Exclusion
URSO 250 TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
URSO FORTE TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ursodiol capsule 200 mg oral	3	Non Essential Drug Exclusion
ursodiol capsule 300 mg oral	1	
ursodiol capsule 400 mg oral	3	Non Essential Drug Exclusion
ursodiol tablet 250 mg oral	1	
ursodiol tablet 500 mg oral	1	
URSODIOL+SYRSPEND SF SUSPENSION 30 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
****Gastrointestinal Antiallergy Agents******		

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Drug Name	Tier	Notes
cromolyn sodium concentrate 100 mg/5ml oral	1	
GASTROCROM CONCENTRATE 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
Gastrointestinal Chloride Channel Activators*		
AMITIZA CAPSULE 24 MCG ORAL	Non-Formulary	Formulary Exclusion; QL
AMITIZA CAPSULE 8 MCG ORAL	Non-Formulary	Formulary Exclusion; QL
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
Gastrointestinal Stimulants*		
dexpanthenol solution 250 mg/ml injection	Non-Formulary	Non FDA Exclusion
GIMOTI SOLUTION 15 MG/ACT NASAL	3	Non Essential Drug Exclusion
metoclopramide hcl solution 10 mg/10ml oral	1	
metoclopramide hcl solution 5 mg/5ml oral	1	
metoclopramide hcl solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
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	
REGLAN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
****Glucagon-Like Peptide-2 (Glp-2) Analogs******		
GATTEX KIT 5 MG SUBCUTANEOUS	3	PA; Specialty*; QL
****Hepatotropics - Thyroid Hormone Receptor-Beta Agonists******		
REZDIFFRA TABLET 100 MG ORAL	3	PA; Specialty*; QL
REZDIFFRA TABLET 60 MG ORAL	3	PA; Specialty*; QL
REZDIFFRA TABLET 80 MG ORAL	3	PA; Specialty*; QL
****Ibs Agent - 5-Ht4 Receptor Partial Agonists******		

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Drug Name	Tier	Notes
ZELNORM TABLET 6 MG ORAL	Non-Formulary	Formulary Exclusion
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	
LOTRONEX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
LOTRONEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*		
IBSRELA TABLET 50 MG ORAL	Non-Formulary	PA; Formulary Exclusion
Ileal Bile Acid Transporter (Ibat) Inhibitors*		
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	3	PA; Specialty*; QL
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	3	PA; Specialty*; QL
BYLVAY CAPSULE 1200 MCG ORAL	3	PA; Specialty*; QL
BYLVAY CAPSULE 400 MCG ORAL	3	PA; Specialty*; QL
LIVMARLI SOLUTION 19 MG/ML ORAL	3	PA; Specialty*
LIVMARLI SOLUTION 9.5 MG/ML ORAL	3	PA; Specialty*
LIVMARLI TABLET 10 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
LIVMARLI TABLET 15 MG ORAL	3	PA; Specialty*
LIVMARLI TABLET 20 MG ORAL	3	PA; Specialty*
LIVMARLI TABLET 30 MG ORAL	3	PA; Specialty*
Inflammatory Bowel Agents*		
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL	Non-Formulary	Formulary Exclusion
ASACOL HD TABLET DELAYED RELEASE 800 MG ORAL	Non-Formulary	Formulary Exclusion
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
AZULFIDINE TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
balsalazide disodium capsule 750 mg oral	1	
CANASA SUPPOSITORY 1000 MG RECTAL	Non-Formulary	Formulary Exclusion
COLAZAL CAPSULE 750 MG ORAL	Non-Formulary	Formulary Exclusion
DELZICOL CAPSULE DELAYED RELEASE 400 MG ORAL	Non-Formulary	Formulary Exclusion

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Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Drug Name	Tier	Notes
DIPENTUM CAPSULE 250 MG ORAL	3	
LIALDA TABLET DELAYED RELEASE 1.2 GM ORAL	Non-Formulary	Formulary Exclusion
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	
mesalamine tablet delayed release 800 mg oral	1	
mesalamine tablet delayed release 800 mg oral	1	Mony Code (MONY code issue)
mesalamine tablet delayed release 800 mg oral	1	Mony Code (MONY Code)
mesalamine-cleanser kit 4 gm rectal	1	

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Drug Name	Tier	Notes
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	3	
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
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	3	PA; Specialty*
ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Interleukin Antagonists*		

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Drug Name	Tier	Notes
OMVOH (300 MG DOSE) SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
OMVOH (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
OMVOH SOLUTION 300 MG/15ML INTRAVENOUS	2	PA; Specialty*
OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; Specialty*
OMVOH SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	2	PA; Specialty*
OTULFI SOLUTION 130 MG/26ML INTRAVENOUS	Non-Formulary	PA; New to Market Exclusion; Specialty*
PYZCHIVA SOLUTION 130 MG/26ML INTRAVENOUS	Non-Formulary	New to Market Exclusion

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Drug Name	Tier	Notes
SELARSDI SOLUTION 130 MG/26ML INTRAVENOUS	2	PA; Specialty*
SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS	2	PA; Specialty*; QL
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	2	PA; Specialty*; QL
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	2	PA; Specialty*; QL
STELARA SOLUTION 130 MG/26ML INTRAVENOUS	2	PA; Specialty*
STEQEYMA SOLUTION 130 MG/26ML INTRAVENOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
TREMFYA CROHNS INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
TREMFYA PEN SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	2	PA; Specialty*

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Drug Name	Tier	Notes
TREMFYA SOLUTION 200 MG/20ML INTRAVENOUS	2	PA; Specialty*
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	2	PA; Specialty*
ustekinumab solution 130 mg/26ml intravenous	Non-Formulary	PA; New to Market Exclusion; Specialty*
ustekinumab-ttwe solution 130 mg/26ml intravenous	Non-Formulary	New to Market Exclusion
WEZLANA SOLUTION 130 MG/26ML INTRAVENOUS	Non-Formulary	Specialty*; PA messaging (Non Rebateable)
YESINTEK SOLUTION 130 MG/26ML INTRAVENOUS	2	PA; Specialty*
Intestinal Acidifiers*		
enulose solution 10 gm/15ml oral	1	
generlac solution 10 gm/15ml oral	1	

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Drug Name	Tier	Notes
lactulose encephalopathy solution 10 gm/15ml oral	1	
Live Fecal Microbiota (Human)*		
REBYOTA SUSPENSION 150 ML RECTAL	Non-Formulary	Medical Only Exclusion
VOWST CAPSULE ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
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	

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Drug Name	Tier	Notes
Peroxisome Proliferator-Activated Receptor Agonists*		
IQIRVO TABLET 80 MG ORAL	2	PA; Specialty*; QL
LIVDELZI CAPSULE 10 MG ORAL	2	PA; Specialty*; QL
Phosphate Binder Agents*		
AURYXIA TABLET 1 GM 210 MG(FE) ORAL	3	
calcium acetate (phos binder) capsule 667 mg oral	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	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	

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Drug Name	Tier	Notes
FOSRENOL TABLET CHEWABLE 1000 MG ORAL	Non-Formulary	Formulary Exclusion
FOSRENOL TABLET CHEWABLE 500 MG ORAL	Non-Formulary	Formulary Exclusion
FOSRENOL TABLET CHEWABLE 750 MG ORAL	Non-Formulary	Formulary Exclusion
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	
RENAGEL TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion
RENVELA PACKET 0.8 GM ORAL	Non-Formulary	Formulary Exclusion
RENVELA PACKET 2.4 GM ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
RENVELA TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion
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 400 mg oral	1	Mony Code (MONY code issue)
sevelamer hcl tablet 800 mg oral	1	
VELPHORO TABLET CHEWABLE 500 MG ORAL	2	
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)		
VELSIPITY TABLET 2 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
Tryptophan Hydroxylase Inhibitors		
XERMELO TABLET 250 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
Tumor Necrosis Factor Alpha Blockers*		
AVSOLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	2	PA; Specialty*
CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	3	PA; Specialty*
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CIMZIA-STARTER PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	3	PA; Specialty*
INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
infliximab solution reconstituted 100 mg intravenous	Non-Formulary	PA; Specialty*; Formulary Exclusion
REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
RENFLEXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	2	PA; Specialty*
ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZYMFENTRA (2 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZYMFENTRA (2 SYRINGE) PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
GENERAL ANESTHETICS		
****Anesthetics - Misc.******		
AMIDATE SOLUTION 2 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
anesthesia s/i-40a kit 200 mg/20ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
anesthesia s/i-40h kit 200 mg/20ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
anesthesia s/i-40s kit 200 mg/20ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DIPRIVAN EMULSION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIPRIVAN EMULSION 1000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIPRIVAN EMULSION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIPRIVAN EMULSION 500 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
etomidate solution 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
fresenius propoven emulsion 1000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
fresenius propoven emulsion 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
fresenius propoven emulsion 2000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
fresenius propoven emulsion 500 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
KETALAR SOLUTION 10 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
KETALAR SOLUTION 100 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
KETALAR SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
ketamine hcl solution 0.6 mg/ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
ketamine hcl solution 10 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution 100 mg/100ml intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
ketamine hcl solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
ketamine hcl solution prefilled syringe 100 mg/2ml injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
ketamine hcl solution prefilled syringe 100 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 20 mg/2ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 25 mg/ml injection	Non-Formulary	Medical Only Exclusion
ketamine hcl solution prefilled syringe 30 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 300 mg/30ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/5ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
ketamine hcl solution prefilled syringe 50 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl troche 100 mg sublingual	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 1000-0.65 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 1000-0.69 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 1000-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 1250-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 2500-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 500-0.8 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 500-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
ketamine hcl-sodium chloride solution prefilled syringe 10-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% injection	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 20-0.9 mg/2ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% injection	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous	Non-Formulary	Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
propofol emulsion 1000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
propofol emulsion 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
propofol emulsion 500 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
propofol-lipuro emulsion 1000 mg/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Barbiturate Anesthetics*		
BREVITAL SODIUM SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Medical Only Exclusion
methohexital sodium solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
methohexital sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
Volatile Anesthetics*		
desflurane solution inhalation	Non-Formulary	Formulary Exclusion
FORANE SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
isoflurane solution inhalation	Non-Formulary	Formulary Exclusion
sevoflurane solution inhalation	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
SUPRANE SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
TERRELL SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
ULTANE SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
GENITOURINARY AGENTS - MISCELLANEOUS		
****5-Alpha Reductase Inhibitors******		
AVODART CAPSULE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
dutasteride capsule 0.5 mg oral	1	
finasteride tablet 5 mg oral	1	
PROSCAR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
****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	

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Drug Name	Tier	Notes
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	3	
FLOMAX CAPSULE 0.4 MG ORAL	Non-Formulary	Formulary Exclusion
RAPAFLO CAPSULE 4 MG ORAL	Non-Formulary	Formulary Exclusion
RAPAFLO CAPSULE 8 MG ORAL	Non-Formulary	Formulary Exclusion
silodosin capsule 4 mg oral	1	
silodosin capsule 8 mg oral	1	
tamsulosin hcl capsule 0.4 mg oral	1	
UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
Anti-Infective Genitourinary Irrigants*		
neomycin-polymyxin b gu solution 40-200000 irrigation	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
Citrates*		

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Drug Name	Tier	Notes
cytra k crystals packet 3300-1002 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
cytra-2 solution 500-334 mg/5ml oral	1	
ORACIT SOLUTION 490-640 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
oral citrate solution 490-640 mg/5ml oral	Non-Formulary	Formulary Exclusion
pot & sod cit-cit ac solution 550-500-334 mg/5ml oral	1	
pot & sod cit-cit ac solution 550-500-334 mg/5ml oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
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	

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Drug Name	Tier	Notes
potassium citrate-citric acid solution 1100-334 mg/5ml oral	Non-Formulary	Formulary Exclusion
potassium citrate-citric acid solution 1100-334 mg/5ml oral	Non-Formulary	Non FDA Exclusion
sod citrate-citric acid solution 1.5-1 gm/15ml oral	Non-Formulary	Non FDA Exclusion
sod citrate-citric acid solution 3-2 gm/30ml oral	Non-Formulary	Non FDA Exclusion
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	Non-Formulary	Non FDA Exclusion
tricitrates solution 550-500-334 mg/5ml oral	Non-Formulary	Non FDA Exclusion
tricitrates solution 550-500-334 mg/5ml oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
UROCIT-K 10 TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ORAL	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
UROCIT-K 15 TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ORAL	Non-Formulary	Formulary Exclusion
UROCIT-K 5 TABLET EXTENDED RELEASE 5 MEQ (540 MG) ORAL	Non-Formulary	Formulary Exclusion
Cystinosis Agents		
CYSTAGON CAPSULE 150 MG ORAL	2	PA; Specialty*
CYSTAGON CAPSULE 50 MG ORAL	2	PA; Specialty*
PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL	3	PA; Specialty*
PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL	3	PA; Specialty*
PROCYSBI PACKET 300 MG ORAL	3	PA; Specialty*
PROCYSBI PACKET 75 MG ORAL	3	PA; Specialty*
Genitourinary Irrigants		
acetic acid solution 0.25 % irrigation	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ARGYLE STERILE SALINE SOLUTION 0.9 % IRRIGATION	Non-Formulary	Non FDA Exclusion
CURITY STERILE SALINE SOLUTION 0.9 % IRRIGATION	Non-Formulary	Non FDA Exclusion
glycine solution 1.5 % irrigation	Non-Formulary	Formulary Exclusion
glycine urologic solution 1.5 % irrigation	Non-Formulary	Formulary Exclusion
RENACIDIN SOLUTION IRRIGATION	Non-Formulary	Formulary Exclusion
sodium chloride solution 0.9 % irrigation	Non-Formulary	Non FDA Exclusion
sodium chloride solution 0.9 % irrigation	Non-Formulary	Formulary Exclusion
sorbitol solution 3 % irrigation	Non-Formulary	Formulary Exclusion
sorbitol-mannitol solution 2.7-0.54 gm/100ml irrigation	Non-Formulary	Formulary Exclusion
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag		
FILSPARI TABLET 200 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
FILSPARI TABLET 400 MG ORAL	3	PA; Specialty*
Igan Agents - Endothelin Receptor Antagonist*		
VANRAFIA TABLET 0.75 MG ORAL	3	PA; Specialty*
Interstitial Cystitis Agents*		
ELMIRON CAPSULE 100 MG ORAL	3	
pentosan polysulfate sodium capsule delayed release 150 mg oral	Non-Formulary	Non FDA Exclusion
pentosan polysulfate sodium capsule delayed release 200 mg oral	Non-Formulary	Non FDA Exclusion
RIMSO-50 SOLUTION 50 % INTRAVESICAL	Non-Formulary	Formulary Exclusion
Phosphates*		
K-PHOS NO 2 TABLET 305-700 MG ORAL	2	
Prostatic Hypertrophy Agent Combinations*		

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral	Non-Formulary	Formulary Exclusion
ENTADFI CAPSULE 5-5 MG ORAL	Non-Formulary	PA; Non Essential Drug Exclusion; Formulary Exclusion
JALYN CAPSULE 0.5-0.4 MG ORAL	Non-Formulary	Formulary Exclusion
Small Interfering Ribonucleic Acid Agents (Sirna)*		
OXLUMO SOLUTION 94.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS	3	PA; Specialty*
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	3	PA; Specialty*
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	3	PA; Specialty*
Urinary Analgesics*		

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Drug Name	Tier	Notes
PHENAZO TABLET 200 MG ORAL	1	
phenazopyridine hcl tablet 100 mg oral	Non-Formulary	Non FDA Exclusion
phenazopyridine hcl tablet 100 mg oral	1	
phenazopyridine hcl tablet 200 mg oral	Non-Formulary	Non FDA Exclusion
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	
THIOLA EC TABLET DELAYED RELEASE 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion
THIOLA EC TABLET DELAYED RELEASE 300 MG ORAL	Non-Formulary	PA; Formulary Exclusion
THIOLA TABLET 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion
tiopronin tablet 100 mg oral	1	PA

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Drug Name	Tier	Notes
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
Vesicoureteral Reflux (Vur) Agent Combinations		
DEFLUX PREFILLED SYRINGE 50-15 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
GOUT AGENTS		
Gout Agent Combinations		
colchicine-probenecid tablet 0.5-500 mg oral	1	
Gout Agents		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
allopurinol sodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
allopurinol tablet 100 mg oral	1	
allopurinol tablet 200 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
allopurinol tablet 300 mg oral	1	
ALOPRIM SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
colchicine capsule 0.6 mg oral	1	
colchicine capsule 0.6 mg oral	1	Mony Code (MONY code issue)
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Mony Code (MONY Code)
colchicine tablet 0.6 mg oral	1	Mony Code (MONY Code Issue)
COLCRYS TABLET 0.6 MG ORAL	Non-Formulary	Formulary Exclusion
febuxostat tablet 40 mg oral	1	

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Drug Name	Tier	Notes
febuxostat tablet 40 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: ALLOPURINOL TAB)
febuxostat tablet 80 mg oral	1	
febuxostat tablet 80 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: ALLOPURINOL TAB)
GLOPERBA SOLUTION 0.6 MG/5ML ORAL	3	ST; Step Therapy Requirements (TRIAL OF COLCHICINE CAPS OR TABS IN THE PAST 120 DAYS)
KRYSTEXXA SOLUTION 8 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL
MITIGARE CAPSULE 0.6 MG ORAL	Non-Formulary	Formulary Exclusion
ULORIC TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ULORIC TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
ZYLOPRIM TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ZYLOPRIM TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
Uricosurics*		
probenecid tablet 500 mg oral	1	
HEMATOLOGICAL AGENTS - MISC.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura*		
adzynma kit 1500 unit intravenous	3	PA; Specialty*
adzynma kit 500 unit intravenous	3	PA; Specialty*
Aminolevulinate Synthase 1-Directed Sirna*		
GIVLAARI SOLUTION 189 MG/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Antihemophilic Products - Antithrombin-Directed Sirna*		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
QFITLIA SOLUTION 20 MG/0.2ML SUBCUTANEOUS	3	PA; Specialty*
QFITLIA SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	3	PA; Specialty*
Antihemophilic Products - Gene Therapy Agents*		
BEQVEZ SUSPENSION THERAPY PACK 4 X 1 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BEQVEZ SUSPENSION THERAPY PACK 5 X 1 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BEQVEZ SUSPENSION THERAPY PACK 6 X 1 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BEQVEZ SUSPENSION THERAPY PACK 7 X 1 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 10 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HEMGENIX SUSPENSION THERAPY PACK 11 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 12 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 13 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 14 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 15 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 16 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 17 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 18 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HEMGENIX SUSPENSION THERAPY PACK 19 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 20 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 21 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 22 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 23 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 24 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 25 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 26 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
HEMGENIX SUSPENSION THERAPY PACK 27 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 28 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 29 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 30 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 31 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 32 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 33 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 34 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HEMGENIX SUSPENSION THERAPY PACK 35 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 36 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 37 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 38 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 39 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 40 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 41 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 42 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HEMGENIX SUSPENSION THERAPY PACK 43 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 44 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 45 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 46 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 47 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 48 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ROCTAVIAN SUSPENSION 20000000000000 VG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antihemophilic Products - Monoclonal Antibodies*		

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
ALHEMO SOLUTION PEN-INJECTOR 150 MG/1.5ML SUBCUTANEOUS	3	PA; Specialty*
ALHEMO SOLUTION PEN-INJECTOR 300 MG/3ML SUBCUTANEOUS	3	PA; Specialty*
ALHEMO SOLUTION PEN-INJECTOR 60 MG/1.5ML SUBCUTANEOUS	3	PA; Specialty*
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	2	PA; Specialty*
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	2	PA; Specialty*
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	2	PA; Specialty*
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; Specialty*; QL
Antihemophilic Products*		
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	2	PA; Specialty*
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
adynovate solution reconstituted 1000 unit intravenous	2	PA; Specialty*
adynovate solution reconstituted 1500 unit intravenous	2	PA; Specialty*
adynovate solution reconstituted 2000 unit intravenous	2	PA; Specialty*
adynovate solution reconstituted 250 unit intravenous	2	PA; Specialty*
adynovate solution reconstituted 3000 unit intravenous	2	PA; Specialty*
adynovate solution reconstituted 500 unit intravenous	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
adynovate solution reconstituted 750 unit intravenous	2	PA; Specialty*
AFSTYLA KIT 1000 UNIT INTRAVENOUS	2	PA; Specialty*
AFSTYLA KIT 1500 UNIT INTRAVENOUS	2	PA; Specialty*
AFSTYLA KIT 2000 UNIT INTRAVENOUS	2	PA; Specialty*
AFSTYLA KIT 250 UNIT INTRAVENOUS	2	PA; Specialty*
AFSTYLA KIT 2500 UNIT INTRAVENOUS	2	PA; Specialty*
AFSTYLA KIT 3000 UNIT INTRAVENOUS	2	PA; Specialty*
AFSTYLA KIT 500 UNIT INTRAVENOUS	2	PA; Specialty*
ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	2	PA; Specialty*
ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
ALTUVIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
ALTUVIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
ALTUVIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
ALTUVIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ALTUVIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	2	PA; Specialty*
ALTUVIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
BALFAXAR SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BALFAXAR SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BENEFIX KIT 1000 UNIT INTRAVENOUS	2	PA; Specialty*
BENEFIX KIT 2000 UNIT INTRAVENOUS	2	PA; Specialty*
BENEFIX KIT 250 UNIT INTRAVENOUS	2	PA; Specialty*
BENEFIX KIT 3000 UNIT INTRAVENOUS	2	PA; Specialty*
BENEFIX KIT 500 UNIT INTRAVENOUS	2	PA; Specialty*
COAGADEX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
COAGADEX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
CORIFACT KIT 1000-1600 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS	2	PA; Specialty*
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS	2	PA; Specialty*
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
ESPEROCT SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	3	PA; Specialty*
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
FEIBA SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
FEIBA SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	2	PA; Specialty*
FEIBA SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA; Specialty*
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	3	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA; Specialty*
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA; Specialty*
HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS	2	PA; Specialty*
HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS	2	PA; Specialty*
HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS	2	PA; Specialty*
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*

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Tier
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Non-Formulary = Non-Formulary

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS	2	PA; Specialty*
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
JIVI SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	2	PA; Specialty*
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
KCENTRA KIT 1000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KCENTRA KIT 500 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA; Specialty*
KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	3	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA; Specialty*
KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	3	PA; Specialty*
KOATE-DVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA; Specialty*
KOGENATE FS KIT 1000 UNIT INTRAVENOUS	2	PA; Specialty*
KOGENATE FS KIT 2000 UNIT INTRAVENOUS	2	PA; Specialty*
KOGENATE FS KIT 250 UNIT INTRAVENOUS	2	PA; Specialty*
KOGENATE FS KIT 3000 UNIT INTRAVENOUS	2	PA; Specialty*
KOGENATE FS KIT 500 UNIT INTRAVENOUS	2	PA; Specialty*

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
MONONINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*
NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	2	PA; Specialty*
NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	2	PA; Specialty*
NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	2	PA; Specialty*
NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS	2	PA; Specialty*
NUWIQ KIT 1000 UNIT INTRAVENOUS	2	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NUWIQ KIT 1500 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ KIT 2000 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ KIT 250 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ KIT 2500 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ KIT 3000 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ KIT 4000 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ KIT 500 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	2	PA; Specialty*

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NUWIQ SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	2	PA; Specialty*
NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
obizur solution reconstituted 500 unit intravenous	2	PA; Specialty*
PROFILNINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*
PROFILNINE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	2	PA; Specialty*
PROFILNINE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	2	PA; Specialty*

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	2	PA; Specialty*
REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	2	PA; Specialty*
REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	2	PA; Specialty*
RECOMBINATE SOLUTION RECONSTITUTED 1241-1800 UNIT INTRAVENOUS	2	PA; Specialty*
RECOMBINATE SOLUTION RECONSTITUTED 1801-2400 UNIT INTRAVENOUS	2	PA; Specialty*
RECOMBINATE SOLUTION RECONSTITUTED 220-400 UNIT INTRAVENOUS	2	PA; Specialty*

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RECOMBINATE SOLUTION RECONSTITUTED 401-800 UNIT INTRAVENOUS	2	PA; Specialty*
RECOMBINATE SOLUTION RECONSTITUTED 801-1240 UNIT INTRAVENOUS	2	PA; Specialty*
RIASTAP SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
rixubis solution reconstituted 1000 unit intravenous	2	PA; Specialty*
rixubis solution reconstituted 2000 unit intravenous	2	PA; Specialty*
rixubis solution reconstituted 250 unit intravenous	2	PA; Specialty*
rixubis solution reconstituted 3000 unit intravenous	2	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
rixubis solution reconstituted 500 unit intravenous	2	PA; Specialty*
SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	3	PA; Specialty*
SEVENFACT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	3	PA; Specialty*
SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	3	PA; Specialty*
TRETTEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	2	PA; Specialty*
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS	2	PA; Specialty*
VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS	2	PA; Specialty*
WILATE KIT 1000-1000 UNIT INTRAVENOUS	2	PA; Specialty*
WILATE KIT 500-500 UNIT INTRAVENOUS	2	PA; Specialty*

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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
XYNTHA KIT 1000 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA KIT 2000 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA KIT 250 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA KIT 500 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS	2	PA; Specialty*
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS	2	PA; Specialty*
Anti-Von Willebrand Factor Agents*		
CABLIVI KIT 11 MG INJECTION	3	PA; Specialty*

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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
Bradykinin B2 Receptor Antagonists*		
FIRAZYR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	1	PA; Specialty*
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	1	PA; Specialty*
C1 Esterase Inhibitors*		
BERINERT KIT 500 UNIT INTRAVENOUS	3	PA; Specialty*
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	3	PA; Specialty*
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	3	PA; Specialty*
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	3	PA; Specialty*

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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	3	PA; Specialty*
Complement C1 Inhibitors*		
ENJAYMO SOLUTION 1100 MG/22ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Complement C3 Inhibitors*		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	3	PA; Specialty*; QL
Complement C5 Inhibitors*		
BKEMV SOLUTION 300 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EPYSQLI SOLUTION 300 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PIASKY SOLUTION 340 MG/2ML INJECTION	Non-Formulary	Medical Only Exclusion
SOLIRIS SOLUTION 300 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
ULTOMIRIS SOLUTION 1100 MG/11ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTOMIRIS SOLUTION 300 MG/3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEOPOZ SOLUTION 400 MG/2ML INJECTION	Non-Formulary	Medical Only Exclusion
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	3	PA; Specialty*
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	3	PA; Specialty*
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	3	PA; Specialty*
Complement C5a Inhibitors*		
gohibic solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Drug Name	Tier	Notes
Complement C5a Receptor Inhibitors*		
TAVNEOS CAPSULE 10 MG ORAL	3	PA; Specialty*
Complement Factor B Inhibitors*		
FABHALTA CAPSULE 200 MG ORAL	2	PA; Specialty*
Complement Factor D Inhibitors*		
VOYDEYA TABLET 100 MG ORAL	3	PA; Specialty*; QL
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	3	PA; Specialty*; QL
Direct-Acting P2y12 Inhibitors*		
BRILINTA TABLET 60 MG ORAL	2	
BRILINTA TABLET 90 MG ORAL	2	
KENGREAL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ticagrelor tablet 60 mg oral	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
ticagrelor tablet 90 mg oral	1	
Glycoprotein Iib/Iiia Receptor Inhibitors*		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
eptifibatide solution 20 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
eptifibatide solution 200 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
eptifibatide solution 75 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
tirofiban hcl in nacl solution 12.5-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
tirofiban hcl in nacl solution 5-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Hematorheologic Agents*		
pentoxifylline er tablet extended release 400 mg oral	1	
Hemin*		
PANHEMATIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Human Protein C*		
CEPROTIN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CEPROTIN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Phosphodiesterase Iii Inhibitors*		
cilostazol tablet 100 mg oral	1	
cilostazol tablet 50 mg oral	1	
Plasma Expanders*		

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Drug Name	Tier	Notes
HESPAN SOLUTION 6-0.9 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
hetastarch-nacl solution 6-0.9 % intravenous	Non-Formulary	Medical Only Exclusion
HEXTEND SOLUTION 6 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LMD IN D5W SOLUTION 10-5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LMD IN NACL SOLUTION 10-0.9 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Plasma Factor Xiia Inhibitors - Monoclonal Antibodies		
ANDEMBRY SOLUTION AUTO-INJECTOR 200 MG/1.2ML SUBCUTANEOUS	3	PA; Specialty*
Plasma Kallikrein Inhibitors - Monoclonal Antibodies		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	3	PA; Specialty*

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	3	PA; Specialty*
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	3	PA; Specialty*
Plasma Kallikrein Inhibitors*		
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	3	PA; Specialty*
ORLADEYO CAPSULE 110 MG ORAL	3	PA; Specialty*; QL
ORLADEYO CAPSULE 150 MG ORAL	3	PA; Specialty*; QL
Plasma Proteins*		
ALBUKED 25 SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
ALBUKED 5 SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
albumin human solution 25 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
albumin human solution 5 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
ALBUMINEX SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALBUMINEX SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
albumin-zlb solution 25 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
albumin-zlb solution 5 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
alburx solution 5 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
ALBUTEIN SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALBUTEIN SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Drug Name	Tier	Notes
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
HUMAN ALBUMIN GRIFOLS SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
kedbumin solution 25 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
OCTAPLAS BLOOD GROUP A SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
OCTAPLAS BLOOD GROUP AB SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OCTAPLAS BLOOD GROUP B SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OCTAPLAS BLOOD GROUP O SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLASBUMIN-25 SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
PLASBUMIN-5 SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
PLASMANATE SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYPLAZIM SOLUTION RECONSTITUTED 68.8 MG INTRAVENOUS	3	PA; Specialty*
THROMBATE III SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Notes
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Specialty* = Specialty*
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Drug Name	Tier	Notes
THROMBATE III SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****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	Non Essential Drug Exclusion
aspirin-omeprazole tablet delayed release 81-40 mg oral	3	Non Essential Drug Exclusion
YOSPRALA TABLET DELAYED RELEASE 325-40 MG ORAL	3	Non Essential Drug Exclusion
YOSPRALA TABLET DELAYED RELEASE 81-40 MG ORAL	3	Non Essential Drug Exclusion
****Platelet Aggregation Inhibitors******		
dipyridamole tablet 25 mg oral	1	

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Drug Name	Tier	Notes
dipyridamole tablet 50 mg oral	1	
dipyridamole tablet 75 mg oral	1	
DURLAZA CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG ORAL	3	Non Essential Drug Exclusion
Protamine		
protamine sulfate solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
Protease-Activated Receptor-1 (Par-1) Antagonists		
ZONTIVITY TABLET 2.08 MG ORAL	3	
Pyruvate Kinase Activators		
PYRUKYND TABLET 20 MG ORAL	3	PA; Specialty*; QL
PYRUKYND TABLET 5 MG ORAL	3	PA; Specialty*; QL
PYRUKYND TABLET 50 MG ORAL	3	PA; Specialty*; QL
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	3	PA; Specialty*; QL
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	3	PA; Specialty*; QL
Quinazoline Agents*		
AGRYLIN CAPSULE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
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	2	PA; Specialty*; QL
TAVALISSE TABLET 150 MG ORAL	2	PA; Specialty*; QL
Thienopyridine Derivatives*		

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Drug Name	Tier	Notes
clopidogrel bisulfate tablet 300 mg oral	1	
clopidogrel bisulfate tablet 75 mg oral	1	
EFFIENT TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
EFFIENT TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
PLAVIX TABLET 75 MG ORAL	Non-Formulary	Formulary Exclusion
prasugrel hcl tablet 10 mg oral	1	
prasugrel hcl tablet 5 mg oral	1	
Thrombolytic Agent - Misc*		
DEFITELIO SOLUTION 200 MG/2.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Tissue Plasminogen Activators*		
ACTIVASE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ACTIVASE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
CATHFLO ACTIVASE SOLUTION RECONSTITUTED 2 MG INJECTION	Non-Formulary	Medical Only Exclusion
RETAVASE HALF-KIT KIT 1 X 10 UNIT INTRAVENOUS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
RETAVASE KIT 2 X 10 UNIT INTRAVENOUS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
TNKASE KIT 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMATOPOIETIC AGENTS		
****Agents For Gaucher Disease******		
CERDELGA CAPSULE 84 MG ORAL	2	PA; Specialty*; QL
CEREZYME SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELELYSO SOLUTION RECONSTITUTED 200 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
miglustat capsule 100 mg oral	1	PA; Specialty*

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Specialty* = Specialty*
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Drug Name	Tier	Notes
VPRIV SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
YARGESA CAPSULE 100 MG ORAL	1	PA; Specialty*
ZAVESCA CAPSULE 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
****Agents For Sickle Cell Disease - Autologous Gene Therapy******		
CASGEVY SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LYFGENIA SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Amino Acids******		
ENDARI PACKET 5 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
l-glutamine packet 5 gm oral	1	PA; Specialty*; QL
****Cobalamin Combinations******		

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Drug Name	Tier	Notes
ABANEU-SL TABLET SUBLINGUAL 600-600 MCG SUBLINGUAL	1	
BIOPAR DELTA-FORTE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
FOLTRATE TABLET 500-1 MCG-MG ORAL	Non-Formulary	Formulary Exclusion
lipo-b solution intramuscular	Non-Formulary	Non FDA Exclusion
neurin-sl tablet sublingual 600-600 mcg sublingual	Non-Formulary	Formulary Exclusion
vit b12-methionine-inos-chol solution intramuscular	Non-Formulary	Non FDA Exclusion
Cobalamins		
cyanocobalamin solution 1000 mcg/ml injection	1	
cyanocobalamin solution 2000 mcg/ml injection	Non-Formulary	Non FDA Exclusion
cyanocobalamin solution 500 mcg/0.1ml nasal	1	Non Essential Drug Exclusion
DODEX SOLUTION 1000 MCG/ML INJECTION	1	

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Drug Name	Tier	Notes
hydroxocobalamin acetate solution 1000 mcg/ml intramuscular	3	
methylcobalamin solution 150 mg/30ml injection	Non-Formulary	Non FDA Exclusion
methylcobalamin solution 30 mg/30ml injection	Non-Formulary	Non FDA Exclusion
methylcobalamin solution 300 mg/30ml injection	Non-Formulary	Non FDA Exclusion
methylcobalamin solution reconstituted 10000 mcg injection	Non-Formulary	Non FDA Exclusion
methylcobalamin solution reconstituted 50000 mcg injection	Non-Formulary	Non FDA Exclusion
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
physicians ez use b-12 kit 1000 mcg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vitamin deficiency system-b12 kit 1000 mcg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Cxcr4 Receptor Antagonist*		

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Notes
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Medical Only Exclusion = Medical Only Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
APHEXDA SOLUTION RECONSTITUTED 62 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
MOZOBIL SOLUTION 24 MG/1.2ML SUBCUTANEOUS	2	PA; Specialty*
plerixafor solution 24 mg/1.2ml subcutaneous	1	PA; Specialty*
XOLREMDI CAPSULE 100 MG ORAL	3	PA; Specialty*; QL
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
Erythroid Maturation Agents*		

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
REBLOZYL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
REBLOZYL SOLUTION RECONSTITUTED 75 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Erythropoiesis-Stimulating Agents (Esas)*		
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	2	PA; Specialty*

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Drug Name	Tier	Notes
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION	2	PA; Specialty*

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Drug Name	Tier	Notes
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION	2	PA; Specialty*
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION	2	PA; Specialty*
EPOGEN SOLUTION 10000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
EPOGEN SOLUTION 2000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
EPOGEN SOLUTION 20000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
EPOGEN SOLUTION 3000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
EPOGEN SOLUTION 4000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 30 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 50 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 75 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
PROCRIT SOLUTION 2000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
PROCRIT SOLUTION 20000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
PROCRIT SOLUTION 3000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
PROCRIT SOLUTION 4000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
PROCRIT SOLUTION 40000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	2	PA; Specialty*
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	2	PA; Specialty*

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Drug Name	Tier	Notes
RETACRIT SOLUTION 20000 UNIT/ML INJECTION	2	PA; Specialty*
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	2	PA; Specialty*
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	2	PA; Specialty*
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	2	PA; Specialty*
Folic Acid/Folate Combinations*		
AIRAVITE TABLET 2.5-25-1 MG ORAL	1	
ANIMI-3 CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
ANIMI-3/VITAMIN D CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
b-6 folic acid capsule 8.333-100-1 mg oral	Non-Formulary	Formulary Exclusion
bp vit 3 capsule 1 mg oral	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
CENFOL TABLET 2.3-24.5-2 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
cholecal df tablet 1-3800 mg-unit oral	Non-Formulary	Non FDA Exclusion
CIFEREX CAPSULE 1-3775 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX DOTREMIN TABLET 1-10000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX FOLTAMIN TABLET 125-1 MCG-MG ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX PUREFOLIX TABLET 1-5000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
fabb tablet 2.2-25-1 mg oral	Non-Formulary	Non FDA Exclusion
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	
FOLDITAM TABLET 1-10000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOLGARD RX TABLET 2.2-25-1 MG ORAL	Non-Formulary	Formulary Exclusion
folic d3 capsule 1-3775 mg-unit oral	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
FOLICORE B COMPLEX TABLET 1-10-0.4 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLI-D TABLET 1-2000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
folite tablet oral	Non-Formulary	Non FDA Exclusion
FOLIXAPURE TABLET 1-5000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOLIXATE TABLET 1-125 MG-MCG ORAL	Non-Formulary	Non FDA Exclusion
folplex 2.2 tablet 2.2-25-0.5 mg oral	1	
FOLTREXYL TABLET 1-5000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOLVITA COMPLEX TABLET 1-10-0.4 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLVITE-D TABLET 1-3775 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
GENICIN VITA-D TABLET 1-3775 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
NUFOL TABLET 2.5-25-1 MG ORAL	1	

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Drug Name	Tier	Notes
ortho df capsule 1-3775 mg-unit oral	Non-Formulary	Non FDA Exclusion
ostachol tablet 1-3800 mg-unit oral	Non-Formulary	Non FDA Exclusion
OVEEZA CAPSULE 0.5 MG ORAL	Non-Formulary	Non FDA Exclusion
revesta capsule 1-5750 mg-unit oral	Non-Formulary	Non FDA Exclusion
TALIVA CAPSULE 1 MG ORAL	Non-Formulary	Non FDA Exclusion
VIRT-GARD TABLET 2.2-25-1 MG ORAL	1	
VITAMEZ CAPSULE 1 MG ORAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
westab mini tablet 2.2-25-1 mg oral	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
folic acid solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion
folic acid tablet 1 mg oral (rx)	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	
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)*		

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Drug Name	Tier	Notes
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
FYLNETRA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
NEUPOGEN SOLUTION 300 MCG/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
NIVESTYM SOLUTION 300 MCG/ML INJECTION	2	PA; Specialty*
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	2	PA; Specialty*
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	2	PA; Specialty*
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	2	PA; Specialty*

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Drug Name	Tier	Notes
NYPOZI SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
NYPOZI SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
RELEUKO SOLUTION 300 MCG/ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
releuko solution 480 mcg/1.6ml injection	Non-Formulary	PA; Specialty*; Formulary Exclusion
releuko solution prefilled syringe 300 mcg/0.5ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
releuko solution prefilled syringe 480 mcg/0.8ml subcutaneous	Non-Formulary	PA; Specialty*; Formulary Exclusion
ROLVEDON SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
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ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RYZNEUTA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
UDENYCA ONBODY SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	3	PA; Specialty*
UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	2	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Drug Name	Tier	Notes
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*		
LEUKINE SOLUTION RECONSTITUTED 250 MCG INJECTION	3	PA; Specialty*
Hematopoietic Autologous Cellular Gene Therapy*		
ZYNTEGLO SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Hemoglobin S (Hbs) Polymerization Inhibitors*		
OXBRYTA TABLET 300 MG ORAL	Non-Formulary	Non FDA Exclusion; QL
OXBRYTA TABLET 500 MG ORAL	Non-Formulary	Non FDA Exclusion; QL
OXBRYTA TABLET SOLUBLE 300 MG ORAL	Non-Formulary	Non FDA Exclusion; QL
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*		

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Drug Name	Tier	Notes
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	Non-Formulary	PA; Formulary Exclusion; QL
Iron Combinations*		
active fe tablet 75-1.25 mg oral	Non-Formulary	Non FDA Exclusion
CENTRATEX CAPSULE 106-1 MG ORAL	Non-Formulary	Formulary Exclusion
CHROMAGEN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
CORVITA 150 TABLET 150-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
CORVITE 150 TABLET 150-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
CORVITE 150 TABLET ORAL	Non-Formulary	Non FDA Exclusion
corvite fe tablet oral	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
feonyx tablet oral	Non-Formulary	Non FDA Exclusion
FERIVAFA CAPSULE 110-1 MG ORAL	Non-Formulary	Non FDA Exclusion
ferocon capsule oral	1	
ferotrinsic capsule oral	1	
FERROCITE PLUS TABLET 106-1 MG ORAL	1	
FERRO-PLEX TABLET 115-1 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLIVANE-PLUS CAPSULE ORAL	Non-Formulary	Formulary Exclusion
foltrin capsule oral	1	
FUSION PLUS CAPSULE ORAL	Non-Formulary	Formulary Exclusion
hematinic plus vit/minerals tablet 106-1 mg oral	1	Mony Code (MONY code issue)
HEMATOGEN FA CAPSULE 200-250-0.01-1 MG ORAL	Non-Formulary	Formulary Exclusion
HEMATRON-AF (WITH DOCUSATE) TABLET 150-1 MG ORAL	Non-Formulary	Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
HEMOCYTE PLUS CAPSULE 106-1 MG ORAL	Non-Formulary	Formulary Exclusion
ICAR-C PLUS TABLET 100-250-0.025-1 MG ORAL	Non-Formulary	Formulary Exclusion
IFEREX 150 FORTE CAPSULE 150-25-1 MG-MCG-MG ORAL	1	
INTEGRA PLUS CAPSULE ORAL	Non-Formulary	Formulary Exclusion
iron folate plus capsule oral	Non-Formulary	Non FDA Exclusion
IROSPAN 24/6 ORAL	Non-Formulary	Non FDA Exclusion
K-TAN PLUS CAPSULE 162-115.2-1 MG ORAL	1	
MULTIGEN FOLIC TABLET 70-150-2-1 MG ORAL	Non-Formulary	Formulary Exclusion
MULTIGEN PLUS TABLET ORAL	Non-Formulary	Formulary Exclusion
MULTIGEN TABLET 70 MG ORAL	Non-Formulary	Formulary Exclusion
NEPHRON FA TABLET ORAL	Non-Formulary	Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
NIFEREX TABLET ORAL	Non-Formulary	Non FDA Exclusion
NUFERA TABLET ORAL	Non-Formulary	Non FDA Exclusion
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	
purevit dualfe plus capsule 162-115.2-1 mg oral	Non-Formulary	Formulary Exclusion
se-tan plus capsule 162-115.2-1 mg oral	1	
TANDEM PLUS CAPSULE 162-115.2-1 MG ORAL	Non-Formulary	Non FDA Exclusion
taron forte capsule oral	Non-Formulary	Formulary Exclusion
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	
virt-fefa plus capsule oral	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
Iron W/ Folic Acid*		
BENTIVITE TABLET 35-1 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLIVANE-F CAPSULE 125-1 MG ORAL	Non-Formulary	Formulary Exclusion
hematinic/folic acid tablet 324-1 mg oral	1	Mony Code (MONY code issue)
HEMOCYTE-F TABLET 324-1 MG ORAL	1	
INTEGRA F CAPSULE 125-1 MG ORAL	Non-Formulary	Formulary Exclusion
iron folate-f capsule 125-1 mg oral	Non-Formulary	Non FDA Exclusion
tulivite tablet 35-1 mg oral	Non-Formulary	Non FDA Exclusion
Iron*		
ACCRUFER CAPSULE 30 MG ORAL	3	Non Essential Drug Exclusion; QL
BPROTECTED PEDIA IRON SOLUTION 75 (15 FE) MG/ML ORAL	1	
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
FERRLECIT SOLUTION 12.5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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	
ferumoxytol solution 510 mg/17ml intravenous	Non-Formulary	Medical Only Exclusion
fe-vite iron solution 75 (15 fe) mg/ml oral	1	
INFED SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
INJECTAFER SOLUTION 100 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INJECTAFER SOLUTION 750 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
iron (ferrous sulfate) solution 75 (15 fe) mg/ml oral	1	

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Medical Only Exclusion = Medical Only Exclusion
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Drug Name	Tier	Notes
iron infant & toddler solution 75 (15 fe) mg/ml oral	1	
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	
MONOFERRIC SOLUTION 1000 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
pc pediatric iron drops solution 75 (15 fe) mg/ml oral	1	
TRIFERIC AVNU SOLUTION 6.75 MG/4.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TRIFERIC PACKET 272 MG HEMODIALYSIS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
TRIFERIC SOLUTION 27.2 MG/5ML HEMODIALYSIS	Non-Formulary	Medical Only Exclusion
VENOFER SOLUTION 20 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Iron-B12-Folate*		
FERIVA 21/7 (WITH DOCUSATE) TABLET 75-1 MG ORAL	Non-Formulary	Non FDA Exclusion
FERIVA 21/7 TABLET 75-1 MG ORAL	Non-Formulary	Non FDA Exclusion
FERRALET 90 TABLET 90-1 MG ORAL	Non-Formulary	Formulary Exclusion
ferraplus 90 tablet 90-1 mg oral	Non-Formulary	Formulary Exclusion
Selectin Blockers*		
ADAKVEO SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Thrombopoietin (Tpo) Receptor Agonists*		

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Drug Name	Tier	Notes
ALVAIZ TABLET 18 MG ORAL	3	PA; Specialty*
ALVAIZ TABLET 36 MG ORAL	3	PA; Specialty*
ALVAIZ TABLET 54 MG ORAL	3	PA; Specialty*
ALVAIZ TABLET 9 MG ORAL	3	PA; Specialty*
DOPTELET TABLET 20 MG ORAL	2	PA; Specialty*
eltrombopag olamine packet 12.5 mg oral	1	PA; Specialty*; QL
eltrombopag olamine packet 25 mg oral	1	PA; Specialty*; QL
eltrombopag olamine tablet 12.5 mg oral	1	PA; Specialty*; QL
eltrombopag olamine tablet 25 mg oral	1	PA; Specialty*; QL
eltrombopag olamine tablet 50 mg oral	1	PA; Specialty*; QL
eltrombopag olamine tablet 75 mg oral	1	PA; Specialty*; QL
MULPLETA TABLET 3 MG ORAL	2	PA; Specialty*; QL with criteria
NPLATE SOLUTION RECONSTITUTED 125 MCG SUBCUTANEOUS	3	PA; Specialty*

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Drug Name	Tier	Notes
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	3	PA; Specialty*
NPLATE SOLUTION RECONSTITUTED 500 MCG SUBCUTANEOUS	3	PA; Specialty*
PROMACTA PACKET 12.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
PROMACTA PACKET 25 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
PROMACTA TABLET 12.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
PROMACTA TABLET 25 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
PROMACTA TABLET 50 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
PROMACTA TABLET 75 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL

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Drug Name	Tier	Notes
HEMOSTATICS		
****Hemostatic Combinations - Topical******		
ARTISS KIT 10 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
ARTISS KIT 2 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
ARTISS KIT 4 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
ARTISS SOLUTION EXTERNAL	Non-Formulary	Medical Only Exclusion
GEL-FLOW KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
GELFOAM-JMI POWDER KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
GELFOAM-JMI SPONGE KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
TISSEEL KIT 10 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
TISSEEL KIT 2 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
TISSEEL KIT 4 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
TISSEEL SOLUTION EXTERNAL	Non-Formulary	Medical Only Exclusion
****Hemostatics - Systemic******		

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Drug Name	Tier	Notes
AMICAR SOLUTION 0.25 GM/ML ORAL	Non-Formulary	Formulary Exclusion
AMICAR TABLET 1000 MG ORAL	Non-Formulary	Formulary Exclusion
AMICAR TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
aminocaproic acid solution 0.25 gm/ml oral	1	
aminocaproic acid solution 250 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
aminocaproic acid tablet 1000 mg oral	1	
aminocaproic acid tablet 500 mg oral	1	
CYKLOKAPRON SOLUTION 1000 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LYSTEDA TABLET 650 MG ORAL	Non-Formulary	Formulary Exclusion
tranexamic acid solution 1000 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
tranexamic acid tablet 650 mg oral	1	
tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Hemostatics - Topical*		
ASTRINGYN SOLUTION 259 MG/GM EXTERNAL	Non-Formulary	Non FDA Exclusion
RECOTHROM SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
RECOTHROM SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
RECOTHROM SPRAY KIT SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
SURGICEL SNOW 1"X2" PAD EXTERNAL	Non-Formulary	Formulary Exclusion
SURGICEL SNOW 2"X4" PAD EXTERNAL	Non-Formulary	Formulary Exclusion
SURGICEL SNOW 4"X4" PAD EXTERNAL	Non-Formulary	Formulary Exclusion
SURGIFOAM POWDER	Non-Formulary	Non FDA Exclusion
THROMBIN-JMI EPISTAXIS KIT 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI KIT 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
THROMBIN-JMI KIT 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBOGEN KIT 10000 UNIT EXTERNAL	Non-Formulary	Non FDA Exclusion
THROMBOGEN SOLUTION RECONSTITUTED 1000 UNIT EXTERNAL	Non-Formulary	Non FDA Exclusion
THROMBOGEN SOLUTION RECONSTITUTED 10000 UNIT EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
****Barbiturate Hypnotics******		
AMYTAL SODIUM SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NEMBUTAL SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
pentobarbital sodium solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
phenobarbital elixir 20 mg/5ml oral	1	
phenobarbital elixir 30 mg/7.5ml oral	1	
phenobarbital elixir 60 mg/15ml oral	1	
phenobarbital sodium solution 130 mg/ml injection	Non-Formulary	Medical Only Exclusion
phenobarbital sodium solution 130 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenobarbital sodium solution 130 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
phenobarbital sodium solution 65 mg/ml injection	Non-Formulary	Medical Only Exclusion
phenobarbital tablet 100 mg oral	1	
phenobarbital tablet 100 mg oral	1	Mony Code (MONY Code)
phenobarbital tablet 15 mg oral	1	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
phenobarbital tablet 15 mg oral	1	Mony Code (MONY Code Issue)
phenobarbital tablet 16.2 mg oral	1	
phenobarbital tablet 30 mg oral	1	
phenobarbital tablet 32.4 mg oral	1	
phenobarbital tablet 60 mg oral	1	
phenobarbital tablet 60 mg oral	1	Mony Code (MONY Code)
phenobarbital tablet 64.8 mg oral	1	
phenobarbital tablet 97.2 mg oral	1	
SEZABY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Benzodiazepine Hypnotics*		
BYFAVO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DORAL TABLET 15 MG ORAL	3	
estazolam tablet 1 mg oral	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
estazolam tablet 2 mg oral	1	
flurazepam hcl capsule 15 mg oral	2	QL
flurazepam hcl capsule 15 mg oral	3	QL
flurazepam hcl capsule 15 mg oral	1	Mony Code (MONY Code); QL
flurazepam hcl capsule 30 mg oral	2	QL
flurazepam hcl capsule 30 mg oral	3	QL
flurazepam hcl capsule 30 mg oral	1	Mony Code (MONY Code); QL
HALCION TABLET 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
midazolam hcl solution 10 mg/2ml injection	1	
midazolam hcl solution 150 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl solution 2 mg/2ml injection	3	
midazolam hcl solution 2 mg/2ml injection	1	
midazolam hcl solution 25 mg/5ml injection	1	
midazolam hcl solution 5 mg/5ml injection	3	
midazolam hcl solution 5 mg/5ml injection	1	
midazolam hcl solution 5 mg/ml injection	1	
midazolam hcl solution 50 mg/10ml injection	1	
midazolam hcl solution prefilled syringe 150 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl syrup 2 mg/ml oral	Non-Formulary	Formulary Exclusion
midazolam hcl-sodium chloride solution 100-0.8 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
midazolam hcl-sodium chloride solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution 50-0.8 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 2-0.9 mg/2ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 5-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 55-0.9 mg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
midazolam hcl-sodium chloride solution prefilled syringe 60-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution 100 mg/100ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 2 mg/2ml injection	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 2 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 25 mg/25ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 3 mg/3ml injection	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 30 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 5 mg/5ml injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
midazolam solution prefilled syringe 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion
MIDAZOLAM+SYRSPEND SF SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
midazolam-sodium chloride (pf) solution 100-0.8 mg/100ml-% intravenous	3	
midazolam-sodium chloride (pf) solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
midazolam-sodium chloride (pf) solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	1	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	3	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	1	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	3	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
quazepam tablet 15 mg oral	1	Mony Code (MONY Code)
quazepam tablet 15 mg oral	3	
RESTORIL CAPSULE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RESTORIL CAPSULE 22.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RESTORIL CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RESTORIL CAPSULE 7.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
temazepam capsule 15 mg oral	1	QL
temazepam capsule 22.5 mg oral	1	QL
temazepam capsule 30 mg oral	1	QL

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
temazepam capsule 7.5 mg oral	1	QL
triazolam tablet 0.125 mg oral	Non-Formulary	Formulary Exclusion
triazolam tablet 0.125 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
triazolam tablet 0.25 mg oral	Non-Formulary	Formulary Exclusion
Hypnotic Combinations*		
mko melt dose pack troche 3-25-2 mg sublingual	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Hypnotics - Tricyclic Agents*		
doxepin hcl tablet 3 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
doxepin hcl tablet 6 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL

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Drug Name	Tier	Notes
SILENOR TABLET 3 MG ORAL	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
SILENOR TABLET 6 MG ORAL	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
Non-Benzodiazepine - Gaba-Receptor Modulators*		
AMBIEN CR TABLET EXTENDED RELEASE 12.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ZOLPIDEM, ESZOPICLONE, ZALEPLON); QL

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Mony Code = Mony Code
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
AMBIEN CR TABLET EXTENDED RELEASE 12.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
AMBIEN CR TABLET EXTENDED RELEASE 6.25 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ZOLPIDEM, ESZOPICLONE, ZALEPLON); QL
AMBIEN CR TABLET EXTENDED RELEASE 6.25 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
AMBIEN TABLET 10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ZOLPIDEM, ESZOPICLONE, ZALEPLON); QL

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
AMBIEN TABLET 10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
AMBIEN TABLET 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ZOLPIDEM, ESZOPICLONE, ZALEPLON); QL
AMBIEN TABLET 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
EDLUAR TABLET SUBLINGUAL 10 MG SUBLINGUAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL

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Drug Name	Tier	Notes
EDLUAR TABLET SUBLINGUAL 5 MG SUBLINGUAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
eszopiclone tablet 1 mg oral	1	QL
eszopiclone tablet 2 mg oral	1	QL
eszopiclone tablet 3 mg oral	1	QL
INTERMEZZO TABLET SUBLINGUAL 1.75 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion; QL
LUNESTA TABLET 1 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
LUNESTA TABLET 2 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL

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Drug Name	Tier	Notes
LUNESTA TABLET 3 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
zaleplon capsule 10 mg oral	1	QL
zaleplon capsule 5 mg oral	1	QL
zolpidem tartrate capsule 7.5 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; 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
zolpidem tartrate tablet sublingual 1.75 mg sublingual	1	QL

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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
zolpidem tartrate tablet sublingual 1.75 mg sublingual	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
zolpidem tartrate tablet sublingual 3.5 mg sublingual	1	QL
zolpidem tartrate tablet sublingual 3.5 mg sublingual	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
ZOLPIMIST SOLUTION 5 MG/ACT ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
Orexin Receptor Antagonists*		

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Drug Name	Tier	Notes
BELSOMRA TABLET 10 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
BELSOMRA TABLET 15 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
BELSOMRA TABLET 20 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
BELSOMRA TABLET 5 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL

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Drug Name	Tier	Notes
DAYVIGO TABLET 10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
DAYVIGO TABLET 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
QUVIVIQ TABLET 25 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
QUVIVIQ TABLET 50 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
Selective Alpha2-Adrenoreceptor Agonist Sedatives*		

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Drug Name	Tier	Notes
dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 80 mcg/20ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl in nacl solution prefilled syringe 20-0.9 mcg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
dexmedetomidine hcl in nacl solution prefilled syringe 40-0.9 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
dexmedetomidine hcl solution 1000 mcg/10ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
dexmedetomidine hcl solution 200 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl solution 400 mcg/4ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl-dextrose solution 200mcg/50ml -5% intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl-dextrose solution 400mcg/100ml -5% intravenous	Non-Formulary	Medical Only Exclusion
IGALMI FILM 120 MCG SUBLINGUAL	Non-Formulary	Medical Only Exclusion
IGALMI FILM 180 MCG SUBLINGUAL	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 1000 MCG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 200 MCG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 200 MCG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
PRECEDEX SOLUTION 400 MCG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 80 MCG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Selective Melatonin Receptor Agonists******		
HETLIOZ CAPSULE 20 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
HETLIOZ LQ SUSPENSION 4 MG/ML ORAL	3	PA; Specialty*; QL
ramelteon tablet 8 mg oral	Non-Formulary	Formulary Exclusion
ROZEREM TABLET 8 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon)
tasimelteon capsule 20 mg oral	1	PA; Specialty*; QL
LAXATIVES		

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Drug Name	Tier	Notes
Bowel Evacuant Combinations*		
CLENPIQ SOLUTION 10-3.5-12 MG-GM - GM/160ML ORAL	Non-Formulary	Formulary Exclusion
CLENPIQ SOLUTION 10-3.5-12 MG-GM - GM/175ML ORAL	Non-Formulary	Formulary Exclusion
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL	1	Mony Code (MONY Code)
GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL	1	
GAVILYTE-N WITH FLAVOR PACK SOLUTION RECONSTITUTED 420 GM ORAL	1	
GOLYTELY SOLUTION RECONSTITUTED 236 GM ORAL	Non-Formulary	Formulary Exclusion
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral	1	
NULYTELY LEMON-LIME SOLUTION RECONSTITUTED 420 GM ORAL	Non-Formulary	Formulary Exclusion
NULYTELY WITH FLAVOR PACKS SOLUTION RECONSTITUTED 420 GM ORAL	Non-Formulary	Formulary Exclusion
peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral	1	
peg-3350/electrolytes solution reconstituted 236 gm oral	1	
peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral	Non-Formulary	Formulary Exclusion
peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral	Non-Formulary	Formulary Exclusion
PEG-PREP KIT 5-210 MG-GM ORAL	1	Mony Code (MONY Code)
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
SUFLAVE SOLUTION RECONSTITUTED 178.7 GM ORAL	Non-Formulary	Formulary Exclusion
SUPREP BOWEL PREP KIT SOLUTION 17.5-3.13-1.6 GM/177ML ORAL	Non-Formulary	Formulary Exclusion
SUTAB TABLET 1479-225-188 MG ORAL	Non-Formulary	Formulary Exclusion
****Bulk Laxatives******		
fiber powder 51.7 % oral	1	
****Laxatives - Miscellaneous******		
constulose solution 10 gm/15ml oral	1	
GIALAX KIT ORAL	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
lactulose solution 20 gm/30ml oral	1	
VIBRANT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
VIBRANT STARTER KIT KIT ORAL	Non-Formulary	Non FDA Exclusion
Lubricant Laxatives*		
mineral oil heavy oil oral (rx)	Non-Formulary	Formulary Exclusion
Saline Laxative Mixtures*		
OSMOPREP TABLET 1.102-0.398 GM ORAL	Non-Formulary	Formulary Exclusion
LOCAL ANESTHETICS-PARENTERAL		
Local Anesthetic & Sympathomimetic*		
ARTICADENT DENTAL SOLUTION CARTRIDGE 4 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion
bupivacaine-epinephrine (pf) solution 0.25% - 1:200000 injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
bupivacaine-epinephrine (pf) solution 0.5% - 1:200000 injection	Non-Formulary	Medical Only Exclusion
bupivacaine-epinephrine solution 0.25% - 1:200000 injection	Non-Formulary	Medical Only Exclusion
bupivacaine-epinephrine solution 0.5% - 1:200000 injection	Non-Formulary	Medical Only Exclusion
lets kit	Non-Formulary	Non FDA Exclusion
lidocaine(bufferd)-epinephrine solution prefilled syringe 0.5 %-1:100000 injection	Non-Formulary	Non FDA Exclusion
lidocaine(bufferd)-epinephrine solution prefilled syringe 1 %-1:100000 injection	Non-Formulary	Non FDA Exclusion
lidocaine-epinephrine (3 ml) solution prefilled syringe 0.5 %-1:100000 injection	Non-Formulary	Non FDA Exclusion
lidocaine-epinephrine (pf) solution 1.5 %-1:200000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine (pf) solution 2 %-1:200000 injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
lidocaine-epinephrine solution 0.5 %-1:200000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 1 %-1:100000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:200000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:50000 injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
MARCAINE/EPINEPHRINE PF SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE PF SOLUTION 0.25-1:200000 % INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
MARCAINE/EPINEPHRINE PF SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE SOLUTION 0.25-1:200000 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
ORABLOC SOLUTION CARTRIDGE 4 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
ORABLOC SOLUTION CARTRIDGE 4 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
reck solution prefilled syringe 123-0.25-0.04- 15 mg/50ml	Non-Formulary	Non FDA Exclusion
ropiv-clonidine-ketorolac solution prefilled syringe 123-0.04-15 mg/50ml	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
SENSORCAINE/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.75-1:200000 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE SOLUTION 0.5 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE SOLUTION 2 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1.5 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
****Local Anesthetic Combinations******		
active injection lm-2 kit 1 & 0.25 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl-tetracaine hcl solution 0.4-0.2 % injection	Non-Formulary	Non FDA Exclusion
lidocaine-sodium bicarbonate solution prefilled syringe 1-8.4 % injection	Non-Formulary	Non FDA Exclusion
LIDOMAR SOLUTION 50-18.75 MG/5ML INJECTION	Non-Formulary	Non FDA Exclusion
marlido kit 2 & 0.5 % injection	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
MARLIDO-25 KIT 1 & 0.25 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARVONA SUIK KIT 0.5 % COMBINATION	Non-Formulary	Non FDA Exclusion
POINT OF CARE LM-2.2 KIT 1 & 0.25 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
POINT OF CARE LM-2.5 KIT 1 & 0.25 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
READYSHARP-A KIT 1 & 0.5 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Local Anesthetics - Amides*		
bupivacaine fisiopharma solution 2.5 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine fisiopharma solution 5 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl (pf) solution 0.25 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl (pf) solution 0.5 % injection	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
bupivacaine hcl (pf) solution 0.75 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl solution 0.125 % injection	Non-Formulary	Non FDA Exclusion
bupivacaine hcl solution 0.25 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl solution 0.5 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl solution prefilled syringe 0.25 % (10 ml) injection	Non-Formulary	Non FDA Exclusion
bupivacaine hcl-nacl solution 0.125-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl-nacl solution prefilled syringe 0.25-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine in dextrose solution 0.75-8.25 % intrathecal	Non-Formulary	Medical Only Exclusion
bupivacaine spinal solution 0.75-8.25 % intrathecal	Non-Formulary	Medical Only Exclusion
CARBOCAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
EXPAREL SUSPENSION 1.3 % INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
lidocaine hcl (buffered) solution prefilled syringe 100 mg/10ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl (pf) solution 0.5 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 1 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 1.5 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 2 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 4 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 4 % injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
lidocaine hcl jet-injector 0.5 mg intradermal	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution 0.5 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution 1 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution 1 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution 2 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
lidocaine hcl solution 2 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution prefilled syringe 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 10 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 100 mg/10ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 200 mg/10ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 60 mg/3ml injection	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
lidocaine hcl solution prefilled syringe 9 mg/ml injection	Non-Formulary	Non FDA Exclusion
lidomark 1/5 kit 1 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidomark 2/5 kit 2 % injection	Non-Formulary	Non FDA Exclusion
MARCAINE PRESERVATIVE FREE SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE PRESERVATIVE FREE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE PRESERVATIVE FREE SOLUTION 0.75 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SOLUTION 0.75 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SPINAL SOLUTION 0.75-8.25 % INTRATHECAL	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
MONOJECT BONE MARROW BIOPSY KIT 1 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 10 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 7.5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
POLOCAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
POLOCAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
POLOCAINE SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
POLOCAINE SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
POLOCAINE-MPF SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
POLOCAINE-MPF SOLUTION 1.5 % INJECTION	Non-Formulary	Medical Only Exclusion
POLOCAINE-MPF SOLUTION 1.5 % INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
POLOCAINE-MPF SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
POSIMIR SOLUTION 660 MG/5ML INJECTION	Non-Formulary	Medical Only Exclusion
READYSHARP LIDOCAINE KIT 1 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl solution 0.2 % epidural	Non-Formulary	Non FDA Exclusion
ropivacaine hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
ropivacaine hcl solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
ropivacaine hcl solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion

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Insufficient Evidence = Insufficient Evidence
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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ropivacaine hcl solution 7.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
ropivacaine hcl-nacl solution 0.1-0.9 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl solution 0.15-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl solution 0.2-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl solution 0.2-0.9 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl solution prefilled syringe 0.2-0.9 % injection	Non-Formulary	Non FDA Exclusion
ropivacaine hcl-nacl solution prefilled syringe 0.5-0.9 % injection	Non-Formulary	Non FDA Exclusion
SENSORCAINE SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SENSORCAINE-MPF SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF SOLUTION 0.75 % INJECTION	Non-Formulary	Medical Only Exclusion
XARACOLL IMPLANT 3 X 100 MG IMPLANT	Non-Formulary	Medical Only Exclusion
XYLOCAINE MPF +RFID SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF +RFID SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
XYLOCAINE-MPF SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF SOLUTION 1.5 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
ZINGO JET-INJECTOR 0.5 MG INTRADERMAL	Non-Formulary	Medical Only Exclusion
Local Anesthetics - Esters*		
chloroprocaine hcl (pf) solution 2 % injection	Non-Formulary	Medical Only Exclusion
chloroprocaine hcl (pf) solution 3 % injection	Non-Formulary	Medical Only Exclusion
CLOROTEKAL SOLUTION 50 MG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
NESACAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
NESACAINE SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
NESACAINE-MPF SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
NESACAINE-MPF SOLUTION 3 % INJECTION	Non-Formulary	Medical Only Exclusion
tetracaine hcl solution 1 % injection	Non-Formulary	Non FDA Exclusion
tetracaine hcl solution 1 % injection	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
MACROLIDES		
****Azithromycin******		
azithromycin packet 1 gm oral	2	
azithromycin solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
azithromycin suspension reconstituted 100 mg/5ml oral	1	
azithromycin suspension reconstituted 200 mg/5ml oral	1	

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Drug Name	Tier	Notes
azithromycin tablet 250 mg oral	1	
azithromycin tablet 500 mg oral	1	
azithromycin tablet 600 mg oral	1	
ZITHROMAX PACKET 1 GM ORAL	3	
ZITHROMAX SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZITHROMAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX TRI-PAK TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX Z-PAK TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
Clarithromycin*		

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Drug Name	Tier	Notes
clarithromycin er tablet extended release 24 hour 500 mg oral	1	
clarithromycin suspension reconstituted 125 mg/5ml oral	1	Mony Code (MONY Code)
clarithromycin suspension reconstituted 250 mg/5ml oral	1	Mony Code (MONY Code)
clarithromycin tablet 250 mg oral	1	
clarithromycin tablet 500 mg oral	1	
Erythromycins		
E.E.S. 400 TABLET 400 MG ORAL	1	Mony Code (MONY code issue)
E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ERYPED 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ERYPED 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL	1	
ERYTHROCIN LACTOBIONATE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ERYTHROCIN STEARATE TABLET 250 MG ORAL	2	
erythromycin base capsule delayed release particles 250 mg oral	3	
erythromycin base capsule delayed release particles 250 mg oral	1	Mony Code (MONY code issue)
erythromycin base tablet 250 mg oral	1	
erythromycin base tablet 250 mg oral	1	Mony Code (MONY Code)

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
erythromycin base tablet 500 mg oral	1	
erythromycin base tablet 500 mg oral	1	Mony Code (MONY Code)
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	Mony Code (MONY code issue)
erythromycin ethylsuccinate tablet 400 mg oral	1	
erythromycin lactobionate solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion

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lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
MEDICAL DEVICES AND SUPPLIES		
Adhesive Bandages*		
CURITY WOUND CLOSURE 1/2"X4"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X1.5"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X3"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X4"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/8"X3"	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
Catheters		
apogee ic catheter 14fr/16"	Non-Formulary	Formulary Exclusion
vapro plus catheter 12fr/16"	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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	
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
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	
****Elastic Bandages & Supports******		
SKINEEZ TED STOCKINGS (RX)	Non-Formulary	Non FDA Exclusion
****Embolization Supplies******		
ONCOZENE 100 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ONCOZENE 100 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 40 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 40 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 75 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 75 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
Enteral Nutrition Supplies		
ENFIT AMBER LOW DOSE SYR/0.5ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/1ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/3ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER SYRINGE/10ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER SYRINGE/20ML	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
ENFIT AMBER SYRINGE/35ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER SYRINGE/60ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER TIP SYRINGE/5ML	Non-Formulary	Formulary Exclusion
ENFIT CAP	Non-Formulary	Formulary Exclusion
ENFIT IRRIGATION KIT	Non-Formulary	Formulary Exclusion
ENFIT IRRIGATION SYR/THUMB CNT	Non-Formulary	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE	Non-Formulary	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/1ML	Non-Formulary	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/3ML	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 1	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 2	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 3	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 4	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 5	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 6	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ENFIT MED BOTTLE ADAPTER/SZ 7	Non-Formulary	Formulary Exclusion
ENFIT MEDICINE STRAW/2"/5CM	Non-Formulary	Formulary Exclusion
ENFIT MEDICINE STRAW/4"/10CM	Non-Formulary	Formulary Exclusion
ENFIT MEDICINE STRAW/6"/15CM	Non-Formulary	Formulary Exclusion
ENFIT POP ON CAP	Non-Formulary	Formulary Exclusion
ENFIT SCREW ON CAP	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/10ML	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/20ML	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/35ML	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/60ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/10ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/20ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/35ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/5ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/60ML	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ENFIT TRANSITION CONNECTOR	Non-Formulary	Formulary Exclusion
enteral delivery gravity bag (rx)	Non-Formulary	Formulary Exclusion
piston irrigation syringe	Non-Formulary	Formulary Exclusion
Feeding Tubes*		
KANGAROO FEEDING SET/ENFIT	Non-Formulary	Formulary Exclusion
Foot Care Products*		
BIOFREQUENCY INSOLES	Non-Formulary	Non FDA Exclusion
Gauze Pads & Dressings*		
AMD FOAM DRESSING PAD 3-1/2"X3"	Non-Formulary	Non FDA Exclusion
AMD FOAM DRESSING PAD 4"X4"	Non-Formulary	Non FDA Exclusion
AMD FOAM DRESSING PAD 6"X6"	Non-Formulary	Non FDA Exclusion
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	Non-Formulary	Non FDA Exclusion
BIOGUARD GAUZE SPONGES PAD 2"X2"	Non-Formulary	Non FDA Exclusion
BIOGUARD GAUZE SPONGES PAD 4"X4"	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
BIOGUARD ISLAND DRESSINGS PAD 4"X10"	Non-Formulary	Non FDA Exclusion
BIOGUARD ISLAND DRESSINGS PAD 4"X14"	Non-Formulary	Non FDA Exclusion
BIOGUARD ISLAND DRESSINGS PAD 4"X5"	Non-Formulary	Non FDA Exclusion
BIOGUARD NON-ADHERENT DRESSING PAD 3"X4"	Non-Formulary	Non FDA Exclusion
BIOGUARD NON-ADHERENT DRESSING PAD 3"X8"	Non-Formulary	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	Non-Formulary	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL STRIP	Non-Formulary	Non FDA Exclusion
CURITY IODOFORM PACKING STRIP (RX)	Non-Formulary	Non FDA Exclusion
EXCILON AMD DRAIN SPONGES PAD 4"X4"	Non-Formulary	Non FDA Exclusion
KERLIX AMD ANTIMICROBIAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	Non-Formulary	Non FDA Exclusion
TELFA AMD ISLAND DRESSING PAD 4"X5"	Non-Formulary	Non FDA Exclusion
TELFA AMD ISLAND DRESSING PAD 4"X8"	Non-Formulary	Non FDA Exclusion
TELFA AMD NON-ADHERENT PAD 3"X8"	Non-Formulary	Non FDA Exclusion
Glucose Monitor & Blood Pressure Monitor Combinations*		
ADVOCATE DUO DEVICE	Non-Formulary	Formulary Exclusion
cardiometabolic solution kit	Non-Formulary	Non FDA Exclusion
care activation solution kit	Non-Formulary	Non FDA Exclusion
CLEVER CHEK AUTO-CODE DEVICE	Non-Formulary	Formulary Exclusion
DUO-CARE DEVICE	Non-Formulary	Formulary Exclusion
FORA D10 2-IN-1 MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORA D15G 2-IN-1 MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORA D20 2-IN-1 MONITOR DEVICE	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
FORA D40 GLUCOSE/PRESSURE DEVICE	Non-Formulary	Formulary Exclusion
FORA D40G GLUCOSE/PRESSURE DEVICE	Non-Formulary	Formulary Exclusion
Glucose Monitor & Cholesterol Monitor Combinations*		
ACCUTREND PLUS DEVICE	3	
Glucose Monitoring Test Supplies*		
1st tier unilet comfortouch	2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ACCU-CHEK GUIDE ME KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	

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Drug Name	Tier	Notes
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	
ADVANCE INTUITION METER DEVICE	Non-Formulary	Formulary Exclusion
ADVANCE INTUITION MONITOR KIT	Non-Formulary	Formulary Exclusion
ADVANCE MICRO-DRAW METER DEVICE	Non-Formulary	Formulary Exclusion
advanced mobile lancet	2	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	

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1 = Generic
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ADVOCATE REDI-CODE DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE REDI-CODE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE REDI-CODE+ DEVICE	Non-Formulary	Formulary Exclusion
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 AMP DEVICE	Non-Formulary	Formulary Exclusion
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE	Non-Formulary	Formulary Exclusion
AGAMATRIX PRESTO KIT W/DEVICE	Non-Formulary	Formulary Exclusion
AGAMATRIX PRESTO PRO METER DEVICE	Non-Formulary	Formulary Exclusion
AGAMATRIX ULTRA-THIN LANCETS	2	
aimsco twist lancets 32g	2	

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Drug Name	Tier	Notes
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE 3 METER KIT	Non-Formulary	Formulary Exclusion
ASSURE 4 METER DEVICE	Non-Formulary	Formulary Exclusion
assure comfort lancets 28g	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
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	

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Drug Name	Tier	Notes
ASSURE PLATINUM METER DEVICE	Non-Formulary	Formulary Exclusion
ASSURE PRISM MULTI METER DEVICE	Non-Formulary	Formulary Exclusion
ASSURE PRO BLOOD GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
BD LANCET ULTRAFINE 33G	2	
BD LATITUDE DIABETES KIT	Non-Formulary	Formulary Exclusion
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
BD MAGNI-GUIDE MAGNIFIER	Non-Formulary	Formulary Exclusion
BD MICROTAINER LANCETS (OTC)	2	
BD MICROTAINER LANCETS (RX)	2	
BIGFOOT UNITY PROGRAM KIT	Non-Formulary	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE	Non-Formulary	Formulary Exclusion
blood glucose monitor system kit w/device	Non-Formulary	Formulary Exclusion
blood glucose system pak kit	Non-Formulary	Formulary Exclusion
BLUESTAR DEVICE (OTC)	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
BLUESTAR DEVICE (RX)	Non-Formulary	Non FDA Exclusion
BLULINK GLUCOSE MONITORING SYS DEVICE	Non-Formulary	Formulary Exclusion
CARDIOCOM LANCING DEVICE	2	
careone advanced lancing dev	2	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CAREONE LANCET SUPER THIN 30G	2	
careone lancet thin 23g	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ BT DEVICE	Non-Formulary	Formulary Exclusion
CARESENS N GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CARESENS N PLUS BT KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CARETOUCH LANCING/EJECTOR	2	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
CARETOUCH MONITOR SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
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	
CHEMSTRIP BG LOG BOOK	Non-Formulary	Formulary Exclusion
CHOSEN LANCETS 30G	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHEK AUTO-CODE VOICE DEVICE	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
CLEVER CHEK LANCETS	2	
CLEVER CHEK SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE MINI SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE TALK SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
COAGUCHEK LANCETS	2	
comfort assured lancets 28g	2	
comfort assured lancets 33g	2	

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Drug Name	Tier	Notes
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	
CONTOUR CONTROL LIQUID HIGH IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR CONTROL LIQUID LOW IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR CONTROL LIQUID NORMAL IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR MONITOR DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT CONTROL SOLUTION LOW IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR NEXT CONTROL SOLUTION NORMAL IN VITRO	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
CONTOUR NEXT EZ KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT LINK KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT ONE DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT ONE KIT	Non-Formulary	Formulary Exclusion
CONTOUR PLUS BLUE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
COOL MONITOR DEVICE	Non-Formulary	Formulary Exclusion
COOL MONITOR KIT KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CVS BLOOD GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
CVS BLOOD GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
cvs lancets 21g	2	
cvs lancets micro thin 33g	2	

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
D-CARE GLUCOMETER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLAT PED RECEIVER DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RECEIVER DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLATINUM TRANSMITTER	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
DEXCOM G5 MOB/G4 PLAT SENSOR	Non-Formulary	PA; Formulary Exclusion; QL
DEXCOM G5 MOBILE RECEIVER DEVICE	Non-Formulary	PA; Formulary Exclusion; QL
DEXCOM G5 MOBILE TRANSMITTER	Non-Formulary	PA; Formulary Exclusion; QL
DEXCOM G5 RECEIVER KIT DEVICE	Non-Formulary	PA; Formulary Exclusion; QL
DEXCOM G6 RECEIVER DEVICE	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
DEXCOM G6 SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
DEXCOM G6 TRANSMITTER	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DEXCOM G7 RECEIVER DEVICE	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
DEXCOM G7 SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
diabetes care kit	Non-Formulary	Formulary Exclusion
DIATHRIVE BLOOD GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
diatrue plus blood glucose device	Non-Formulary	Formulary Exclusion
DROPLET GENTEEL LANCING DEVICE	2	

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Drug Name	Tier	Notes
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 MAX T1 GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
easy plus ii glucose system device	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
EASY STEP GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
easy talk blood glucose system device	Non-Formulary	Formulary Exclusion
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
easy trak blood glucose system device	Non-Formulary	Formulary Exclusion
easy trak ii blood glucose sys device	Non-Formulary	Formulary Exclusion
EASYGLUCO KIT	Non-Formulary	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
EASYMAX V BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
EASYPRO PLUS KIT W/DEVICE	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
element compact glucose system device	Non-Formulary	Formulary Exclusion
element compact v glucose sys device	Non-Formulary	Formulary Exclusion
ELEMENT PLUS DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE PRO GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
EMBRACE TALK BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ENLITE GLUCOSE SENSOR	Non-Formulary	Formulary Exclusion; QL
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 E3 SENSOR/HOLDER	Non-Formulary	PA; Formulary Exclusion; QL
EVERSENSE E3 SMART TRANSMITTER	Non-Formulary	PA; Formulary Exclusion; QL
EVERSENSE SENSOR/HOLDER	3	PA; QL
EVERSENSE SMART TRANSMITTER	3	PA; QL

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
EVOLUTION AUTOCODE DEVICE	Non-Formulary	Formulary Exclusion
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 GLUCOSE METER 2.0 KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
FINGERSTIX LANCETS	2	
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA LANCETS	2	
FORA PREMIUM V10 BLE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA TEST N' GO MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORA TN'G VOICE KIT W/DEVICE	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V10/V12/D10/D20 TEST KIT	Non-Formulary	Formulary Exclusion
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FORACARE GD40 MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORACARE PREMIUM V10 DEVICE	Non-Formulary	Formulary Exclusion
FORACARE TEST N GO MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
freds pharmacy autolet lancing	2	
freds pharmacy unilet lanc 28g	2	
freds pharmacy unilet lanc 30g	2	
FREESTYLE FREEDOM LITE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FREESTYLE LIBRE 2 READER DEVICE	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 2 SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 3 READER DEVICE	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FREESTYLE LIBRE 3 SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE READER DEVICE	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE SENSOR SYSTEM	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LITE DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE LITE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE UNISTICK II LANCETS	2	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
ge100 blood glucose system device	Non-Formulary	Formulary Exclusion
ge100 blood glucose system kit w/device	Non-Formulary	Formulary Exclusion
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
ght blood glucose monitor kit w/device	Non-Formulary	Formulary Exclusion
global inject ease lancets 28g	2	
global inject ease lancets 30g	2	
GLUCO PERFECT 3 METER DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE CONNEX KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE EXPRESS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE XL DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD VITAL MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD X-METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCOM AUTOLINK TELEMONITOR	Non-Formulary	Formulary Exclusion
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCOM LANCETS 28G	2	

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOCOM MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GNP EASY TOUCH GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
gnp lancets 21g	2	
gnp lancets thin 26g	2	
gnp sterile lancets 28g	2	
gnp sterile lancets 30g	2	
gnp sterile lancets 33g	2	
GNP TRUE METRIX AIR METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GOJJI STERILE LANCETS	2	
goodsense blood glucose kit w/device	Non-Formulary	Formulary Exclusion
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 CONNECT TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
GUARDIAN CONNECT TRANSMITTER	Non-Formulary	PA; Formulary Exclusion; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA; QL
GUARDIAN REAL-TIME CHARGER	Non-Formulary	Formulary Exclusion

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GUARDIAN REAL-TIME REPLACE PED DEVICE	3	QL
GUARDIAN REAL-TIME TEST PLUG	Non-Formulary	Formulary Exclusion
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	
HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE	Non-Formulary	Formulary Exclusion
healthy accents lancing device	2	
healthy accents unilet lancets	2	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
HM EMBRACE TALK SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
HW EMBRACE PRO GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
HYPOLANCE AST LANCING KIT	2	
HY-VEE LANCETS	2	
hy-vee thin lancets	2	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
IHEALTH GLUCO+ KIT 10 KIT	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
IHEALTH GLUCO+ KIT 100 KIT	Non-Formulary	Formulary Exclusion
IN TOUCH	Non-Formulary	Formulary Exclusion
IN TOUCH DEVICE	Non-Formulary	Formulary Exclusion
IN TOUCH STERILE LANCETS 30G	2	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
INFINITY VOICE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
INSUL-TOTE	Non-Formulary	Formulary Exclusion
INSUL-TOTE JR	Non-Formulary	Formulary Exclusion
INSUL-TOTE SUPPLIES	Non-Formulary	Formulary Exclusion
kinney lancets	2	
kinney thin lancets	2	
KROGER AUTOLET LANCING DEVICE	2	
kroger blood glucose kit w/device	Non-Formulary	Formulary Exclusion
KROGER HEALTHPRO LANCET 26G	2	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
kroger lancets	2	
kroger lancets 21g	2	
kroger lancets micro thin 33g	2	
kroger lancets super thin	2	
kroger lancets thin	2	
kroger lancets thin 26g	2	
kroger lancets ultrathin 30g	2	
kroger lancing device	2	
kroger premium blood glucose kit w/device	Non-Formulary	Formulary Exclusion
lancet device with ejector	2	
lancet transporter case	2	
lancets	2	
lancets 28g	2	
lancets 28g thin	2	
lancets 30g	2	

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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 blood glucose meter device	Non-Formulary	Formulary Exclusion
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LIBERTY NXT GENERATION MONITOR DEVICE	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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 blood glucose kit w/device	Non-Formulary	Formulary Exclusion
meijer essential blood glucose kit w/device	Non-Formulary	Formulary Exclusion
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
meijer premium blood glucose kit w/device	Non-Formulary	Formulary Exclusion
MEIJER SUPER THIN LANCETS	2	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
MINIMED 630G GUARDIAN PRESS	3	PA; QL

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Drug Name	Tier	Notes
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MM BLOOD GLUCOSE SYSTEM REFILL KIT	Non-Formulary	Formulary Exclusion
MM BLULINK GLUCOSE MONIT SYS DEVICE	Non-Formulary	Formulary Exclusion
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MM TWIST LANCETS	2	
mobile lancets 30g	3	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
mpd safety lancet 21g	2	
mpd safety lancet 23g	2	
mpd safety lancet 28g	2	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
mpd safety lancet 30g	2	
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MYGLUCOHEALTH LANCETS 30G	2	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
one drop blood glucose monitor kit w/device	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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 2 KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ONETOUCH ULTRA CONTROL LIQUID IN VITRO	3	
ONETOUCH ULTRA MINI KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ONETOUCH VERIO LIQUID HIGH IN VITRO	3	
ONETOUCH VERIO LIQUID IN VITRO	3	
ONETOUCH VERIO REFLECT KIT W/DEVICE	Non-Formulary	Formulary Exclusion
oval tape	3	
PARADIGM REAL-TIME TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PHARMACIST CHOICE LANCETS	2	
PHARMACIST CHOICE MINI SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
PHARMACY COUNTER LANCETS	2	
pip lancets 28g	2	
pip lancets 30g	2	
POCKETCHEM EZ SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
PRECISION THINS GP LANCETS	2	
PRECISION XTRA KIT W/DEVICE	Non-Formulary	Formulary Exclusion
preferred plus lancets colored	2	
preferred plus lancets thin	2	

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Drug Name	Tier	Notes
pressure activat safety lancet	2	
pro comfort lancets 30g	2	
pro comfort lancets 31g	2	
pro comfort safety lancets 30g	2	
pro voice v8 glucose system device	Non-Formulary	Formulary Exclusion
pro voice v9 glucose system device	Non-Formulary	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
qc lancets ultra thin	2	
qc unilet lancets 28g	2	
qc unilet lancets micro thin	2	
QUICK TOUCH BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
QUICKTEK KIT	Non-Formulary	Formulary Exclusion
QUICKTEK/METER KIT	Non-Formulary	Formulary Exclusion
RA E-ZJECT LANCETS 28G	2	
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	

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Drug Name	Tier	Notes
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION ALL-IN-ONE DEVICE	Non-Formulary	Formulary Exclusion
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
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 MICRO KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION PREMIER BLU MONITOR DEVICE	Non-Formulary	Formulary Exclusion
RELION PREMIER CLASSIC DEVICE	Non-Formulary	Formulary Exclusion
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
RELION PREMIER VOICE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
RELION PRIME MONITOR DEVICE	Non-Formulary	Formulary Exclusion
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
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	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
SIMPLERA SENSOR	Non-Formulary	New to Market Exclusion
SIMPLERA SYNC SENSOR	Non-Formulary	New to Market Exclusion
SIMPLERA SYSTEM	Non-Formulary	New to Market Exclusion

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Drug Name	Tier	Notes
SINGLE-LET	2	
sm lancets 33g	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST EJECT DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST EJECT STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST LANCETS 28G	2	

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Drug Name	Tier	Notes
SMARTEST PERSONA STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST PRONTO STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST PROTEGE DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST PROTEGE STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	2	
STERILANCE TL	2	

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Drug Name	Tier	Notes
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	
SURESTEP PRO LINEARITY KIT	Non-Formulary	Formulary Exclusion
SURE-TOUCH LANCETS UNIVERSAL	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	

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Drug Name	Tier	Notes
TECHLITE LANCETS 26G	2	
TECHLITE LANCETS 30G	2	
TEMPO REFILL KIT	Non-Formulary	Formulary Exclusion
TEMPO SMART BUTTON	Non-Formulary	Formulary Exclusion
TEMPO WELCOME KIT W/DEVICE	Non-Formulary	Formulary Exclusion
tgt blood glucose monitoring kit w/device	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
TRACER II 3 VOLT BATTERY	Non-Formulary	Formulary Exclusion
travel lancets	2	
TRAVEL LANCETS ADVANCED 28G	2	
true comfort safety lancets	2	
true comfort twist top lancets	2	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX METER DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUEDRAW LANCING DEVICE	2	

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Drug Name	Tier	Notes
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUETRACK BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUETRACK SMART SYSTEM KIT	Non-Formulary	Formulary Exclusion
twist top lancets 30g	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
valumark lancet super thin 30g	2	
valumark lancet ultra thin 28g	2	
verasens blood glucose meter device	Non-Formulary	Formulary Exclusion
verasens blood glucose system kit w/device	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
VIVAGUARD INO GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
VIVAGUARD INO GLUCOSE METER KIT	Non-Formulary	Formulary Exclusion
VIVAGUARD INO SMART GLUC METER DEVICE	Non-Formulary	Formulary Exclusion
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	
WAVESENSE AMP KIT W/DEVICE	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
zevrx twist top lancets 30g	2	
Glucose/Ketone Monitoring Test Supplies*		
FORA TEST N' GO ADVANCE DEVICE	Non-Formulary	Formulary Exclusion
FORA TN'G ADVANCE PRO DEVICE	Non-Formulary	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PRECISION XTRA-GLUCOSE/KETONE DEVICE	Non-Formulary	Formulary Exclusion
Incontinence Supplies*		
URESTA STARTER KIT	Non-Formulary	Non FDA Exclusion
yoni fit bladder support kit 1 device vaginal	Non-Formulary	Non FDA Exclusion
yoni fit bladder support kit 2 device vaginal	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
yoni fit bladder support kit 3 device vaginal	Non-Formulary	Non FDA Exclusion
yoni fit bladder support kit 4 device vaginal	Non-Formulary	Non FDA Exclusion
yoni fit bladder support kit 5 device vaginal	Non-Formulary	Non FDA Exclusion
Insulin Administration Supplies*		
ACCU-CHEK LINKASSIST	Non-Formulary	Formulary Exclusion
AUTOSOFT 30 INFUSION SET	Non-Formulary	Formulary Exclusion
AUTOSOFT XC INFUSION SET	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ADMELOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/APIDRA	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ASPART	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/BASAGLAR	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/FIASP	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/HUMALOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LANTUS	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LISPRO	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
BIGFOOT UNITY PEN CAP/LYUMJEV	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/NOVOLOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO M	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TRESIBA	Non-Formulary	Formulary Exclusion
extended infusion set 23"/6mm	Non-Formulary	Formulary Exclusion
extended infusion set 23"/9mm	Non-Formulary	Formulary Exclusion
extended infusion set 32"/6mm	Non-Formulary	Formulary Exclusion
extended infusion set 32"/9mm	Non-Formulary	Formulary Exclusion
EXTENDED RESERVOIR 3ML	Non-Formulary	Formulary Exclusion
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	

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ILET STARTER KIT - INSET 23"	3	
ILET STARTER KIT - INSET 32"	3	
MINIMED 770G INSULIN PUMP SYS KIT	Non-Formulary	PA; Formulary Exclusion
MINIMED 780G INSULIN PUMP KIT	Non-Formulary	PA; Formulary Exclusion
MINIMED MIO ADVANCE INFUSE SET	Non-Formulary	Formulary Exclusion
MINIMED MIO INFUSION SET (RX)	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 18"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 23"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 32"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 43"	Non-Formulary	Formulary Exclusion
MOBI 2ML CARTRIDGE	Non-Formulary	Formulary Exclusion
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	

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	Non-Formulary	Formulary Exclusion
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	
SILHOUETTE 23" INFUSION SET	Non-Formulary	Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SILHOUETTE 43" INFUSION SET	Non-Formulary	Formulary Exclusion
SILHOUETTE INFUSION SET 18"	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 23"/6MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 23"/8MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/10MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/6MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/8MM	Non-Formulary	Formulary Exclusion
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE	Non-Formulary	PA; Formulary Exclusion
T:SLIM X2 3ML CARTRIDGE	Non-Formulary	Formulary Exclusion
T:SLIM X2 BASAL-IQ PUMP DEVICE	Non-Formulary	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	Non-Formulary	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	Non-Formulary	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ PUMP DEVICE	Non-Formulary	PA; Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	Non-Formulary	PA; Formulary Exclusion
T:SLIM X2 INSULIN PUMP DEVICE	Non-Formulary	PA; Formulary Exclusion
TANDEM MOBI AUTOSOFT 30 KIT	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFT XC KIT	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFT30 14PK23"	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFTXC 14PK23"	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFTXC 14PK5"	Non-Formulary	Formulary Exclusion
TANDEM MOBI CARTRIDGE 2ML	Non-Formulary	Formulary Exclusion
TANDEM MOBI SYSTEM STARTER KIT	Non-Formulary	PA; Formulary Exclusion
TANDEM MOBI TRUSTEEL SUPP KIT	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT 30 PK10 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT 30 PK14 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT XC PK10 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT XC PK14 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM TRUSTL PK10 23"	Non-Formulary	Formulary Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
TRUSTEEL INFUSION SET	Non-Formulary	Formulary Exclusion
TWIIST REFILL KIT KIT	Non-Formulary	PA messaging (Non Rebateable)
TWIIST REFILL KIT/INFUSION SET KIT	Non-Formulary	PA messaging (Non Rebateable)
TWIIST STARTER KIT KIT	Non-Formulary	PA; PA messaging (Non Rebateable)
V-GO 20 KIT 20 UNIT/24HR	2	
V-GO 30 KIT 30 UNIT/24HR	2	
V-GO 40 KIT 40 UNIT/24HR	2	
Masks		
SAFE-SENSE EARLOOP FACE MASK	Non-Formulary	Non FDA Exclusion
Misc. Devices		
CLEVER CHOICE PULSE OXIMETER	Non-Formulary	Non FDA Exclusion
dispenser md pump 0.25ml	Non-Formulary	Non FDA Exclusion
dispenser md pump bottle 150ml	Non-Formulary	Non FDA Exclusion
face shield full length	Non-Formulary	Non FDA Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
face shield full length/clear	Non-Formulary	Non FDA Exclusion
MAD NASAL ATOMIZATION DEVICE	Non-Formulary	Non FDA Exclusion
powder insufflator-#4 capsules	Non-Formulary	Non FDA Exclusion
provate 61mm	Non-Formulary	Non FDA Exclusion
provate 67mm	Non-Formulary	Non FDA Exclusion
provate 73mm	Non-Formulary	Non FDA Exclusion
provate 79mm	Non-Formulary	Non FDA Exclusion
provate 85mm	Non-Formulary	Non FDA Exclusion
provate 91mm	Non-Formulary	Non FDA Exclusion
suppository shells small 1.3ml	Non-Formulary	Non FDA Exclusion
vaginal suppository applicator	Non-Formulary	Non FDA Exclusion
Nebulizers*		
AEROECLIPSE II W/ELBOW ADAPTER	Non-Formulary	Formulary Exclusion
AEROECLIPSE II W/UNIV TUBING	Non-Formulary	Formulary Exclusion
AEROECLIPSE XL NEBULIZER	Non-Formulary	Formulary Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
INNOSPIRE ELEGANCE NEBULIZER	Non-Formulary	Formulary Exclusion
MC 300 W/UNIVERSAL TUBING	Non-Formulary	Formulary Exclusion
MC 300-MOUTHPIECE	Non-Formulary	Formulary Exclusion
neb 200 compressor nebulizer	Non-Formulary	Formulary Exclusion
PARI BABY NEBULIZER SET	Non-Formulary	Formulary Exclusion
PULMONEB LT	Non-Formulary	Formulary Exclusion
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	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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 NEEDLE 32G X 4 MM	Non-Formulary	Formulary Exclusion
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	2	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	2	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	

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Notes
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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
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 (OTC)	2	

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (RX)	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	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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" (RX)	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	

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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 (OTC)	2	
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	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	

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Drug Name	Tier	Notes
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	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	

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Drug Name	Tier	Notes
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	
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 (RX)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 (RX)	2	
BD SYRINGE LUER-LOK 30 ML	2	
BD SYRINGE LUER-LOK 5 ML (OTC)	2	
BD SYRINGE SLIP TIP 1 ML	2	
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML	2	

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Drug Name	Tier	Notes
BD SYRINGE SLIP TIP 3 ML (RX)	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	
CAREFINE PEN NEEDLES 29G X 12MM	2	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML	2	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML	2	
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
CEQUR SIMPLICITY INSERTER	3	
CLEVER CHOICE COMFORT EZ 29G X 12MM	2	
CLEVER CHOICE COMFORT EZ 33G X 4 MM	2	

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Drug Name	Tier	Notes
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	

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Notes
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
COMFORT EZ PEN NEEDLES 32G X 8 MM	2	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
dropsafe safety pen needles 31g x 8 mm	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	2	
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	

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Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
easy comfort pen needles 31g x 5 mm	3	
easy comfort pen needles 31g x 6 mm	2	
easy comfort pen needles 31g x 6 mm	3	
easy comfort pen needles 31g x 8 mm	2	
easy comfort pen needles 32g x 4 mm	2	
easy comfort pen needles 32g x 4 mm	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	

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Drug Name	Tier	Notes
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 BARRELS U-100 1 ML	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
EASY TOUCH SYRINGE BARREL 3 ML	2	
EASY TOUCH SYRINGE BARREL 5 ML	2	
EASYPOINT NEEDLE 23G X 1" (RX)	2	
EASYPOINT NEEDLE 25G X 1" (RX)	2	
EASYPOINT NEEDLE 25G X 5/8" (RX)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML	2	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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 (otc)	2	
insulin syringe-needle u-100 27g x 1/2" 0.5 ml (rx)	2	
insulin syringe-needle u-100 27g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 27g x 1/2" 1 ml (rx)	2	

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Drug Name	Tier	Notes
insulin syringe-needle u-100 28g x 1/2" 0.5 ml (otc)	2	
insulin syringe-needle u-100 28g x 1/2" 0.5 ml (rx)	2	
insulin syringe-needle u-100 28g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 28g x 1/2" 1 ml (rx)	2	
insulin syringe-needle u-100 29g x 1/2" 0.5 ml (otc)	2	
insulin syringe-needle u-100 29g x 1/2" 0.5 ml (rx)	2	
insulin syringe-needle u-100 29g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 29g x 1/2" 1 ml (rx)	2	
insulin syringe-needle u-100 30g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 30g x 1/2" 1 ml (rx)	2	
insulin syringe-needle u-100 30g x 5/16" 0.3 ml	2	

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Drug Name	Tier	Notes
insulin syringe-needle u-100 30g x 5/16" 0.5 ml (otc)	2	
insulin syringe-needle u-100 30g x 5/16" 0.5 ml (rx)	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 (otc)	2	
insulin syringe-needle u-100 31g x 5/16" 0.5 ml (rx)	2	
insulin syringe-needle u-100 31g x 5/16" 1 ml (otc)	2	
insulin syringe-needle u-100 31g x 5/16" 1 ml (rx)	2	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
MONOJECT HYPODERMIC NEEDLE 18G X 1" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 19G X 1" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 20G X 1" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 21G X 1" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" (RX)	2	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	2	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	2	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX)	2	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	2	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	2	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	2	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	

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Drug Name	Tier	Notes
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
MONOJECT SYRINGE 12 ML	2	

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Drug Name	Tier	Notes
MONOJECT SYRINGE 18G X 1" 12 ML (RX)	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 (RX)	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	

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Drug Name	Tier	Notes
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 (RX)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	2	
MONOJECT TB SYRINGE 1 ML (RX)	2	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (RX)	2	
MONOJECT TB SYRINGE 26G X 3/8" 1 ML (RX)	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 (RX)	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	2	

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Drug Name	Tier	Notes
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)	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 (OTC)	2	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	2	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)	2	

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	2	
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	

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Drug Name	Tier	Notes
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 (otc)	2	
pen needles 30g x 5 mm (rx)	2	

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Drug Name	Tier	Notes
pen needles 30g x 8 mm	2	
pen needles 31g x 5 mm (otc)	2	
pen needles 31g x 5 mm (rx)	2	
pen needles 31g x 6 mm	2	
pen needles 31g x 8 mm (otc)	2	
pen needles 31g x 8 mm (rx)	2	
pen needles 32g x 4 mm (otc)	2	
pen needles 32g x 4 mm (rx)	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 (OTC)	2	
PENTIPS 29G X 12MM (RX)	2	
PENTIPS 31G X 5 MM (OTC)	2	

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Drug Name	Tier	Notes
PENTIPS 31G X 5 MM (RX)	2	
PENTIPS 31G X 6 MM	2	
PENTIPS 31G X 8 MM (OTC)	2	
PENTIPS 31G X 8 MM (RX)	2	
PENTIPS 32G X 4 MM (OTC)	2	
PENTIPS 32G X 4 MM (RX)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 31G X 4 MM	2	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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 (otc)	2	
sure comfort pen needles 32g x 4 mm (rx)	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	

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Drug Name	Tier	Notes
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 (rx)	2	
syringe luer lock 30 ml (rx)	2	

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Drug Name	Tier	Notes
syringe luer slip 1 ml (rx)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
topcare clickfine pen needles 31g x 6 mm	2	
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	

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Drug Name	Tier	Notes
true comfort insulin syringe 31g x 5/16" 0.5 ml	2	
true comfort insulin syringe 31g x 5/16" 0.5 ml	3	
true comfort insulin syringe 31g x 5/16" 1 ml	2	
true comfort insulin syringe 31g x 5/16" 1 ml	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 (OTC)	2	
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	2	

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Drug Name	Tier	Notes
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 (OTC)	2	
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	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	

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Drug Name	Tier	Notes
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 (OTC)	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 (OTC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	2	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	2	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	2	

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Drug Name	Tier	Notes
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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 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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	
Nerve Stimulators*		
GAMMACORE DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE 31-DAY DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE D DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE REFILL KIT	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
NERIVIO DEVICE	Non-Formulary	Non FDA Exclusion
PONS MOUTHPIECE	Non-Formulary	Non FDA Exclusion
PONS SYSTEM DEVICE	Non-Formulary	Non FDA Exclusion
S.T. GENESIS NERVE STIMULATOR DEVICE	Non-Formulary	Non FDA Exclusion
Ocular Implants*		
SUSVIMO OCULAR IMPLANT IMPLANT INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Peak Flow Meters*		
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	Non-Formulary	Formulary Exclusion
Respiratory Therapy Supplies*		
ACE AEROSOL CLOUD ENHANCER	Non-Formulary	Formulary Exclusion
adult mask device	2	
AEROBIKA DEVICE (RX)	2	

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Drug Name	Tier	Notes
AEROBIKA OPEP W/MANOMETER KIT	Non-Formulary	Formulary Exclusion
AEROECLIPSE EZ TWIST TUBING	Non-Formulary	Formulary Exclusion
AEROECLIPSE MASK LARGE	Non-Formulary	Formulary Exclusion
AEROECLIPSE MASK MEDIUM	Non-Formulary	Formulary Exclusion
AEROECLIPSE MASK SMALL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
IN-CHECK INSPIRATORY FLOW MTR DEVICE	2	
nebulizer mask adult	Non-Formulary	Formulary Exclusion
nebulizer mask child	Non-Formulary	Formulary Exclusion
nebulizer mask ped/tubing	Non-Formulary	Formulary Exclusion
OMBRA COMPRESSOR ADULT KIT	Non-Formulary	Formulary Exclusion
OMBRA COMPRESSOR CHILD KIT	Non-Formulary	Formulary Exclusion
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	
REUSABLE COMFORTSEAL MASK-LRG	Non-Formulary	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-MED	Non-Formulary	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-SML	Non-Formulary	Formulary Exclusion

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
silicone mask/adult	Non-Formulary	Formulary Exclusion
silicone mask/infant	Non-Formulary	Formulary Exclusion
silicone mask/pediatric	Non-Formulary	Formulary Exclusion
spiro pd device	2	
THRESHOLD PEP DEVICE	2	
VERSAPAP DEVICE	Non-Formulary	Formulary Exclusion
VERSAPAP W/UNIVERSAL TUBING DEVICE	Non-Formulary	Formulary Exclusion
Scar Treatments*		
cellpad sheet	Non-Formulary	Non FDA Exclusion
CICASIL SHEET	Non-Formulary	Non FDA Exclusion
coatamax patch sheet	Non-Formulary	Non FDA Exclusion
KELOTOP SHEET	Non-Formulary	Non FDA Exclusion
NUVA III SHEET	Non-Formulary	Non FDA Exclusion
NUVAGEL SHEET	Non-Formulary	Non FDA Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
NUVAZIL II SHEET	Non-Formulary	Non FDA Exclusion
NUVAZIL SHEET	Non-Formulary	Non FDA Exclusion
polytoza patch sheet	Non-Formulary	Non FDA Exclusion
PROSILK SHEET	Non-Formulary	Non FDA Exclusion
realsil-6 sheet	Non-Formulary	Non FDA Exclusion
realsil-8 sheet	Non-Formulary	Non FDA Exclusion
scarcin pad plus sheet	Non-Formulary	Non FDA Exclusion
scarcinpad sheet	Non-Formulary	Non FDA Exclusion
scarheal sheet	Non-Formulary	Non FDA Exclusion
scarsilk sheet	Non-Formulary	Non FDA Exclusion
SILADERM SHEET	Non-Formulary	Non FDA Exclusion
siladone scar patch sheet	Non-Formulary	Non FDA Exclusion
silinoin 8 day supply sheet	Non-Formulary	Non FDA Exclusion
silivex sheet	Non-Formulary	Non FDA Exclusion
SILTREX SHEET	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
skarlite sheet	Non-Formulary	Non FDA Exclusion
SZOSIL 15 DAY SUPPLY SHEET	Non-Formulary	Non FDA Exclusion
SZOSIL 8 DAY SUPPLY SHEET	Non-Formulary	Non FDA Exclusion
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 (RX)	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	

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Drug Name	Tier	Notes
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 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	
AEROVENT PLUS DEVICE	2	
breathe comfort chamber/adult device	2	

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Drug Name	Tier	Notes
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	
BREATHERITE SPACER NEONATE	2	
BREATHERITE SPACER SMALL CHILD	2	
BREATHERITE VALVED MDI CHAMBER DEVICE	2	
BREATHERITE/LARGE MASK	2	
BREATHERITE/MEDIUM MASK	2	

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Drug Name	Tier	Notes
BREATHERITE/SMALL MASK	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (OTC)	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
prochamber vhc device	2	
pure comfort spacer chamber device	2	
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	
Transcranial Magnetic Stimulators*		
SAVI DUAL DEVICE	Non-Formulary	Formulary Exclusion
Tumor Treating Fields Products (Ttfields)*		

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Drug Name	Tier	Notes
OPTUNE DEVICE	Non-Formulary	Non FDA Exclusion
OPTUNE LUA DEVICE	Non-Formulary	Non FDA Exclusion
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
ZAVZPRET SOLUTION 10 MG/ACT NASAL	Non-Formulary	PA; Formulary Exclusion; QL
****Cgrp Receptor Antagonists - Monocolonal Antibodies******		

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Drug Name	Tier	Notes
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
VYEPTI SOLUTION 100 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Ergot Combinations		
CAFERGOT TABLET 1-100 MG ORAL	Non-Formulary	Formulary Exclusion
ergotamine-caffeine tablet 1-100 mg oral	Non-Formulary	Formulary Exclusion
ergotamine-caffeine tablet 1-100 mg oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
MIGERGOT SUPPOSITORY 2-100 MG RECTAL	3	PA
Migraine Combinations		
MIGRANOW THERAPY PACK 50 & 4-10 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
SUMANSETRON TABLET THERAPY PACK 50 & 4 MG ORAL	Non-Formulary	Non FDA Exclusion
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors		
ELYXYB SOLUTION 120 MG/4.8ML ORAL	3	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
Migraine Products - Nsaids*		
CAMBIA PACKET 50 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
diclofenac potassium(migraine) packet 50 mg oral	1	Non Essential Drug Exclusion
Migraine Products*		
D.H.E. 45 SOLUTION 1 MG/ML INJECTION	Non-Formulary	Formulary Exclusion
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
MIGRANAL SOLUTION 4 MG/ML NASAL	Non-Formulary	PA; Formulary Exclusion
TRUDHESA AEROSOL SOLUTION 0.725 MG/ACT NASAL	Non-Formulary	PA; Formulary Exclusion

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Drug Name	Tier	Notes
Selective Serotonin Agonist-Nsaid Combinations*		
sumatriptan-naproxen sodium tablet 85-500 mg oral	1	Non Essential Drug Exclusion; QL
SYMBRAVO TABLET 20-10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
TREXIMET TABLET 85-500 MG ORAL	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
Selective Serotonin Agonists 5-Ht(1)*		
almotriptan malate tablet 12.5 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Drug Name	Tier	Notes
almotriptan malate tablet 6.25 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
AMERGE TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMERGE TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
eletriptan hydrobromide tablet 20 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
eletriptan hydrobromide tablet 40 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Drug Name	Tier	Notes
FROVA TABLET 2.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
frovatriptan succinate tablet 2.5 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX SOLUTION 20 MG/ACT NASAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
IMITREX SOLUTION 5 MG/ACT NASAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX TABLET 100 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
IMITREX TABLET 25 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX TABLET 50 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
MAXALT TABLET 10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); 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; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
RELPAX TABLET 20 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB)); QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RELPAX TABLET 20 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
RELPAX TABLET 40 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); 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

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
sumatriptan solution 20 mg/act nasal	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
sumatriptan solution 5 mg/act nasal	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	1	QL
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	1	QL

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); 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

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
TOSYMRA SOLUTION 10 MG/ACT NASAL	3	ST; Step Therapy Requirements (SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB))
TOSYMRA SOLUTION 10 MG/ACT NASAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan)
ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	3	PA; ST; Step Therapy Requirements (SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB)); QL
ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	3	PA; ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
zolmitriptan solution 2.5 mg nasal	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
zolmitriptan solution 5 mg nasal	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
zolmitriptan tablet 2.5 mg oral	1	QL
zolmitriptan tablet 5 mg oral	1	QL
zolmitriptan tablet dispersible 2.5 mg oral	Non-Formulary	Formulary Exclusion; QL
zolmitriptan tablet dispersible 5 mg oral	Non-Formulary	Formulary Exclusion; QL
ZOMIG SOLUTION 2.5 MG NASAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Tier
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ZOMIG SOLUTION 5 MG NASAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
ZOMIG TABLET 2.5 MG ORAL	1	QL
ZOMIG TABLET 2.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
ZOMIG TABLET 5 MG ORAL	1	QL
ZOMIG TABLET 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
ZOMIG ZMT TABLET DISPERSIBLE 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZOMIG ZMT TABLET DISPERSIBLE 5 MG ORAL	Non-Formulary	Formulary Exclusion; 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		
****Bicarbonates******		
sodium acetate solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion
sodium acetate solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
sodium acetate solution 4 meq/ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
sodium acetate solution 4 meq/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
sodium bicarbonate solution 4.2 % intravenous	Non-Formulary	Medical Only Exclusion
sodium bicarbonate solution 7.5 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
sodium bicarbonate solution 8.4 % intravenous	Non-Formulary	Medical Only Exclusion
sodium bicarbonate solution 8.4 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous	Non-Formulary	Formulary Exclusion
sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous	Non-Formulary	Non FDA Exclusion
THAM SOLUTION 30 MEQ/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
tromethamine solution 30 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
tromethamine solution 30 meq/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Calcium Combinations*		
CALCIFOL WAFER 1342-1.6 MG ORAL	Non-Formulary	Formulary Exclusion
calcium gluconate-nacl solution 1-0.675 gm/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.8 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate-nacl solution 2-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
calcium-folic acid plus d wafer 1342-1 mg oral	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
LIQUICAL PLUS LIQUID 84-24-0.7-10 MG-MCG/5ML ORAL	Non-Formulary	Non FDA Exclusion
Calcium		
calcium chloride solution 10 % intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate solution 10 % intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate solution 10 % intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
calcium gluconate solution prefilled syringe 1000 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Electrolytes & Dextrose		
dextrose 5%/electrolyte #48 solution intravenous	3	
dextrose in lactated ringers solution 5 % intravenous	1	
dextrose-nacl solution 5-0.9 % intravenous	Non-Formulary	Non FDA Exclusion
dextrose-sodium chloride solution 10-0.2 % intravenous	3	

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Drug Name	Tier	Notes
dextrose-sodium chloride solution 10-0.45 % intravenous	2	
dextrose-sodium chloride solution 2.5-0.45 % intravenous	1	
dextrose-sodium chloride solution 2.5-0.45 % intravenous	1	Mony Code (MONY CODE ISSUE)
dextrose-sodium chloride solution 5-0.2 % intravenous	1	
dextrose-sodium chloride solution 5-0.225 % intravenous	1	
dextrose-sodium chloride solution 5-0.225 % intravenous	1	Mony Code (MONY Code)
dextrose-sodium chloride solution 5-0.3 % intravenous	1	
dextrose-sodium chloride solution 5-0.3 % intravenous	1	Mony Code (MONY Code)

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
dextrose-sodium chloride solution 5-0.3 % intravenous	3	
dextrose-sodium chloride solution 5-0.33 % intravenous	1	
dextrose-sodium chloride solution 5-0.33 % intravenous	1	Mony Code (MONY code issue)
dextrose-sodium chloride solution 5-0.45 % intravenous	1	
dextrose-sodium chloride solution 5-0.9 % intravenous	1	
ELLIOTTS B SOLUTION INTRATHECAL	Non-Formulary	Medical Only Exclusion
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	

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
kcl in dextrose-nacl solution 20-5-0.2 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous	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	

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Drug Name	Tier	Notes
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	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	
potassium cl in dextrose 5% solution 10 meq/l intravenous	Non-Formulary	Medical Only Exclusion
potassium cl in dextrose 5% solution 20 meq/l intravenous	Non-Formulary	Medical Only Exclusion
****Electrolytes Parenteral******		
HYPERLYTE-CR CONCENTRATE INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)

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Drug Name	Tier	Notes
ISOLYTE-S PH 7.4 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOLYTE-S SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
kcl (0.149%) in nacl solution 20-0.45 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
kcl (0.149%) in nacl solution 20-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
kcl (0.298%) in nacl solution 40-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
kcl (in nacl 0.9%) solution 40 meq/500ml intravenous	Non-Formulary	Non FDA Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	Non-Formulary	Formulary Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	Non-Formulary	Non FDA Exclusion
lactated ringers solution intravenous	Non-Formulary	Medical Only Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
lactated ringers solution intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
multiple electro type 1 ph 5.5 solution intravenous	Non-Formulary	Medical Only Exclusion
multiple electro type 1 ph 7.4 solution intravenous	Non-Formulary	Medical Only Exclusion
NORMOSOL-R PH 7.4 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NORMOSOL-R SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLASMA-LYTE 148 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLASMA-LYTE A SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
potassium chloride in nacl solution 20 meq/250ml intravenous	Non-Formulary	Non FDA Exclusion
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
ringers solution intravenous	Non-Formulary	Medical Only Exclusion
TPN ELECTROLYTES CONCENTRATE INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TPN ELECTROLYTES CONCENTRATE INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
Fluoride Combinations*		

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Drug Name	Tier	Notes
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	Mony Code (MONY code issue)
NAFRINSE TABLET CHEWABLE 2.2 (1 F) MG ORAL	1	
sodium fluoride solution 1.1 (0.5 f) mg/ml oral	1	Mony Code (MONY code issue)
sodium fluoride tablet 1.1 (0.5 f) mg oral	2	
sodium fluoride tablet 2.2 (1 f) mg oral	1	Mony Code (MONY Code)
sodium fluoride tablet chewable 0.55 (0.25 f) mg oral	1	

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Drug Name	Tier	Notes
sodium fluoride tablet chewable 1.1 (0.5 f) mg oral	1	
sodium fluoride tablet chewable 2.2 (1 f) mg oral	1	
Iodine Products		
iodine strong solution 5 % oral	Non-Formulary	Formulary Exclusion
Magnesium		
magnesium chloride solution 200 mg/ml injection	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
magnesium sulfate in d5w solution 1-5 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 2 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 20 gm/500ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 4 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
magnesium sulfate solution 4 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 40 gm/1000ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
magnesium sulfate solution 40 gm/1000ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 50 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
magnesium sulfate solution 50 % injection	Non-Formulary	Medical Only Exclusion
magnesium sulfate-nacl solution 2-0.9 gm/50ml-% intravenous	Non-Formulary	Formulary Exclusion
Manganese		
manganese chloride solution 0.1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
Phosphate		

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
GLYCOPHOS SOLUTION 1 MMOLE/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
K-PHOS TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
K-PHOS-NEUTRAL TABLET 155-852-130 MG ORAL	Non-Formulary	Formulary Exclusion
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 solution 15 mmole/5ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates solution 15 mmole/5ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
potassium phosphates solution 150 mmole/50ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates solution 150 mmole/50ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
potassium phosphates solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates(66 meq k) solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates(66 meq k) solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
potassium phosphates(71 meq k) solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates-nacl solution 15 mmol/100ml intravenous	3	
potassium phosphates-nacl solution 15 mmol/250ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
potassium phosphates-nacl solution 15 mmol/250ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
potassium phosphates-nacl solution 30 mmol/500ml intravenous	Non-Formulary	Non FDA Exclusion
sodium phosphates solution 15 mmole/5ml intravenous	1	
sodium phosphates solution 15 mmole/5ml intravenous	Non-Formulary	Formulary Exclusion
sodium phosphates solution 150 mmole/50ml intravenous	1	
sodium phosphates solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion
virt-phos 250 neutral tablet 155-852-130 mg oral	1	
wes-phos 250 neutral tablet 155-852-130 mg oral	1	
Potassium Combinations*		

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	Non-Formulary	Formulary Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Non-Formulary	Non FDA Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Non-Formulary	Formulary Exclusion
Potassium		
EFFER-K TABLET EFFERVESCENT 25 MEQ ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	1	
KLOR-CON PACKET 20 MEQ ORAL	1	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	1	
KLOR-CON/EF TABLET EFFERVESCENT 25 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-PRIME TABLET EFFERVESCENT 25 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL	3	
POKONZA PACKET 10 MEQ ORAL	3	

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Drug Name	Tier	Notes
potassium acetate solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion
potassium acetate solution 2 meq/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
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	

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Drug Name	Tier	Notes
potassium chloride er tablet extended release 20 meq oral	1	
potassium chloride er tablet extended release 20 meq oral	1	Mony Code (MONY Code)
potassium chloride er tablet extended release 8 meq oral	1	
potassium chloride er tablet extended release 8 meq oral	1	Mony Code (MONY Code)
potassium chloride packet 20 meq oral	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 10 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 10 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
potassium chloride solution 10 meq/50ml intravenous	Non-Formulary	Medical Only Exclusion

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Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
potassium chloride solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 20 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 20 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium chloride solution 20 meq/50ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 20 meq/50ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
potassium chloride solution 40 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 40 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
potassium chloride solution 40 meq/15ml (20%) oral	1	

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Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
potassium chloride solution 40 meq/15ml (20%) oral	1	Mony Code (MONY Code)
potassium chloride solution prefilled syringe 100 meq/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Sodium*		
AQUASTAT SFR SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
AQUASTAT SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
BD POSIFLUSH SAFESCRUB SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
BD POSIFLUSH SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
MONOJECT FLUSH SYRINGE SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
MONOJECT SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
normal saline flush solution 0.9 % intravenous	Non-Formulary	Formulary Exclusion
saline flush solution 0.9 % intravenous	Non-Formulary	Formulary Exclusion
sodium chloride (pf) solution 0.9 % injection	1	
sodium chloride flush solution 0.9 % intravenous	Non-Formulary	Formulary Exclusion
sodium chloride flush solution 0.9 % intravenous	Non-Formulary	Non FDA Exclusion
sodium chloride solution 0.45 % intravenous	1	
sodium chloride solution 0.9 % injection	Non-Formulary	Non FDA Exclusion
sodium chloride solution 0.9 % intravenous	Non-Formulary	Non FDA Exclusion
sodium chloride solution 0.9 % intravenous	1	
sodium chloride solution 0.9 % intravenous	1	Mony Code (MONY code issue)
sodium chloride solution 2.5 meq/ml injection	1	
sodium chloride solution 3 % intravenous	1	
sodium chloride solution 4 meq/ml intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
sodium chloride solution 4 meq/ml intravenous	1	
sodium chloride solution 5 % intravenous	1	
Trace Mineral Combinations*		
MULTITRACE-4 NEONATAL SOLUTION 100-25-1500 MCG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
MULTITRACE-4 PEDIATRIC SOLUTION 1-100-25-1000 MCG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
MULTRYS SOLUTION 60-3-6-1000 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
THE LIQUILIFT TRACE KIT 10-1000-500-60 MCG/ML INTRAVENOUS	Non-Formulary	Non FDA Exclusion
TRACE ELEMENTS 4/PEDIATRIC SOLUTION 1-100-30-500 MCG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
TRALEMENT SOLUTION 300-55-60-3000 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Trace Minerals*		
chromic chloride solution 40 mcg/10ml intravenous	Non-Formulary	Medical Only Exclusion
cupric chloride solution 0.4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
selenious acid solution 12 mcg/2ml intravenous	Non-Formulary	Formulary Exclusion
selenious acid solution 40 mcg/ml intravenous	Non-Formulary	Non FDA Exclusion
selenious acid solution 60 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
Zinc*		
GALZIN CAPSULE 25 MG ORAL	3	
GALZIN CAPSULE 50 MG ORAL	3	
zinc chloride solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
zinc sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
zinc sulfate solution 3 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
zinc sulfate solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
MISCELLANEOUS THERAPEUTIC CLASSES		
****Activated Phosphoinositide 3-Kinase Delta Syndrome Agent******		
JOENJA TABLET 70 MG ORAL	3	PA; Specialty*; QL
****Allogeneic Thymus Tissue******		
RETHYMIC IMPLANT INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
****Antileprotics******		
THALOMID CAPSULE 100 MG ORAL	2	PA; Specialty*
THALOMID CAPSULE 150 MG ORAL	2	PA; Specialty*
THALOMID CAPSULE 200 MG ORAL	2	PA; Specialty*
THALOMID CAPSULE 50 MG ORAL	2	PA; Specialty*
****B-Lymphocyte Stimulator (Blys)-Specific Inhibitors******		

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Drug Name	Tier	Notes
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	3	PA; Specialty*
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	3	PA; Specialty*
BENLYSTA SOLUTION RECONSTITUTED 120 MG INTRAVENOUS	3	PA; Specialty*
BENLYSTA SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	3	PA; Specialty*
Chelating Agents*		
CLOVIQUE CAPSULE 250 MG ORAL	1	PA; Specialty*
CUPRIMINE CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUVRIOR TABLET 300 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
DEPEN TITRATABS TABLET 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
edetate disodium solution 150 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
penicillamine capsule 250 mg oral	Non-Formulary	PA; Specialty*; Formulary Exclusion
penicillamine tablet 250 mg oral	1	PA; Specialty*
SYPRINE CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
trientine hcl capsule 250 mg oral	1	PA; Specialty*
trientine hcl capsule 500 mg oral	3	Specialty*
Colony Stimulating Factor-1 Receptor (Csf-1R) Antibodies		
NIKTIMVO SOLUTION 22 MG/0.44ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NIKTIMVO SOLUTION 9 MG/0.18ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Continuous Renal Replacement Therapy (Crrt) Solutions*		

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Drug Name	Tier	Notes
phoxillum b22k4/0 solution 22-4-1 meq-mmol/l extracorporeal	3	
PRISMASOL BGK 4/0/1.2 SOLUTION 32-4-1.2 MEQ/L EXTRACORPOREAL	Non-Formulary	Medical Only Exclusion
REGIOCIT SOLUTION 0.529 % EXTRACORPOREAL	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
trisodium citrate/crrt solution extracorporeal	Non-Formulary	Non FDA Exclusion
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 capsule 50 mg oral	1	Mony Code (MONY Code)
cyclosporine modified solution 100 mg/ml oral	1	

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Drug Name	Tier	Notes
cyclosporine solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
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	3	PA; Specialty*; QL
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	
SANDIMMUNE SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Digital Therapy Application - Behavior & Mental Health*		
ENDEAVORRX	Non-Formulary	Non FDA Exclusion
MODIA	Non-Formulary	Non FDA Exclusion
REJOYN	Non-Formulary	Non FDA Exclusion
RESET	Non-Formulary	Non FDA Exclusion
RESET FOR APPLE-IOS	Non-Formulary	Non FDA Exclusion
RESET FOR GOOGLE-ANDROID	Non-Formulary	Non FDA Exclusion
RESET FOR IOS OR ANDROID APP	Non-Formulary	Non FDA Exclusion
RESET NON-MONETARY CM	Non-Formulary	Non FDA Exclusion
RESET-O	Non-Formulary	Non FDA Exclusion
RESET-O FOR APPLE-IOS	Non-Formulary	Non FDA Exclusion
RESET-O FOR GOOGLE-ANDROID	Non-Formulary	Non FDA Exclusion
RESET-O FOR IOS OR ANDROID APP	Non-Formulary	Non FDA Exclusion
RESET-O NON-MONETARY CM	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
SOMRYST	Non-Formulary	Non FDA Exclusion
VORVIDA	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Gastrointestinal*		
MAHANA IBS	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Genitourinary*		
LEVA PELVIC HEALTH SYSTEM KIT	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Musculoskeletal*		
RELIEVRX KIT	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Type 2 Diabetes*		
ASPYRERX	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Visual*		

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Drug Name	Tier	Notes
LUMINOPIA	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Women's Health*		
natural cycles contraceptive	Non-Formulary	Non FDA Exclusion
Enzymes*		
AMPHADASE SOLUTION 150 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
HYLENEX SOLUTION 150 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
VITRASE SOLUTION 200 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION	3	PA; Specialty*
Farnesyltransferase Inhibitors*		
ZOKINVY CAPSULE 50 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
ZOKINVY CAPSULE 75 MG ORAL	2	PA; Specialty*
Fecal Incontinence Bulking Agent - Combinations*		
SOLESTA GEL 50-15 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
Homeopathic Products*		
ACUNOL TABLET ORAL	Non-Formulary	Non FDA Exclusion
bhi uri-control tablet oral	Non-Formulary	Non FDA Exclusion
COLCIGEL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
ECZEMOL TABLET ORAL	Non-Formulary	Non FDA Exclusion
HYLAFEM SUPPOSITORY VAGINAL	Non-Formulary	Non FDA Exclusion
morcin cream external	Non-Formulary	Non FDA Exclusion
PSORIZIDE FORTE TABLET 30-1-15 MG ORAL	Non-Formulary	Non FDA Exclusion
PSORIZIDE ULTRA TABLET ORAL	Non-Formulary	Non FDA Exclusion
SPEEDGEL RX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
streptococcinum 30c pellet sublingual	Non-Formulary	Non FDA Exclusion
TRANZGEL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
TRAUMEEL OINTMENT EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
TRAUMEEL TABLET ORAL (RX)	Non-Formulary	Non FDA Exclusion
WELLMIND VERTIGO TABLET ORAL (RX)	Non-Formulary	Non FDA Exclusion
Immune Globulin Immunosuppressants*		
ATGAM SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Immunomodulators - Allogeneic Cellular Immunotherapy*		
RYONCIL <12.5KG KIT 1 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
RYONCIL 12.5KG TO <25KG KIT 2 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYONCIL 25KG TO <37.5KG KIT 3 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYONCIL 37.5KG TO <50KG KIT 4 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYONCIL 50KG TO <62.5KG KIT 5 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYONCIL 62.5KG TO <75KG KIT 6 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYONCIL 75KG TO <87.5KG KIT 7 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYONCIL 87.5KG TO <100KG KIT 8 X 3.8 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Immunomodulators - Combinations*		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
VYVGART HYTRULO SOLUTION 180-2000 MG-UNIT/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
VYVGART HYTRULO SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML SUBCUTANEOUS	3	PA; Specialty*
Immunomodulators For Myelodysplastic Syndromes*		
lenalidomide capsule 10 mg oral	1	PA; Specialty*
lenalidomide capsule 15 mg oral	1	PA; Specialty*
lenalidomide capsule 2.5 mg oral	1	PA; Specialty*
lenalidomide capsule 20 mg oral	1	PA; Specialty*
lenalidomide capsule 25 mg oral	1	PA; Specialty*
lenalidomide capsule 5 mg oral	1	PA; Specialty*
REVLIMID CAPSULE 10 MG ORAL	2	PA; Specialty*
REVLIMID CAPSULE 15 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
REVLIMID CAPSULE 2.5 MG ORAL	2	PA; Specialty*
REVLIMID CAPSULE 20 MG ORAL	2	PA; Specialty*
REVLIMID CAPSULE 25 MG ORAL	2	PA; Specialty*
REVLIMID CAPSULE 5 MG ORAL	2	PA; Specialty*
Inosine Monophosphate Dehydrogenase Inhibitors*		
CELLCEPT CAPSULE 250 MG ORAL	3	
CELLCEPT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL	3	
CELLCEPT TABLET 500 MG ORAL	3	
mycophenolate mofetil capsule 250 mg oral	1	
mycophenolate mofetil hcl solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
mycophenolate mofetil solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
MYHIBBIN SUSPENSION 200 MG/ML ORAL	3	PA; QL
Interleukin-6 (Il-6) Antagonists*		
SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Irrigation Solutions*		
PHYSIOLYTE SOLUTION IRRIGATION	Non-Formulary	Medical Only Exclusion
PHYSIOSOL IRRIGATION SOLUTION IRRIGATION	Non-Formulary	Medical Only Exclusion
ringers irrigation solution irrigation	1	Mony Code (MONY code issue)
sterile water for irrigation solution irrigation	Non-Formulary	Formulary Exclusion
Macrolide Immunosuppressants*		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	3	

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Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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 1 mg oral	1	
PROGRAF CAPSULE 0.5 MG ORAL	3	
PROGRAF CAPSULE 1 MG ORAL	3	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
PROGRAF CAPSULE 5 MG ORAL	3	
PROGRAF PACKET 0.2 MG ORAL	3	
PROGRAF PACKET 1 MG ORAL	3	
PROGRAF SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
tacrolimus capsule 5 mg oral	1	
ZORTRESS TABLET 0.25 MG ORAL	3	
ZORTRESS TABLET 0.5 MG ORAL	3	
ZORTRESS TABLET 0.75 MG ORAL	3	
ZORTRESS TABLET 1 MG ORAL	3	
Misc Natural Products*		
azalgia capsule oral	Non-Formulary	Non FDA Exclusion
BRUSELIX TABLET ORAL	Non-Formulary	Non FDA Exclusion
ultra hers rx capsule oral	Non-Formulary	Non FDA Exclusion
ultra his capsule oral	Non-Formulary	Non FDA Exclusion
ultra pcos capsule oral	Non-Formulary	Non FDA Exclusion
xyzmune capsule oral	Non-Formulary	Non FDA Exclusion
Miscellaneous Therapeutic Classes*		
NEXAVIR SOLUTION 25.5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
phenol solution 6 % injection	Non-Formulary	Non FDA Exclusion
Monoclonal Antibodies*		
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	3	PA; Specialty*
GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GAMIFANT SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SIMULECT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SIMULECT SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UPLIZNA SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
Neonatal Fc Receptor (Fcrn) Antagonists*		
IMAAVY SOLUTION 1200 MG/6.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Specialty*
RYSTIGGO SOLUTION 280 MG/2ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
RYSTIGGO SOLUTION 420 MG/3ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
RYSTIGGO SOLUTION 560 MG/4ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
RYSTIGGO SOLUTION 840 MG/6ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
VYVGART SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Patient Assessment Services - No Drug Dispensed*		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
eua patient assessment	3	
Peritoneal Dialysis Solutions*		
DELFLEX-LC/1.5% DEXTROSE SOLUTION 344 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
DELFLEX-LC/2.5% DEXTROSE SOLUTION 394 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DELFLEX-LC/4.25% DEXTROSE SOLUTION 483 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DELFLEX-SM/1.5% DEXTROSE SOLUTION 347 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DELFLEX-SM/2.5% DEXTROSE SOLUTION 398 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL LOW CALCIUM/1.5% DEX SOLUTION 344 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DIANEAL LOW CALCIUM/2.5% DEX SOLUTION 395 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL LOW CALCIUM/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/1.5% DEXTROSE SOLUTION 346 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/2.5% DEXTROSE SOLUTION 396 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/4.25% DEXTROSE SOLUTION 485 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
EXTRANEAL SOLUTION 7.5 % INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
ULTRABAG/DIANEAL PD-2/1.5% DEX SOLUTION 346 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLUTION 396 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/4.25%DEX SOLUTION 485 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLUTION 395 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*		

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Drug Name	Tier	Notes
VIJOICE PACKET 50 MG ORAL	2	PA; Specialty*
VIJOICE TABLET THERAPY PACK 125 MG ORAL	2	PA; Specialty*
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	2	PA; Specialty*
VIJOICE TABLET THERAPY PACK 50 MG ORAL	2	PA; 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	Mony Code (MONY Code)

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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL	1	Mony Code (MONY Code)
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 sodium solution reconstituted 100 mg injection	Non-Formulary	Formulary Exclusion
azathioprine tablet 100 mg oral	1	
azathioprine tablet 50 mg oral	1	
azathioprine tablet 75 mg oral	1	
IMURAN TABLET 50 MG ORAL	3	

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Drug Name	Tier	Notes
Rock Inhibitors*		
REZUROCK TABLET 200 MG ORAL	3	PA; Specialty*
Sclerosing Agents*		
ASCLERA SOLUTION 0.5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ASCLERA SOLUTION 1 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ETHAMOLIN SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
polidocanol solution 5 % intravenous	Non-Formulary	Non FDA Exclusion
sodium tetradecyl sulfate solution 3 % intravenous	Non-Formulary	Medical Only Exclusion
SOTRADECOL SOLUTION 1 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SOTRADECOL SOLUTION 3 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VARITHENA FOAM 180 MG/18ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Selective T-Cell Costimulation Blockers*		
NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Type I Interferon (Ifn) Receptor Antagonists*		
SAPHNELO SOLUTION 300 MG/2ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Uremic Pruritus Agents*		
KORSUVA SOLUTION 65 MCG/1.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral - Combinations*		

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Drug Name	Tier	Notes
FIRST-MOUTHWASH BLM SUSPENSION MOUTH/THROAT	3	
Anesthetics Topical Oral*		
lidocaine hcl solution 4 % mouth/throat	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
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	
nystatin suspension 100000 unit/ml mouth/throat	Non-Formulary	Formulary Exclusion
ORAVIG TABLET 50 MG BUCCAL	3	
Antiseptic Combinations - Mouth/Throat*		
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
Antiseptics - Mouth/Throat		
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
PERIDEX SOLUTION 0.12 % MOUTH/THROAT	Non-Formulary	Formulary Exclusion
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	Mony Code (MONY code issue)
FLUORIMAX 5000 SENSITIVE GEL 1.1-5 % DENTAL	3	
fraiche 5000 previ gel 1.1-3 % dental	Non-Formulary	Non FDA Exclusion
fraiche 5000 sensitive gel 1.1-4.5 % dental	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
NAFRINSE DAILY ACIDULATED SOLUTION RECONSTITUTED 1 MG/5ML MOUTH/THROAT	3	
PREVIDENT 5000 ENAMEL PROTECT GEL 1.1-5 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 SENSITIVE GEL 1.1-5 % DENTAL	Non-Formulary	Formulary Exclusion
sod fluoride-potassium nitrate gel 1.1-5 % dental	1	Mony Code (MONY code issue)
sodium fluoride 5000 enamel gel 1.1-5 % dental	1	Mony Code (MONY code issue)
sodium fluoride 5000 sensitive gel 1.1-5 % dental	1	Mony Code (MONY code issue)
Dry Mouth Agents And Artificial Saliva*		
AQUORAL SOLUTION MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
BOCASAL PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
CAPHOSOL SOLUTION MOUTH/THROAT (RX)	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
MUCOSITISRX PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
NEUTRASAL PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
NUMOISYN LIQUID MOUTH/THROAT	Non-Formulary	Formulary Exclusion
NUMOISYN LOZENGE MOUTH/THROAT	Non-Formulary	Formulary Exclusion
SALIVAMAX PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
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 (OTC)	1	
EASYGEL GEL 0.4 % DENTAL (RX)	1	
FLUORIDEX DAILY RENEWAL CONCENTRATE 0.63 % MOUTH/THROAT	1	
FLUORIDEX ENHANCED WHITENING PASTE 1.1 % DENTAL	1	

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Drug Name	Tier	Notes
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 5000 BOOSTER PLUS PASTE 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 DRY MOUTH GEL 1.1 % DENTAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
PREVIDENT 5000 KIDS PASTE 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 ORTHO DEFENSE PASTE 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 PLUS CREAM 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT GEL 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT SOLUTION 0.2 % MOUTH/THROAT	1	Mony Code (MONY code issue)
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	

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Drug Name	Tier	Notes
sodium fluoride gel 1.1 % dental	1	
sodium fluoride solution 0.2 % mouth/throat	1	
VANISH LIQUID EXTENDED RELEASE 5 % DENTAL	Non-Formulary	Non FDA Exclusion
Periodontal Anti-Infectives*		
ARESTIN 1 MG DENTAL	Non-Formulary	Medical Only Exclusion
Protectants - Mouth/Throat*		
EPISIL LIQUID MOUTH/THROAT	Non-Formulary	Formulary Exclusion
GELCLAIR GEL MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
GELX GEL MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
MUCOTROL WAFER MOUTH/THROAT	Non-Formulary	Formulary Exclusion
MUGARD LIQUID MOUTH/THROAT	Non-Formulary	Formulary Exclusion
ORAFATE PASTE 10 % MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
ORAMAGICRX SUSPENSION RECONSTITUTED MOUTH/THROAT	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ORAPEUTIC GEL MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
PROTHELIAL PASTE 10 % MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
silatrix gel 10 % mouth/throat	Non-Formulary	Non FDA Exclusion
Saliva Stimulants*		
cevimeline hcl capsule 30 mg oral	1	
EVOXAC CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion
pilocarpine hcl tablet 5 mg oral	1	
pilocarpine hcl tablet 7.5 mg oral	1	
SALAGEN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
SALAGEN TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
Steroid Combinations - Mouth/Throat/Dental*		
acyclonine mum aerosol powder 36.7-16.7-3.33 % mouth/throat	Non-Formulary	Non FDA Exclusion
Steroids - Mouth/Throat/Dental*		

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Drug Name	Tier	Notes
KOURZEQ PASTE 0.1 % MOUTH/THROAT	1	
ORALONE PASTE 0.1 % MOUTH/THROAT	1	
triamcinolone acetonide paste 0.1 % mouth/throat	1	
MULTIVITAMINS		
B-Complex Vitamins***		
b-complex solution injection	Non-Formulary	Non FDA Exclusion
EB-N3 DR CAPSULE DELAYED RELEASE ORAL	Non-Formulary	Non FDA Exclusion
vitamin b complex 100 solution injection	Non-Formulary	Formulary Exclusion
vitamin b complex-hydroxocobal solution injection	Non-Formulary	Non FDA Exclusion
vitamin b-complex 100 solution injection	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
B-Complex W/ C & Folic Acid***		
activite tablet 1 mg oral	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
b-plex tablet oral	Non-Formulary	Formulary Exclusion
DEXIFOL TABLET 5 MG ORAL	Non-Formulary	Non FDA Exclusion
DIALYVITE TABLET ORAL	Non-Formulary	Formulary Exclusion
folbee plus tablet oral	Non-Formulary	Formulary Exclusion
GENICIN VITA-S TABLET 1 MG ORAL	Non-Formulary	Non FDA Exclusion
hylavite tablet oral	Non-Formulary	Non FDA Exclusion
MYNEPHRON CAPSULE 1 MG ORAL	Non-Formulary	Non FDA Exclusion
NEPHRONEX TABLET ORAL	Non-Formulary	Formulary Exclusion
NEPHRO-VITE RX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
RENAL CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
reno caps capsule 1 mg oral	Non-Formulary	Formulary Exclusion
tm-vite rx tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
triphrocaps capsule 1 mg oral	Non-Formulary	Formulary Exclusion
tronvite tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
virt-caps capsule 1 mg oral	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
vitasure tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
vp-vite rx tablet 1 mg oral	Non-Formulary	Formulary Exclusion
wescaps capsule 1 mg oral	Non-Formulary	Formulary Exclusion
xvite tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
B-Complex W/ C-Biotin-D-Zinc & Folic Acid*		
VITAL-D RX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-E & Folic Acid*		
RENATABS TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-E-Folic Acid & Iron*		
RENATABS WITH IRON 1 & 100 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-E-Minerals & Folic Acid*		

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Drug Name	Tier	Notes
DIALYVITE 3000 TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion
DIALYVITE 5000 TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-Minerals & Folic Acid*		
FOLBEE PLUS CZ TABLET 5 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
B-Complex W/ C-D-E & Folic Acid*		
cobalefol capsule 1 mg oral	Non-Formulary	Non FDA Exclusion
B-Complex W/ C-Zn & Folic Acid*		
DIALYVITE/ZINC TABLET ORAL	Non-Formulary	Formulary Exclusion
NEPHPLEX RX TABLET ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ E & Folic Acid*		
folic-k capsule 1 mg oral	Non-Formulary	Non FDA Exclusion
B-Complex W/ Folic Acid*		

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Drug Name	Tier	Notes
PAXLYTE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
B-Complex W/ Lysine-Min-Fe & Folic Acid*		
NUTRIVIT LIQUID ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ Lysine-Zn & Folic Acid*		
SUPERVITE LIQUID ORAL	Non-Formulary	Formulary Exclusion
Bioflavonoid Products*		
ADRENAL C FORMULA TABLET ORAL	Non-Formulary	Formulary Exclusion
Iron W/ Vitamins*		
VITAFOL TABLET ORAL	Non-Formulary	Formulary Exclusion
Multiple Vitamins W/ Iron*		
DAVIMET-IRON TABLET CHEWABLE ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
Multiple Vitamins W/ Minerals & Calcium-Folic Acid*		
FOLGARD OS TABLET 500-1.1 MG ORAL	Non-Formulary	Formulary Exclusion
Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid*		
QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
Multiple Vitamins W/ Minerals*		
BACMIN TABLET ORAL	Non-Formulary	Formulary Exclusion
biocel tablet oral	Non-Formulary	Formulary Exclusion
b-plex plus tablet oral	Non-Formulary	Formulary Exclusion
CORVITA TABLET ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
dayavite tablet oral	Non-Formulary	Non FDA Exclusion
DEPLIN MA CAPSULE ORAL	Non-Formulary	Non FDA Exclusion

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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DERMACINRX MULTITAM TABLET ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX RIBOTIN-E TABLET ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX ZINTREXYL-C TABLET ORAL	Non-Formulary	Non FDA Exclusion
DEXATRAN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
DIALYVITE SUPREME D TABLET ORAL	Non-Formulary	Formulary Exclusion
DIATROL TABLET ORAL	Non-Formulary	Non FDA Exclusion
FINAZOL TABLET ORAL	Non-Formulary	Non FDA Exclusion
FLORRAVITE TABLET ORAL	Non-Formulary	Non FDA Exclusion
FLORRAXYL TABLET ORAL	Non-Formulary	Non FDA Exclusion
folamax tablet oral	Non-Formulary	Non FDA Exclusion
folamed dha capsule oral	Non-Formulary	Non FDA Exclusion
folaprime tablet oral	Non-Formulary	Non FDA Exclusion
FOLIFLEX TABLET ORAL	Non-Formulary	Non FDA Exclusion
FOLITIN-Z TABLET ORAL	Non-Formulary	Non FDA Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Tier	Notes
hylazinc tablet oral	Non-Formulary	Non FDA Exclusion
keyfolic tablet oral	Non-Formulary	Non FDA Exclusion
KEYLOSA TABLET ORAL	Non-Formulary	Non FDA Exclusion
LIVITA ADULTS LIQUID ORAL	Non-Formulary	Non FDA Exclusion
LYSIPLEX PLUS TABLET ORAL	Non-Formulary	Formulary Exclusion
medi tab tablet oral	Non-Formulary	Non FDA Exclusion
MENATROL CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
multipro capsule oral	Non-Formulary	Non FDA Exclusion
MULTITOL-M TABLET ORAL	Non-Formulary	Non FDA Exclusion
neovite tablet oral	Non-Formulary	Formulary Exclusion
NICADAN TABLET ORAL	Non-Formulary	Formulary Exclusion
NICAZEL FORTE TABLET ORAL	Non-Formulary	Formulary Exclusion
NICAZEL TABLET ORAL	Non-Formulary	Formulary Exclusion
NUTRALYN TABLET ORAL	Non-Formulary	Non FDA Exclusion
NUTRICAP TABLET ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
NUTRIFAC ZX TABLET ORAL	Non-Formulary	Formulary Exclusion
OCUVEL CAPSULE ORAL	Non-Formulary	Formulary Exclusion
onevite tablet oral	Non-Formulary	Formulary Exclusion
prev-rx tablet oral	Non-Formulary	Non FDA Exclusion
profola tablet oral	Non-Formulary	Non FDA Exclusion
REMEDIENT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
REQ 49+ TABLET ORAL	Non-Formulary	Formulary Exclusion
SIDEROL TABLET ORAL	Non-Formulary	Non FDA Exclusion
STROVITE FORTE SYRUP ORAL	Non-Formulary	Formulary Exclusion
STROVITE FORTE TABLET ORAL	Non-Formulary	Formulary Exclusion
STROVITE ONE TABLET ORAL	Non-Formulary	Formulary Exclusion
support liquid oral (rx)	Non-Formulary	Non FDA Exclusion
thrivite 19 tablet oral	Non-Formulary	Formulary Exclusion
UDAMIN SP TABLET ORAL	Non-Formulary	Formulary Exclusion
v-c forte capsule oral	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
VENEXA FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VENEXA TABLET ORAL	Non-Formulary	Non FDA Exclusion
VENTRIXYL FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VENTRIXYL TABLET ORAL	Non-Formulary	Non FDA Exclusion
VIC-FORTE CAPSULE ORAL	Non-Formulary	Formulary Exclusion
VITA S FORTE TABLET ORAL	Non-Formulary	Formulary Exclusion
VITACEL TABLET ORAL	Non-Formulary	Formulary Exclusion
VITACORE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITAROCA PLUS TABLET ORAL	Non-Formulary	Formulary Exclusion
VITRAMYN TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITRANOL FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITRANOL TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITREXATE FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITREXATE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITREXYL + IRON TABLET ORAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
VITREXYL TABLET ORAL	Non-Formulary	Non FDA Exclusion
wellfola tablet oral	Non-Formulary	Non FDA Exclusion
zyvana capsule oral	Non-Formulary	Non FDA Exclusion
Multivitamins*		
altrixa tablet oral	Non-Formulary	Non FDA Exclusion
AMLADEX TABLET ORAL	Non-Formulary	Non FDA Exclusion
DAVIMET-M TABLET CHEWABLE ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX DAVIMET TABLET CHEWABLE ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX MULTIVITAMIN TABLET CHEWABLE ORAL	Non-Formulary	Non FDA Exclusion
FOLCYTEINE TABLET ORAL	Non-Formulary	Non FDA Exclusion
GENICIN VITA-Q TABLET ORAL	Non-Formulary	Non FDA Exclusion
INFUVITE ADULT SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
INFUVITE ADULT SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
mincora tablet oral	Non-Formulary	Non FDA Exclusion
novite capsule oral	Non-Formulary	Non FDA Exclusion
relcare tablet oral	Non-Formulary	Non FDA Exclusion
trivia complete capsule oral	Non-Formulary	Non FDA Exclusion
VITLIPID N ADULT EMULSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Niacinamide W/ Zinc-Copper & Folic Acid*		
NICOMIDE TABLET 750-27-2-0.5 MG ORAL	Non-Formulary	Formulary Exclusion
nicotinamide tablet 750-27-2-0.5 mg oral	Non-Formulary	Non FDA Exclusion
Ped Multi Vitamins W/Fl & Fe*		
FLORAFOL FE PEDIATRIC SOLUTION 0.25-7 MG/ML ORAL	Non-Formulary	Non FDA Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (OTC)	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (RX)	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL	Non-Formulary	Formulary Exclusion
QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
Ped Multiple Vitamins W/ Minerals*		
LIVITA CHILDREN LIQUID ORAL	Non-Formulary	Non FDA Exclusion
Ped Mv W/ Fluoride*		
DAVIMET-FLUORIDE TABLET CHEWABLE 0.75 MG ORAL	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FLORAFOL PEDIATRIC SOLUTION 0.25 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
FLORAFOL PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Non FDA Exclusion
FLORAFOL PEDIATRIC TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Non FDA Exclusion
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion
FLOTREX TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Non FDA Exclusion
FLOTREX TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	Non-Formulary	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	Non-Formulary	Non FDA Exclusion

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
multivitamin w/fluoride tablet chewable 0.5 mg oral	Non-Formulary	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.5 mg oral	Non-Formulary	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 1 mg oral	Non-Formulary	Formulary Exclusion
multivitamin w/fluoride tablet chewable 1 mg oral	Non-Formulary	Non FDA Exclusion
multi-vitamin/fluoride solution 0.25 mg/ml oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
multivitamin/fluoride solution 0.25 mg/ml oral (rx)	Non-Formulary	Formulary Exclusion
multi-vitamin/fluoride solution 0.5 mg/ml oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	Non-Formulary	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
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Tier
1 = Generic
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	Non-Formulary	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
multivitamin/fluoride tablet chewable 1 mg oral (rx)	Non-Formulary	Formulary Exclusion
multivitamin/fluoride tablet chewable 1 mg oral (rx)	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
MULTI-VIT-FLOR TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
MULTI-VIT-FLOR TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
MULTI-VIT-FLOR TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
QUFLORA GUMMIES TABLET CHEWABLE 0.125 MG ORAL	Non-Formulary	Formulary Exclusion
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
QUFLORA PEDIATRIC SOLUTION 0.5 MG/ML ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
tri-vitamin with fluoride solution 0.25 mg/ml oral	Non-Formulary	Formulary Exclusion
Ped Vitamins Acd & Fa W/ Fluoride*		
TRI-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion
TRI-VI-FLOR SUSPENSION 0.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
tri-vi-floro suspension 0.25 mg/ml oral	Non-Formulary	Formulary Exclusion
tri-vi-floro suspension 0.5 mg/ml oral	Non-Formulary	Formulary Exclusion
Ped Vitamins Acd W/ Fluoride*		
tri-vite/fluoride solution 0.25 mg/ml oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
tri-vite/fluoride solution 0.5 mg/ml oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion

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Notes
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Medical Only Exclusion = Medical Only Exclusion
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
vitamins acd-fluoride solution 0.25 mg/ml oral (otc)	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
vitamins acd-fluoride solution 0.5 mg/ml oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
Pediatric Multiple Vitamins & Minerals W/ Fluoride*		
FLORIVA TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
FLORIVA TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
FLORIVA TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
Pediatric Multiple Vitamins*		
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)

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Notes
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Insufficient Evidence = Insufficient Evidence
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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Tier
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Drug Name	Tier	Notes
VITALIPID N INFANT EMULSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VITLIPID N INFANT EMULSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Prenatal Mv & Min W/Fe-Fa*		
altrixa ob tablet 15-0.4-0.6 mg oral	Non-Formulary	Non FDA Exclusion
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	
azesco tablet 13-1 mg oral	Non-Formulary	Non FDA Exclusion
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG ORAL	3	
CITRANATAL BLOOM TABLET 90-1 MG ORAL	3	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
FOLIVANE-OB CAPSULE 85-1 MG ORAL	3	

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Drug Name	Tier	Notes
INATAL GT TABLET ORAL	3	
jenliva prenatal/postnatal capsule 1 mg oral	Non-Formulary	Non FDA Exclusion
kosher prenatal plus iron tablet 30-1 mg oral	3	
MATERNACEL TABLET 20-1 MG ORAL	Non-Formulary	Non FDA Exclusion
m-natal plus tablet 27-1 mg oral	Non-Formulary	Non FDA Exclusion
multi-mac tablet 15-0.75-1 mg oral	Non-Formulary	Non FDA Exclusion
NATACHEW TABLET CHEWABLE 28-1 MG ORAL	3	
natal pnv tablet 6-0.5 mg oral	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
NEONATAL PLUS TABLET 27-1 MG ORAL	3	
NEONATAL PLUS TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
one vite womens plus tablet 27-1 mg oral	3	
pnv 27-ca/fe/fa tablet 60-1 mg oral	3	
pnv tabs 20-1 tablet 20-1 mg oral	Non-Formulary	Non FDA Exclusion
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	
pregenna tablet 20-1 mg oral	Non-Formulary	Non FDA Exclusion
prena1 pearl capsule extended release 30-1.4-200 mg oral	3	
prenara capsule 15-1 mg oral	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
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	
prenate max tablet 15-0.4-0.6 mg oral	Non-Formulary	Non FDA Exclusion
PRENATOL-M TABLET 27-1.2 MG ORAL	Non-Formulary	Non FDA Exclusion
PRENATRIX TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
PRENATRYL TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
TRINATE TABLET ORAL	2	
trinaz tablet 12-1 mg oral	Non-Formulary	Non FDA Exclusion
VINATE DHA RF CAPSULE 27-1.13 MG ORAL	3	
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	
vitalara tablet 20-1 mg oral	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
VITAPEARL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ORAL	3	
VITATHELY WITH GINGER TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
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	
zalvit tablet 13-1 mg oral	Non-Formulary	Non FDA Exclusion
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	3	
ziphex tablet 13-1 mg oral	Non-Formulary	Non FDA Exclusion
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*		

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
pregen dha capsule 28-1-35 mg oral	Non-Formulary	Non FDA Exclusion
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	

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Drug Name	Tier	Notes
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 FREE CAPSULE 33-1 MG ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	
Specialty* Vitamins Products*		
glp-dlax tablet oral	Non-Formulary	Non FDA Exclusion
INFLAMEX CAPSULE ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
nitrivia capsule oral	Non-Formulary	Non FDA Exclusion
pro hers rx capsule oral	Non-Formulary	Non FDA Exclusion
pro his rx capsule oral	Non-Formulary	Non FDA Exclusion
pro pcos rx capsule oral	Non-Formulary	Non FDA Exclusion
urosex tablet oral	Non-Formulary	Non FDA Exclusion
Vitamins A & D*		
cod liver oil oil oral (rx)	Non-Formulary	Formulary Exclusion
MUSCULOSKELETAL THERAPY AGENTS*		
Articular Cartilage Repair Therapy*		
MACI SHEET INTRA-ARTICULAR	Non-Formulary	Medical Only Exclusion
Central Muscle Relaxants*		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
baclofen refill kit-synchromed kit 40 mg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 10 mg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 10 mg/5ml oral	3	
baclofen solution 20000 mcg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 20000 mcg/20ml intrathecal	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
baclofen solution 40 mg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 40000 mcg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 5 mg/5ml oral	1	
baclofen solution 5 mg/5ml oral	1	Mony Code (MONY code issue)
baclofen solution prefilled syringe 50 mcg/ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen suspension 25 mg/5ml oral	1	Non Essential Drug Exclusion

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Drug Name	Tier	Notes
baclofen suspension 25 mg/5ml oral	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
baclofen tablet 10 mg oral	1	
baclofen tablet 15 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
baclofen tablet 15 mg oral	Non-Formulary	Non Essential Drug Exclusion; Mony Code (MONY Code); Formulary Exclusion
baclofen tablet 20 mg oral	1	
baclofen tablet 5 mg oral	1	
baclofen tablet 5 mg oral	1	Mony Code (MONY Code)
carisoprodol tablet 250 mg oral	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: CYCLOBENZAPRINE, OR TIZANIDINE)
carisoprodol tablet 350 mg oral	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
chlorzoxazone tablet 250 mg oral	1	Non Essential Drug Exclusion
chlorzoxazone tablet 250 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY Code)
chlorzoxazone tablet 375 mg oral	1	Non Essential Drug Exclusion
chlorzoxazone tablet 500 mg oral	1	
chlorzoxazone tablet 500 mg oral	1	Mony Code (MONY Code)
chlorzoxazone tablet 750 mg oral	1	Non Essential Drug Exclusion
cyclobenzaprine hcl er capsule extended release 24 hour 15 mg oral	1	Non Essential Drug Exclusion
cyclobenzaprine hcl er capsule extended release 24 hour 30 mg oral	1	Non Essential Drug Exclusion
cyclobenzaprine hcl tablet 10 mg oral	1	
cyclobenzaprine hcl tablet 5 mg oral	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
cyclobenzaprine hcl tablet 7.5 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: CYCLOBENZAPRINE, OR TIZANIDINE)
CYCLOPHENE RAPIDPAQ CREAM 5 % TRANSDERMAL	Non-Formulary	Non FDA Exclusion
enovarx-cyclobenzaprine hcl cream 20 mg/gm transdermal	Non-Formulary	Non FDA Exclusion
FEXMID TABLET 7.5 MG ORAL	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: CYCLOBENZAPRINE, OR TIZANIDINE)
FIRST-BACLOFEN SUSPENSION 1 MG/ML ORAL	3	
FIRST-BACLOFEN SUSPENSION 5 MG/ML ORAL	3	

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Drug Name	Tier	Notes
FLEQSUVY SUSPENSION 25 MG/5ML ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
GABLOFEN SOLUTION 10000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION 20000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION 40000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 10000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 20000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 40000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 50 MCG/ML INTRATHECAL	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
LIORESAL SOLUTION 0.05 MG/ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LIORESAL SOLUTION 10 MG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LIORESAL SOLUTION 10 MG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LIORESAL SOLUTION 40 MG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LORZONE TABLET 375 MG ORAL	1	Non Essential Drug Exclusion
LORZONE TABLET 750 MG ORAL	1	Non Essential Drug Exclusion
LYVISPAH PACKET 10 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
LYVISPAH PACKET 20 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
LYVISPAH PACKET 5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
metaxalone tablet 400 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: CYCLOBENZAPRINE, OR TIZANIDINE)
metaxalone tablet 400 mg oral	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: CYCLOBENZAPRINE, OR TIZANIDINE)
metaxalone tablet 640 mg oral	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (CARISOPRODOL 350MG, CYCLOBENZAPRINE, OR TIZANIDINE)

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
metaxalone tablet 800 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: CYCLOBENZAPRINE, OR TIZANIDINE)
methocarbamol solution 1000 mg/10ml injection	Non-Formulary	Medical Only Exclusion
methocarbamol tablet 1000 mg oral	1	Non Essential Drug Exclusion
methocarbamol tablet 1000 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
methocarbamol tablet 500 mg oral	1	
methocarbamol tablet 750 mg oral	1	
orphenadrine citrate er tablet extended release 12 hour 100 mg oral	1	
orphenadrine citrate solution 30 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
orphenadrine citrate solution 30 mg/ml injection	Non-Formulary	Medical Only Exclusion
OZOBAX SOLUTION 5 MG/5ML ORAL	3	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ROBAXIN SOLUTION 1000 MG/10ML INJECTION	Non-Formulary	Medical Only Exclusion
ROBAXIN-750 TABLET 750 MG ORAL	Non-Formulary	Formulary Exclusion
SKELAXIN TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion
SOMA TABLET 250 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: CYCLOBENZAPRINE, OR TIZANIDINE)
SOMA TABLET 350 MG ORAL	Non-Formulary	Formulary Exclusion
TABRADOL FUSEPAQ SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
TABRADOL RAPIDPAQ SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
TANLOR TABLET 1000 MG ORAL	1	Non Essential Drug Exclusion
tizanidine hcl capsule 2 mg oral	1	

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	
VANADOM TABLET 350 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX CAPSULE 2 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX CAPSULE 4 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX CAPSULE 6 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
Direct Muscle Relaxants*		
DANTRIUM CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
DANTRIUM CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
DANTRIUM SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dantrolene sodium capsule 100 mg oral	1	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
dantrolene sodium capsule 25 mg oral	1	
dantrolene sodium capsule 50 mg oral	1	
dantrolene sodium solution reconstituted 20 mg intravenous	Non-Formulary	Medical Only Exclusion
REVONTO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYANODEX SUSPENSION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Muscle Relaxant Combinations*		
carisoprodol-aspirin-codeine tablet 200-325-16 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
CYCLOPAK THERAPY PACK 5 & 2.5-2.5 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
METAXALL CP KIT 800 & 0.025 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
norgesic forte tablet 50-770-60 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
NORGESIC TABLET 25-385-30 MG ORAL	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
orphenadrine-asa-caffeine tablet 50-770-60 mg oral	1	Non Essential Drug Exclusion
orphenadrine-aspirin-caffeine tablet 25-385-30 mg oral	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
ORPHENGESIC FORTE TABLET 50-770-60 MG ORAL	1	Non Essential Drug Exclusion; Mony Code (MONY code issue)
****Muscle Relaxant-Liniments Combinations******		
NOPIOID-LMC KIT THERAPY PACK 7.5 & 4-4 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
****Retinoic Acid Receptor Gamma Selective Agonists******		

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Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
SOHONOS CAPSULE 1 MG ORAL	3	PA; Specialty*
SOHONOS CAPSULE 1.5 MG ORAL	3	PA; Specialty*
SOHONOS CAPSULE 10 MG ORAL	3	PA; Specialty*
SOHONOS CAPSULE 2.5 MG ORAL	3	PA; Specialty*
Viscosupplement Combinations*		
HYRONAN KIT 1 & 2 % INJECTION	Non-Formulary	Non FDA Exclusion
Viscosupplements*		
DUROLANE PREFILLED SYRINGE 60 MG/3ML INTRA-ARTICULAR	2	PA; QL with criteria
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	2	PA; QL with criteria
GEL-ONE PREFILLED SYRINGE 30 MG/3ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
GELSYN-3 SOLUTION PREFILLED SYRINGE 16.8 MG/2ML INTRA-ARTICULAR	2	PA; QL with criteria

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
GENVISC 850 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
HYALGAN SOLUTION 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
HYALGAN SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
HYMOVIS SOLUTION PREFILLED SYRINGE 24 MG/3ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
MONOVISC SOLUTION PREFILLED SYRINGE 88 MG/4ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
ORTHOVISC SOLUTION PREFILLED SYRINGE 30 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
SUPARTZ FX SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	2	PA; QL with criteria
SYNOJOYNT SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
SYNVISC ONE SOLUTION PREFILLED SYRINGE 48 MG/6ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
SYNVISC SOLUTION PREFILLED SYRINGE 16 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
TRILURON SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
TRIVISC SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
VISCO-3 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
NASAL AGENTS - SYSTEMIC AND TOPICAL		
****Anesthetic Combinations*****		
lidocaine hcl-oxymetazoline solution prefilled syringe 2-0.025 % (2 ml) nasal	Non-Formulary	Non FDA Exclusion
****Antihistamine-Steroid******		

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Drug Name	Tier	Notes
azelastine-fluticasone suspension 137-50 mcg/act nasal	1	
DYMISTA SUSPENSION 137-50 MCG/ACT NASAL	Non-Formulary	Formulary Exclusion
RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
Nasal Anesthetics*		
cocaine hcl solution 40 mg/ml nasal	Non-Formulary	Medical Only Exclusion
goprelto solution 40 mg/ml nasal	Non-Formulary	Medical Only Exclusion
NUMBRINO SOLUTION 40 MG/ML NASAL	Non-Formulary	Medical Only Exclusion
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	

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
azelastine hcl solution 0.15 % nasal	1	
azelastine hcl solution 137 mcg/spray nasal	1	
olopatadine hcl solution 0.6 % nasal	1	
PATANASE SOLUTION 0.6 % NASAL	Non-Formulary	Formulary Exclusion
Nasal Steroids*		
BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY)
flunisolide solution 25 mcg/act (0.025%) nasal	1	
flunisolide solution 25 mcg/act (0.025%) nasal	1	Mony Code (MONY code issue)
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	
mometasone furoate suspension 50 mcg/act nasal (rx)	1	

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Drug Name	Tier	Notes
NASONEX SUSPENSION 50 MCG/ACT NASAL	Non-Formulary	Formulary Exclusion
OMNARIS SUSPENSION 50 MCG/ACT NASAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY)
PROPEL CONTOUR IMPLANT 370 MCG NASAL	Non-Formulary	Medical Only Exclusion
PROPEL IMPLANT 370 MCG NASAL	Non-Formulary	Medical Only Exclusion
PROPEL MINI IMPLANT 370 MCG NASAL	Non-Formulary	Medical Only Exclusion
PROPEL MINI SDS IMPLANT 370 MCG NASAL	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL	3	
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL	3	

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Drug Name	Tier	Notes
SINUVA IMPLANT 1350 MCG NASAL	Non-Formulary	Medical Only Exclusion
XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL	2	ST; Step Therapy Requirements (TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS)
ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY)
Topical Decongestants*		
ADRENALIN SOLUTION 0.1 % NASAL	Non-Formulary	Non FDA Exclusion
epinephrine hcl (nasal) solution 0.1 % nasal	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
NEUROMUSCULAR AGENTS		
****Als Agent Combinations******		
RELYVRIO PACKET 3-1 GM ORAL	Non-Formulary	Non FDA Exclusion
****Als Agents - Antisense Oligonucleotides******		
QALSODY SOLUTION 100 MG/15ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
****Als Agents - Miscellaneous******		
edaravone solution 30 mg/100ml intravenous	1	PA; Specialty*
edaravone solution 60 mg/100ml intravenous	1	PA; Specialty*
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	3	PA; Specialty*; QL
RADICAVA ORS SUSPENSION 105 MG/5ML ORAL	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
RADICAVA SOLUTION 30 MG/100ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Benzathiazoles		
EXSERVAN FILM 50 MG ORAL	3	PA; Specialty*
RILUTEK TABLET 50 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
riluzole tablet 50 mg oral	1	PA; Specialty*
TEGLUTIK SUSPENSION 50 MG/10ML ORAL	3	PA; Specialty*
TIGLUTIK SUSPENSION 50 MG/10ML ORAL	3	PA; Specialty*
Depolarizing Muscle Relaxants		
ANECTINE SOLUTION 20 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
QUELICIN SOLUTION 20 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
succinylcholine chloride solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
succinylcholine chloride solution 20 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 140 mg/7ml injection	Non-Formulary	Non FDA Exclusion
succinylcholine chloride solution prefilled syringe 140 mg/7ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 200 mg/10ml injection	Non-Formulary	Non FDA Exclusion
succinylcholine chloride solution prefilled syringe 200 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
Friedrich's Ataxia Agents - Nrf2 Pathway Activators*		
SKYCLARYS CAPSULE 50 MG ORAL	3	PA; Specialty*
Muscular Dystrophy - Gene Therapy Agents*		
amondys 45 solution 100 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
ELEVIDYS 10.0-10.4 KG KIT 10 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 10.5-11.4 KG KIT 11 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 11.5-12.4 KG KIT 12 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 12.5-13.4 KG KIT 13 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 13.5-14.4 KG KIT 14 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ELEVIDYS 14.5-15.4 KG KIT 15 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 15.5-16.4 KG KIT 16 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 16.5-17.4 KG KIT 17 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 17.5-18.4 KG KIT 18 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 18.5-19.4 KG KIT 19 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 19.5-20.4 KG KIT 20 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 20.5-21.4 KG KIT 21 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 21.5-22.4 KG KIT 22 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ELEVIDYS 22.5-23.4 KG KIT 23 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 23.5-24.4 KG KIT 24 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 24.5-25.4 KG KIT 25 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 25.5-26.4 KG KIT 26 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 26.5-27.4 KG KIT 27 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 27.5-28.4 KG KIT 28 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 28.5-29.4 KG KIT 29 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 29.5-30.4 KG KIT 30 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ELEVIDYS 30.5-31.4 KG KIT 31 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 31.5-32.4 KG KIT 32 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 32.5-33.4 KG KIT 33 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 33.5-34.4 KG KIT 34 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 34.5-35.4 KG KIT 35 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 35.5-36.4 KG KIT 36 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 36.5-37.4 KG KIT 37 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 37.5-38.4 KG KIT 38 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ELEVIDYS 38.5-39.4 KG KIT 39 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 39.5-40.4 KG KIT 40 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 40.5-41.4 KG KIT 41 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 41.5-42.4 KG KIT 42 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 42.5-43.4 KG KIT 43 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 43.5-44.4 KG KIT 44 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 44.5-45.4 KG KIT 45 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 45.5-46.4 KG KIT 46 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
ELEVIDYS 46.5-47.4 KG KIT 47 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 47.5-48.4 KG KIT 48 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 48.5-49.4 KG KIT 49 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 49.5-50.4 KG KIT 50 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 50.5-51.4 KG KIT 51 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 51.5-52.4 KG KIT 52 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 52.5-53.4 KG KIT 53 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 53.5-54.4 KG KIT 54 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
ELEVIDYS 54.5-55.4 KG KIT 55 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 55.5-56.4 KG KIT 56 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 56.5-57.4 KG KIT 57 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 57.5-58.4 KG KIT 58 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 58.5-59.4 KG KIT 59 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 59.5-60.4 KG KIT 60 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 60.5-61.4 KG KIT 61 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 61.5-62.4 KG KIT 62 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
ELEVIDYS 62.5-63.4 KG KIT 63 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 63.5-64.4 KG KIT 64 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 64.5-65.4 KG KIT 65 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 65.5-66.4 KG KIT 66 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 66.5-67.4 KG KIT 67 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 67.5-68.4 KG KIT 68 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 68.5-69.4 KG KIT 69 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELEVIDYS 69.5 KG PLUS KIT 70 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
EXONDYS 51 SOLUTION 100 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EXONDYS 51 SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VILTEPSO SOLUTION 250 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VYONDYS 53 SOLUTION 100 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Muscular Dystrophy - Histone Deacetylase Inhibitors*		
DUVYZAT SUSPENSION 8.86 MG/ML ORAL	3	PA; Specialty*; QL
Neuromuscular Blocking Agent - Neurotoxins**		
BOTOX SOLUTION RECONSTITUTED 100 UNIT INJECTION	3	PA; Specialty*

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
BOTOX SOLUTION RECONSTITUTED 200 UNIT INJECTION	3	PA; Specialty*
DYSPORT SOLUTION RECONSTITUTED 300 UNIT INTRAMUSCULAR	3	PA; Specialty*
DYSPORT SOLUTION RECONSTITUTED 500 UNIT INTRAMUSCULAR	3	PA; Specialty*
MYOBLOC SOLUTION 10000 UNIT/2ML INTRAMUSCULAR	3	PA; Specialty*
MYOBLOC SOLUTION 2500 UNIT/0.5ML INTRAMUSCULAR	3	PA; Specialty*
MYOBLOC SOLUTION 5000 UNIT/ML INTRAMUSCULAR	3	PA; Specialty*
XEOMIN SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	3	PA; Specialty*
XEOMIN SOLUTION RECONSTITUTED 200 UNIT INTRAMUSCULAR	3	PA; Specialty*

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
XEOMIN SOLUTION RECONSTITUTED 50 UNIT INTRAMUSCULAR	3	PA; Specialty*
Nondepolarizing Muscle Relaxants*		
atracurium besylate solution 100 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
atracurium besylate solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
cisatracurium besylate (pf) solution 10 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
cisatracurium besylate (pf) solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
cisatracurium besylate solution 20 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
NIMBEX SOLUTION 10 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NIMBEX SOLUTION 20 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NIMBEX SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
rocuronium bromide solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
rocuronium bromide solution 100 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
rocuronium bromide solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
rocuronium bromide solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide solution prefilled syringe 75 mg/7.5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
vecuronium bromide solution prefilled syringe 10 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vecuronium bromide solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion
vecuronium bromide solution reconstituted 20 mg intravenous	Non-Formulary	Medical Only Exclusion
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*		
DAYBUE SOLUTION 200 MG/ML ORAL	3	PA; Specialty*
Spinal Muscular Atrophy-Antisense Oligonucleotides*		
SPINRAZA SOLUTION 12 MG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
Spinal Muscular Atrophy-Gene Therapy Agents*		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
ZOLGENSMA 20.6-21.0 KG KIT 14X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 10.1-10.5 KG KIT 7X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 10.6-11.0 KG KIT 2X5.5ML & 6X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 11.1-11.5 KG KIT 1X5.5ML & 7X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 11.6-12.0 KG KIT 8X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 12.1-12.5 KG KIT 2X5.5ML & 7X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 12.6-13.0 KG KIT 1X5.5ML & 8X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 13.1-13.5 KG KIT 9X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

*Specialty medications are covered under Tier 4 of your pharmacy benefit. The copay amount depends on whether the drug is considered Preferred or Non-Preferred:
*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
ZOLGENSMA 13.6-14.0 KG KIT 2X5.5ML & 8X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 14.1-14.5 KG KIT 1X5.5ML & 9X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 14.6-15.0 KG KIT 10X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 15.1-15.5 KG KIT 2X5.5ML & 9X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 15.6-16.0 KG KIT 1X5.5ML & 10X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 16.1-16.5 KG KIT 11X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 16.6-17.0 KG KIT 2X5.5ML & 10X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 17.1-17.5 KG KIT 1X5.5ML & 11X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
ZOLGENSMA 17.6-18.0 KG KIT 12X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 18.1-18.5 KG KIT 2X5.5ML & 11X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 18.6-19.0 KG KIT 1X5.5ML & 12X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 19.1-19.5 KG KIT 13X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 19.6-20.0 KG KIT 2X5.5ML & 12X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 2.6-3.0 KG KIT 2X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 20.1-20.5 KG KIT 1X5.5ML & 13X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 3.1-3.5 KG KIT 2X5.5ML & 1X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Preferred Specialty Drugs (listed under Tier 1 or Tier 2): You pay $200 per prescription fill or refill.
*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
ZOLGENSMA 3.6-4.0 KG KIT 1X5.5ML & 2X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 4.1-4.5 KG KIT 3X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 4.6-5.0 KG KIT 2X5.5ML & 2X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 5.1-5.5 KG KIT 1X5.5ML & 3X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 5.6-6.0 KG KIT 4X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 6.1-6.5 KG KIT 2X5.5ML & 3X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 6.6-7.0 KG KIT 1X5.5ML & 4X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 7.1-7.5 KG KIT 5X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
ZOLGENSMA 7.6-8.0 KG KIT 2X5.5ML & 4X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 8.1-8.5 KG KIT 1X5.5ML & 5X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 8.6-9.0 KG KIT 6X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 9.1-9.5 KG KIT 2X5.5ML & 5X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 9.6-10.0 KG KIT 1X5.5ML & 6X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Spinal Muscular Atrophy-Smn2 Splicing Modifiers*		
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	3	PA; Specialty*
EVRYSDI TABLET 5 MG ORAL	3	PA; Specialty*
NUTRIENTS		

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Amino Acid Mixtures*		
amino acid infusion in d10w solution 2.5 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amino acid infusion in d10w solution 3 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amino acid infusion in d10w solution 3.5 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amino acid infusion in d10w solution 4 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amino acid solution 5 % intravenous	Non-Formulary	Non FDA Exclusion
amino acid-calcium-hep in d10w solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
amino acid-calcium-hep in d10w solution 3.5 % intravenous	Non-Formulary	Non FDA Exclusion
amino acid-calcium-hep in d10w solution 4 % intravenous	Non-Formulary	Non FDA Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
amino acid-calcium-hep in d5w solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
amino acid-heparin-d10w solution 3.5 % intravenous	Non-Formulary	Non FDA Exclusion
amino ac-low calcium-hep d10w solution 3.5 % intravenous	Non-Formulary	Non FDA Exclusion
amino ac-lowcalcium-hep in d5w solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
AMINOAMRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
AMINOPROTECT SOLUTION 5 % INTRAVENOUS	Non-Formulary	Non FDA Exclusion
AMINORELIEFRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
AMINOSYN II SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMINOSYN II SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
1 = Generic
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Non-Formulary = Non-Formulary

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Drug Name	Tier	Notes
AMINOSYN-PF 7% SOLUTION 7 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMINOSYN-PF SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMINOSYN-PF SOLUTION 7 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
clinimix e/dextrose (8/10) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion
clinimix e/dextrose (8/14) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
clinimix/dextrose (6/5) solution 6 % intravenous	Non-Formulary	Medical Only Exclusion
clinimix/dextrose (8/10) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion
clinimix/dextrose (8/14) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
CLINISOL SF SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FREAMINE III SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
neonatal pn starter (heparin) solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
neonatal pn starter bag solution 2.5 % intravenous	Non-Formulary	Non FDA Exclusion
neonatal pn starter bag solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
neonatal pn starter bag(w hep) solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
PLENAMINE SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PREMASOL SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROCALAMINE SOLUTION 3 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Tier
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Drug Name	Tier	Notes
PROSOL SOLUTION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REFRESH AA 15 PKU LIQUID ORAL	Non-Formulary	Formulary Exclusion
REFRESH AA 15 TYR LIQUID ORAL	Non-Formulary	Formulary Exclusion
TRAVASOL SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TROPHAMINE SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Amino Acids-Single		
arginine hcl solution 6 gm/30ml injection	Non-Formulary	Non FDA Exclusion
ELCYS SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
glutathione solution 200 mg/ml injection	Non-Formulary	Non FDA Exclusion
glutathione solution 6 gm/30ml injection	Non-Formulary	Non FDA Exclusion
glutathione solution 6 gm/30ml intravenous	Non-Formulary	Non FDA Exclusion
glycine solution 50 mg/ml injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
lysine hcl solution 100 mg/ml injection	Non-Formulary	Non FDA Exclusion
NEOKE ALCAR POWDER ORAL	Non-Formulary	Non FDA Exclusion
taurine solution 50 mg/ml injection	Non-Formulary	Non FDA Exclusion
Carbohydrates*		
dextrose solution 10 % intravenous	1	
dextrose solution 10 % intravenous	1	Mony Code (MONY code issue)
dextrose solution 20 % intravenous	3	
dextrose solution 250 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
dextrose solution 250 mg/ml intravenous	2	
dextrose solution 30 % intravenous	Non-Formulary	Non FDA Exclusion
dextrose solution 40 % intravenous	3	
dextrose solution 5 % intravenous	1	
dextrose solution 5 % intravenous	2	
dextrose solution 5 % intravenous	1	Mony Code (MONY code issue)
dextrose solution 50 % intravenous	1	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
dextrose solution 50 % intravenous	Non-Formulary	Non FDA Exclusion
dextrose solution 70 % intravenous	3	
dextrose solution 70 % intravenous	Non-Formulary	Non FDA Exclusion
dextrose solution 70 % intravenous	1	Mony Code (MONY code issue)
glucose (dextrose) solution 50 % intravenous	3	
Lipids		
CLINOLIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOJOLVI LIQUID 100 % ORAL	3	PA; Specialty*
INTRALIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INTRALIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
INTRALIPID EMULSION 30 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
NEOKE MCT70 POWDER 70 GM/100GM ORAL (RX)	Non-Formulary	Non FDA Exclusion
NUTRILIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
OMEGAVEN EMULSION 10 GM/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMEGAVEN EMULSION 5 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SMOFLIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Lipotropic Combinations		
lecithin granules oral (rx)	Non-Formulary	Non FDA Exclusion
lipo solution 50-50-25 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
lipo-c solution intramuscular	Non-Formulary	Non FDA Exclusion
mic-l-carnitine solution 25-50-50-50 mg/ml injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
Misc. Nutritional Substances*		
ALTEMIA EMULSION ORAL	Non-Formulary	Non FDA Exclusion
CYTOTINE POWDER ORAL	Non-Formulary	Non FDA Exclusion
Protein Combinations*		
tri-amino solution 100-100-100 mg/ml injection	Non-Formulary	Non FDA Exclusion
Protein-Carbohydrate-Lipid With Electrolyte Combinations*		
KABIVEN EMULSION 3.3-10.8-3.9 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PERIKABIVEN EMULSION 2.4-6.8-3.5-0.5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OPHTHALMIC AGENTS		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*		

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Drug Name	Tier	Notes
brimonidine-dorzolamide solution 0.1-2 % ophthalmic	Non-Formulary	Non FDA Exclusion
brimonidine-dorzolamide solution 0.15-2 % ophthalmic	Non-Formulary	Non FDA Exclusion
SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC	2	
Artificial Tear Inserts*		
LACRISERT INSERT 5 MG OPHTHALMIC	Non-Formulary	Formulary Exclusion
Beta-Blockers - Ophthalmic Combinations*		
bimatoprost-timolol maleate solution 0.01-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic	1	
COMBIGAN SOLUTION 0.2-0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
COSOPT PF SOLUTION 2-0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
COSOPT SOLUTION 2-0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic	1	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	1	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
latanoprost-timolol maleate solution 0.005-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-brimon-dorzol-bimatopr solution 0.5-0.1-2-0.01 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-brimon-dorzol-bimatopr solution 0.5-0.15-2-0.01 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-brimon-dorzol-latanopr solution 0.5-0.15-2 -0.005% ophthalmic	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
timolol-brimonidine-dorzolamid solution 0.5-0.1-2 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-brimonidine-dorzolamid solution 0.5-0.15-2 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-dorzolamid-bimatoprost solution 0.5-2-0.01 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-dorzolamid-latanoprost solution 0.5-0.15-0.005 % ophthalmic	Non-Formulary	Non FDA Exclusion
****Beta-Blockers - Ophthalmic******		
betaxolol hcl solution 0.5 % ophthalmic	1	
betaxolol hcl solution 0.5 % ophthalmic	1	Mony Code (MONY CODE ISSUE)
BETIMOL SOLUTION 0.25 % OPHTHALMIC	3	
BETIMOL SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC	3	

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Drug Name	Tier	Notes
carteolol hcl solution 1 % ophthalmic	1	Mony Code (MONY Code)
ISTALOL SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
levobunolol hcl solution 0.5 % ophthalmic	1	Mony Code (MONY Code)
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 0.25 % ophthalmic	1	Mony Code (MONY Code)
timolol maleate gel forming solution 0.5 % ophthalmic	1	
timolol maleate gel forming solution 0.5 % ophthalmic	1	Mony Code (MONY Code Issue)
timolol maleate gel forming solution 0.5 % ophthalmic	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
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	
TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC OCUDOSE SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC SOLUTION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC-XE GEL FORMING SOLUTION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC-XE GEL FORMING SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
Cholinergic Agonists*		
TYRVAYA SOLUTION 0.03 MG/ACT NASAL	2	PA
Cycloplegic Mydriatic Combinations*		
CYCLOMYDRIL SOLUTION 0.2-1 % OPHTHALMIC	3	
MYDCOMBI SOLUTION CARTRIDGE 1-2.5 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropicamide-phenylephrine solution 1-2.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac solution 1-1-10-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac solution 1-1-2.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
tropic-cyclopent-pe-ketorolac solution prefilled syringe 1-1-10-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac solution prefilled syringe 1-1-2.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclop-pe-keto-propar solution prefilled syringe ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-proparaca-pe-ketorolac solution 1-0.5-2.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
****Cycloplegic Mydriatics******		
ALTAFRIN SOLUTION 10 % OPHTHALMIC	1	
ALTAFRIN SOLUTION 2.5 % OPHTHALMIC	1	
atropine sulfate ointment 1 % ophthalmic	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
atropine sulfate ointment 1 % ophthalmic	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
atropine sulfate solution 0.01 % ophthalmic	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
atropine sulfate solution 0.025 % ophthalmic	Non-Formulary	Non FDA Exclusion
atropine sulfate solution 0.05 % ophthalmic	Non-Formulary	Non FDA Exclusion
atropine sulfate solution 1 % ophthalmic	1	
atropine sulfate solution 1 % ophthalmic	3	
atropine sulfate solution 1 % ophthalmic	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
CYCLOGYL SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
CYCLOGYL SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
CYCLOGYL SOLUTION 2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
cyclopentolate hcl solution 0.5 % ophthalmic	1	
cyclopentolate hcl solution 1 % ophthalmic	1	
cyclopentolate hcl solution 2 % ophthalmic	1	
HOMATROPAIRE SOLUTION 5 % OPHTHALMIC	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion

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Drug Name	Tier	Notes
ISOPTO ATROPINE SOLUTION 1 % OPHTHALMIC	3	
MYDRIACYL SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
phenylephrine hcl solution 10 % ophthalmic	1	
phenylephrine hcl solution 2.5 % ophthalmic	2	
phenylephrine hcl solution 2.5 % ophthalmic	1	
phenylephrine hcl solution prefilled syringe 1.5 % intraocular	Non-Formulary	Non FDA Exclusion
tropicamide solution 0.5 % ophthalmic	Non-Formulary	Formulary Exclusion
tropicamide solution 1 % ophthalmic	Non-Formulary	Formulary Exclusion
****Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag******		
XIIDRA SOLUTION 5 % OPHTHALMIC	2	
****Miotics - Direct Acting******		

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Drug Name	Tier	Notes
ISOPTO CARPINE SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ISOPTO CARPINE SOLUTION 2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ISOPTO CARPINE SOLUTION 4 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
MIOCHOL-E SOLUTION RECONSTITUTED 20 MG INTRAOCULAR	Non-Formulary	Medical Only Exclusion
MIOSTAT SOLUTION 0.01 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
pilocarpine hcl solution 1 % ophthalmic	1	
pilocarpine hcl solution 2 % ophthalmic	1	
pilocarpine hcl solution 4 % ophthalmic	1	
QLOSI SOLUTION 0.4 % OPHTHALMIC	3	PA; QL
VUITY SOLUTION 1.25 % OPHTHALMIC	Non-Formulary	PA; Formulary Exclusion; QL

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Drug Name	Tier	Notes
Ophthalmic - Multiple Receptor Angiogenesis Inhibitors		
VABYSMO SOLUTION 6 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
VABYSMO SOLUTION PREFILLED SYRINGE 6 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Ophthalmic Adrenergic Agents		
epinephrine hcl solution prefilled syringe 1 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
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	
BEPREVE SOLUTION 1.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
cromolyn sodium solution 4 % ophthalmic	1	
cromolyn sodium solution 4 % ophthalmic	1	Mony Code (MONY CODE ISSUE)
epinastine hcl solution 0.05 % ophthalmic	1	
LASTACAFT SOLUTION 0.25 % OPHTHALMIC (RX)	3	
olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
olopatadine hcl solution 0.2 % ophthalmic (otc)	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
PAZEO SOLUTION 0.7 % OPHTHALMIC	2	
ZERVIATE SOLUTION 0.24 % OPHTHALMIC	3	
Ophthalmic Antibiotics*		
AZASITE SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
bacitracin ointment 500 unit/gm ophthalmic	2	

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Drug Name	Tier	Notes
BESIVANCE SUSPENSION 0.6 % OPHTHALMIC	2	
CILOXAN OINTMENT 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
CILOXAN SOLUTION 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ciprofloxacin hcl solution 0.3 % ophthalmic	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
erythromycin ointment 5 mg/gm ophthalmic	2	
gatifloxacin solution 0.5 % ophthalmic	1	
GENTAK OINTMENT 0.3 % OPHTHALMIC	1	Mony Code (MONY Code)
gentamicin sulfate solution 0.3 % ophthalmic	1	
KLARITY-A SOLUTION 1 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
levofloxacin solution 0.5 % ophthalmic	2	
levofloxacin solution 0.5 % ophthalmic	1	
levofloxacin solution 0.5 % ophthalmic	1	Mony Code (MONY CODE ISSUE)

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Drug Name	Tier	Notes
levofloxacin solution 1.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
mitomycin solution prefilled syringe 0.02 % intraocular	Non-Formulary	Non FDA Exclusion
mitomycin solution prefilled syringe 0.04 % intraocular	Non-Formulary	Non FDA Exclusion
MITOSOL KIT 0.2 MG OPHTHALMIC	Non-Formulary	Formulary Exclusion
MOXEZA SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
moxifloxacin hcl (2x day) solution 0.5 % ophthalmic	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
moxifloxacin hcl solution 0.5 % ophthalmic	1	
moxifloxacin hcl solution 1 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
moxifloxacin hcl solution 5 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
moxifloxacin hcl solution prefilled syringe 0.16 % intraocular	Non-Formulary	Non FDA Exclusion
moxifloxacin hcl solution prefilled syringe 0.3 mg/0.3ml intraocular	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
moxifloxacin hcl solution prefilled syringe 0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
OCUFLOX SOLUTION 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ofloxacin solution 0.3 % ophthalmic	1	
tobramycin solution 0.3 % ophthalmic	1	
TOBREX OINTMENT 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TOBREX SOLUTION 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
vancomycin hcl solution prefilled syringe 10 mg/ml ophthalmic	Non-Formulary	Non FDA Exclusion
VIGAMOX SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ZYMAXID SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Antifungal*		
NATACYN SUSPENSION 5 % OPHTHALMIC	2	
Ophthalmic Anti-Infective Combinations*		

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Drug Name	Tier	Notes
ak-poly-bac ointment 500-10000 unit/gm ophthalmic	1	
bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic	1	
moxifloxacin hcl-bss solution 1 mg/ml intravitreal	Non-Formulary	Non FDA Exclusion
moxifloxacin-bromfenac solution 0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
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	Mony Code (MONY Code)
NEO-POLYCIN OINTMENT 3.5-400-10000 OPHTHALMIC	1	
POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC	1	

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Drug Name	Tier	Notes
polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic	1	
POLYTRIM SOLUTION 10000-0.1 UNIT/ML-% OPHTHALMIC	Non-Formulary	Formulary Exclusion
tobramycin-vancomycin hcl solution 1.5-5 % ophthalmic	Non-Formulary	Non FDA Exclusion
Ophthalmic Antiseptics		
BETADINE OPHTHALMIC PREP SOLUTION 5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
povidone-iodine solution 5 % ophthalmic	Non-Formulary	Non FDA Exclusion
Ophthalmic Antivirals		
trifluridine solution 1 % ophthalmic	1	Mony Code (MONY Code)
ZIRGAN GEL 0.15 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Carbonic Anhydrase Inhibitors		

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Drug Name	Tier	Notes
AZOPT SUSPENSION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
brinzolamide suspension 1 % ophthalmic	1	
dorzolamide hcl solution 2 % ophthalmic	Non-Formulary	Non FDA Exclusion
dorzolamide hcl solution 2 % ophthalmic	1	
TRUSOPT SOLUTION 2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Complement C3 Inhibitors*		
SYFOVRE SOLUTION 15 MG/0.1ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Ophthalmic Complement C5 Inhibitors*		
IZERVAY SOLUTION 2 MG/0.1ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Ophthalmic Diagnostic Products*		
ak-fluor solution 10 % intravenous	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ak-fluor solution 25 % intravenous	Non-Formulary	Medical Only Exclusion
altafluor benox solution 0.25-0.4 % ophthalmic	Non-Formulary	Formulary Exclusion
BIO GLO STRIP 1 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion; Mony Code (MONY CODE ISSUE)
FLUCAINE SOLUTION 0.25-0.5 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
fluorescein sodium solution 25 % intravenous	Non-Formulary	Medical Only Exclusion
fluorescein sodium strip 1 mg ophthalmic	Non-Formulary	Non FDA Exclusion
fluorescein sodium/benoxinate solution 0.3-0.4 % ophthalmic	Non-Formulary	Formulary Exclusion
fluorescein solution 10 % intravenous	Non-Formulary	Medical Only Exclusion
fluorescein-benoxinate solution 0.25-0.4 % ophthalmic	1	
FLUORESCITE SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
FLUOR-I-STRIPS A.T. STRIP 1 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion; Mony Code (MONY CODE ISSUE)
FLURA-SAFE SOLUTION 0.35-0.4 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
FUL-GLO STRIP 0.6 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion
FUL-GLO STRIP 1 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion
GREEN GLO LISSAMINE GREEN STRIP 1.5 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
PAREMYD SOLUTION 1-0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
proparacaine-fluorescein solution 0.5-0.25 % ophthalmic	Non-Formulary	Non FDA Exclusion
Ophthalmic Ectoparasiticide*		
XDEMVY SOLUTION 0.25 % OPHTHALMIC	3	PA
Ophthalmic Gene Therapy**		

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Drug Name	Tier	Notes
ENCELTO IMPLANT 200000 CELLS INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUXTURNA SUSPENSION 5000000000000 VG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
Ophthalmic Immunomodulators*		
CEQUA SOLUTION 0.09 % OPHTHALMIC	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING: MIEBO, XIIDRA, CYCLOSPORINE/RESTASIS, TYRVAYA IN THE PAST 365 DAYS)
cyclosporine emulsion 0.05 % ophthalmic	1	
KLARITY-C DROPS EMULSION 0.1 % OPHTHALMIC	Non-Formulary	PA; Non FDA Exclusion
RESTASIS EMULSION 0.05 % OPHTHALMIC	2	

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Drug Name	Tier	Notes
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
VERKAZIA EMULSION 0.1 % OPHTHALMIC	Non-Formulary	PA; Formulary Exclusion
VEVYE SOLUTION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Irrigation Solutions*		
balanced salt solution intraocular	Non-Formulary	Medical Only Exclusion
BSS PLUS SOLUTION INTRAOCULAR	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
BSS SOLUTION INTRAOCULAR	Non-Formulary	Medical Only Exclusion
BSS SOLUTION INTRAOCULAR	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
Ophthalmic Kinase Inhibitors - Combinations*		

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops)
Ophthalmic Local Anesthetic - Combinations*		
bup-lido solution prefilled syringe 0.375-2 % intraocular	Non-Formulary	Non FDA Exclusion
lidocaine hcl-bupivacaine hcl solution prefilled syringe 2-0.375 % (10 ml) intraocular	Non-Formulary	Non FDA Exclusion
lidocaine-epinephrine solution 7.5-0.25 mg/ml intraocular	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine-phenylephrine solution 1-1.5 % intraocular	Non-Formulary	Non FDA Exclusion
lidocaine-phenylephrine-bss solution prefilled syringe 1-1.5 % (1ml) intraocular	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
Ophthalmic Local Anesthetics*		
AKTEN GEL 3.5 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
ALCAINE SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
ALTACAINE SOLUTION 0.5 % OPHTHALMIC	1	
IHEEZO GEL 3 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
proparacaine hcl solution 0.5 % ophthalmic	Non-Formulary	Medical Only Exclusion
tetracaine hcl solution 0.5 % ophthalmic	1	
Ophthalmic Nerve Growth Factors*		
OXERVATE SOLUTION 0.002 % OPHTHALMIC	3	PA; Specialty*
Ophthalmic Nonsteroidal Anti-Inflammatory Agents*		
ACULAR LS SOLUTION 0.4 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ACULAR SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ACUVAIL SOLUTION 0.45 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
bromfenac sodium (once-daily) solution 0.09 % ophthalmic	Non-Formulary	Formulary Exclusion
bromfenac sodium (once-daily) solution 0.09 % ophthalmic	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
bromfenac sodium solution 0.07 % ophthalmic	Non-Formulary	Formulary Exclusion
bromfenac sodium solution 0.075 % ophthalmic	1	
BROMSITE SOLUTION 0.075 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
diclofenac sodium solution 0.1 % ophthalmic	1	
flurbiprofen sodium solution 0.03 % ophthalmic	1	Mony Code (MONY Code)
ILEVRO SUSPENSION 0.3 % OPHTHALMIC	3	
ketorolac tromethamine solution 0.4 % ophthalmic	1	
ketorolac tromethamine solution 0.5 % ophthalmic	1	

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Drug Name	Tier	Notes
NEVANAC SUSPENSION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
PROLENSA SOLUTION 0.07 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Photodynamic Therapy Agents*		
VISUDYNE SOLUTION RECONSTITUTED 15 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Ophthalmic Photoenhancer Combinations*		
PHOTREXA-PHOTREXA VISCOUS KIT SOLUTION PREFILLED SYRINGE 0.146 &0.146-20 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
Ophthalmic Rho Kinase Inhibitors*		

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Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Drug Name	Tier	Notes
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops)
Ophthalmic Selective Alpha Adrenergic Agonists*		
ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ALPHAGAN P SOLUTION 0.15 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
apraclonidine hcl solution 0.5 % ophthalmic	1	
apraclonidine hcl solution 0.5 % ophthalmic	1	Mony Code (MONY CODE ISSUE)
brimonidine tartrate solution 0.1 % ophthalmic	1	
brimonidine tartrate solution 0.15 % ophthalmic	1	
brimonidine tartrate solution 0.2 % ophthalmic	1	

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Drug Name	Tier	Notes
IOPIDINE SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
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	
dexamethasone-moxifloxacin solution 1-5 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
dexameth-moxiflox-ketorolac solution 1-0.5-0.4 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
double pm solution reconstituted 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
MAXITROL OINTMENT 3.5-10000-0.1 OPHTHALMIC	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
MAXITROL SUSPENSION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
MAXITROL SUSPENSION 3.5-10000-0.1 OPHTHALMIC	Non-Formulary	Formulary Exclusion
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	
neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
prednisol ace-moxiflox-bromfen suspension 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone acetate-nepafenac suspension 1-0.1 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone acet-moxifloxacin suspension 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-bromfenac solution 1-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-bromfenac suspension 1-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-gatifloxacin suspension 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-moxifloxacin solution 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-gatiflox-bromfenac solution 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
prednisolon-gatiflox-bromfenac suspension 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-moxiflox-bromfenac solution 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-moxiflox-ketorolac solution 1-0.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-moxiflox-nepafenac suspension 1-0.5-0.1 % ophthalmic	Non-Formulary	Non FDA Exclusion
sulfacetamide-prednisolone solution 10-0.23 % ophthalmic	1	Mony Code (MONY Code)
TOBRADEX OINTMENT 0.3-0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TOBRADEX ST SUSPENSION 0.3-0.05 % OPHTHALMIC	3	
TOBRADEX SUSPENSION 0.3-0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic	1	
triamcinolone-moxifloxacin suspension 15-1 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
TRIMOXI+ SUSPENSION 15-1 MG/ML INTRAOCULAR	Non-Formulary	Non FDA Exclusion
triple pmb solution reconstituted 1-0.5-0.09 % ophthalmic	Non-Formulary	Non FDA Exclusion
triple pmk solution reconstituted 1-0.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC	3	
Ophthalmic Steroids		
ALREX SUSPENSION 0.2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
clobetasol propionate suspension 0.05 % ophthalmic	3	ST; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS)
dexamethasone sodium phosphate solution 0.1 % ophthalmic	1	Mony Code (MONY Code)
DEXTENZA INSERT 0.4 MG OPHTHALMIC	Non-Formulary	Medical Only Exclusion
DEXYCU SUSPENSION 9 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
difluprednate emulsion 0.05 % ophthalmic	1	
DUREZOL EMULSION 0.05 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
EYSUVIS SUSPENSION 0.25 % OPHTHALMIC	2	QL
FLAREX SUSPENSION 0.1 % OPHTHALMIC	3	
fluorometholone suspension 0.1 % ophthalmic	1	

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Drug Name	Tier	Notes
FML FORTE SUSPENSION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
FML OINTMENT 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ILUVIEN IMPLANT 0.19 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
INVELTYS SUSPENSION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
KLARITY-L EMULSION 0.2 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
KLARITY-L EMULSION 0.5 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
LOTEMAX GEL 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
LOTEMAX OINTMENT 0.5 % OPHTHALMIC	2	
LOTEMAX SM GEL 0.38 % OPHTHALMIC	2	
LOTEMAX SUSPENSION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
loteprednol etabonate gel 0.5 % ophthalmic	1	

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Drug Name	Tier	Notes
loteprednol etabonate gel 0.5 % ophthalmic	1	Mony Code (MONY CODE ISSUE)
loteprednol etabonate suspension 0.2 % ophthalmic	1	
loteprednol etabonate suspension 0.5 % ophthalmic	1	
MAXIDEX SUSPENSION 0.1 % OPHTHALMIC	3	
OZURDEX IMPLANT 0.7 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
PRED FORTE SUSPENSION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
PRED MILD SUSPENSION 0.12 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
prednisolone acetate p-f suspension 1 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone acetate suspension 1 % ophthalmic	1	

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Drug Name	Tier	Notes
prednisolone acetate suspension 1 % ophthalmic	1	Mony Code (MONY Code)
prednisolone sodium phosphate solution 1 % ophthalmic	3	
RETISERT IMPLANT 0.59 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
TRIESENCE SUSPENSION 40 MG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
XIPERE SUSPENSION 40 MG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
YUTIQ IMPLANT 0.18 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Ophthalmic Sulfonamides*		
BLEPH-10 SOLUTION 10 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
sulfacetamide sodium ointment 10 % ophthalmic	1	Mony Code (MONY Code)
sulfacetamide sodium solution 10 % ophthalmic	1	
Ophthalmic Surgical Aids - Combinations*		

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Drug Name	Tier	Notes
DISCOVISC SOLUTION 40-17 MG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.4-0.35 ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.55-0.5 ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.85-0.5 ML INTRAOCULAR	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OMIDRIA SOLUTION 1-0.3 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
VISCOAT SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
VISCOAT SOLUTION PREFILLED SYRINGE 30-22.5 MG/0.75ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
Ophthalmic Surgical Aids*		
AMVISC PLUS SOLUTION PREFILLED SYRINGE 12.8 MG/0.8ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
AMVISC SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
CELLUGEL SOLUTION 2 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
GELFILM FILM OPHTHALMIC	Non-Formulary	Non FDA Exclusion
HEALON DUET PRO SOLUTION PREFILLED SYRINGE 1 & 3 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON GV PRO SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON PRO SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON PRO SOLUTION PREFILLED SYRINGE 8.5 MG/0.85ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON5 PRO SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
MEMBRANEBLUE SOLUTION PREFILLED SYRINGE 0.15 % INTRAOCULAR	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
NUVISC SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
PROVISC SOLUTION PREFILLED SYRINGE 4 MG/0.4ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
PROVISC SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
PROVISC SOLUTION PREFILLED SYRINGE 8.5 MG/0.85ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
TISSUEBLUE SOLUTION PREFILLED SYRINGE 0.025 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
TOTALVISC SOLUTION PREFILLED SYRINGE 1 & 2.5 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
VISIONBLUE SOLUTION PREFILLED SYRINGE 0.06 % INTRAOCULAR	Non-Formulary	Formulary Exclusion
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ SOLUTION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
Ophthalmics - Cystinosis Agents*		
CYSTADROPS SOLUTION 0.37 % OPHTHALMIC	3	PA; Specialty*
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	3	PA; Specialty*
Ophthalmics Misc. - Other**		
chondroitin sulfate solution 0.25 % ophthalmic	Non-Formulary	Non FDA Exclusion
MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC	2	
Prostaglandins - Ophthalmic**		
bimatoprost solution 0.03 % ophthalmic	Non-Formulary	Formulary Exclusion
bimatoprost solution 0.03 % ophthalmic	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
DURYSTA IMPLANT 10 MCG INTRAOCULAR	Non-Formulary	Medical Only Exclusion

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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
IDOSE TR IMPLANT 75 MCG INTRAOCULAR	Non-Formulary	Medical Only Exclusion
IYUZEH SOLUTION 0.005 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
latanoprost solution 0.005 % ophthalmic	1	
latanoprost solution 0.005 % ophthalmic	Non-Formulary	Non FDA Exclusion
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	
tafluprost (pf) solution 0.0015 % ophthalmic	1	
TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
travoprost (bak free) solution 0.004 % ophthalmic	1	
VYZULTA SOLUTION 0.024 % OPHTHALMIC	3	
XALATAN SOLUTION 0.005 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
XELPROS EMULSION 0.005 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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UPPERCASE = Brand name drugs

Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Vascular Endothelial Growth Factor (Vegf) Antagonists*		
BEOVU SOLUTION 6 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
BEOVU SOLUTION PREFILLED SYRINGE 6 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal	Non-Formulary	Medical Only Exclusion
bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 2 mg/0.08ml intravitreal	Non-Formulary	Medical Only Exclusion
bevacizumab solution prefilled syringe 2.25 mg/0.09ml intravitreal	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
bevacizumab solution prefilled syringe 2.5 mg/0.1ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 2.75 mg/0.11ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 3.25 mg/0.13ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 3.75 mg/0.15ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
BYOOVIZ SOLUTION 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
CIMERLI SOLUTION 0.3 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
CIMERLI SOLUTION 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
EYLEA HD SOLUTION 8 MG/0.07ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
EYLEA SOLUTION 2 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
EYLEA SOLUTION PREFILLED SYRINGE 2 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUCENTIS SOLUTION 0.3 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUCENTIS SOLUTION 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUCENTIS SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
PAVBLU SOLUTION 2 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
PAVBLU SOLUTION PREFILLED SYRINGE 2 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
SUSVIMO (IMPLANT 1ST FILL) SOLUTION 10 MG/0.1ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
SUSVIMO (IMPLANT REFILL) SOLUTION 10 MG/0.1ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
OTIC AGENTS		
****Otic Agents - Miscellaneous******		
acetic acid solution 2 % otic	1	
****Otic Analgesic Combinations******		
CORTIC-ND SOLUTION 10-10-1 MG/ML OTIC	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
PRAMOTIC LIQUID 1-0.1 % OTIC	Non-Formulary	Non FDA Exclusion
****Otic Anti-Infectives******		
CETRAXAL SOLUTION 0.2 % OTIC	Non-Formulary	Formulary Exclusion
ciprofloxacin hcl solution 0.2 % otic	1	
ofloxacin solution 0.3 % otic	1	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
OTIPRIO SUSPENSION 6 % INTRATYMPANIC	Non-Formulary	Medical Only Exclusion
Otic Steroid-Anti-Infective Combinations*		
CIPRO HC SUSPENSION 0.2-1 % OTIC	3	
CIPRODEX SUSPENSION 0.3-0.1 % OTIC	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
OTOVEL SOLUTION 0.3-0.025 % OTIC	3	
Otic Steroids*		
DERMOTIC OIL 0.01 % OTIC	Non-Formulary	Formulary Exclusion
DEX24 SOLUTION 24 MG/ML INTRATYMPANIC	Non-Formulary	Non FDA Exclusion
FLAC OIL 0.01 % OTIC	1	
fluocinolone acetonide oil 0.01 % otic	1	
hydrocortisone-acetic acid solution 1-2 % otic	Non-Formulary	Formulary Exclusion
hydrocortisone-acetic acid solution 1-2 % otic	1	
hydrocortisone-acetic acid solution 1-2 % otic	1	Mony Code (MONY CODE ISSUE)
OXYTOCICS		
Abortifacient Combinations*		
MPM PAK THERAPY PACK 200-0.2-8-800 MG ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
Abortifacients/Cervical Ripening - Prostaglandins*		
carboprost tromethamine solution 250 mcg/ml intramuscular	Non-Formulary	Medical Only Exclusion
carboprost tromethamine solution prefilled syringe 250 mcg/ml intramuscular	Non-Formulary	Medical Only Exclusion
CERVIDIL INSERT 10 MG VAGINAL	3	
HEMABATE SOLUTION 250 MCG/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
PREPIDIL GEL 0.5 MG/3GM VAGINAL	Non-Formulary	Formulary Exclusion
PROSTIN E2 SUPPOSITORY 20 MG VAGINAL	Non-Formulary	Formulary Exclusion
Oxytocics*		
METHERGINE TABLET 0.2 MG ORAL	1	Mony Code (MONY Code)
methylergonovine maleate solution 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
methylergonovine maleate tablet 0.2 mg oral	1	
oxytocin solution 10 unit/ml injection	Non-Formulary	Medical Only Exclusion
oxytocin-lactated ringers solution 10 unit/500ml intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-lactated ringers solution 15 unit/250ml intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-lactated ringers solution 20 unit/l intravenous	Non-Formulary	Formulary Exclusion
oxytocin-lactated ringers solution 20 unit/l intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-lactated ringers solution 30 unit/500ml intravenous	Non-Formulary	Formulary Exclusion
oxytocin-lactated ringers solution 30 unit/500ml intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-sodium chloride solution 15-0.9 ut/250ml-% intravenous	Non-Formulary	Formulary Exclusion

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Notes
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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
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Specialty* = Specialty*
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Drug Name	Tier	Notes
oxytocin-sodium chloride solution 20-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-sodium chloride solution 30-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-sodium chloride solution 40-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion
PITOCIN SOLUTION 10 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
****Antitoxins-Antivenins******		
ANASCORP SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ANAVIP SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
antivenin latrodectus mactans kit injection	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
antivenin micrurus fulvius solution reconstituted intravenous	Non-Formulary	Medical Only Exclusion
CROFAB SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antiviral Monoclonal Antibodies*		
bamlanivimab solution 700 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
bebtelovimab solution 175 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR	2	
BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR	2	
casirivimab solution 1332 mg/11.1ml injection	Non-Formulary	Medical Only Exclusion
casirivimab solution 300 mg/2.5ml injection	Non-Formulary	Medical Only Exclusion
ENFLONSIA SOLUTION PREFILLED SYRINGE 105 MG/0.7ML INTRAMUSCULAR	Non-Formulary	New to Market Exclusion
etesevimab solution 700 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
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Specialty* = Specialty*
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Drug Name	Tier	Notes
imdevimab solution 1332 mg/11.1ml injection	Non-Formulary	Medical Only Exclusion
imdevimab solution 300 mg/2.5ml injection	Non-Formulary	Medical Only Exclusion
PEMGARDA SOLUTION 500 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
sotrovimab solution 500 mg/8ml intravenous	Non-Formulary	Medical Only Exclusion
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR	3	PA; Specialty*
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR	3	PA; Specialty*
Bacterial Monoclonal Antibodies		
ZINPLAVA SOLUTION 1000 MG/40ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL with criteria
Immune Serums		
ALYGLO SOLUTION 10 GM/100ML INTRAVENOUS	3	PA; Specialty*

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Drug Name	Tier	Notes
ALYGLO SOLUTION 20 GM/200ML INTRAVENOUS	3	PA; Specialty*
ALYGLO SOLUTION 5 GM/50ML INTRAVENOUS	3	PA; Specialty*
ASCENIV SOLUTION 5 GM/50ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
BABYBIG SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS	3	PA; Specialty*
BIVIGAM SOLUTION 5 GM/50ML INTRAVENOUS	3	PA; Specialty*
CNJ-016 SOLUTION 50000 UNIT/VIAL INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUVITRU SOLUTION 10 GM/50ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
CYTOGAM SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FLEBOGAMMA DIF SOLUTION 0.5 GM/10ML INTRAVENOUS	3	PA; Specialty*
FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS	3	PA; Specialty*
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS	3	PA; Specialty*
FLEBOGAMMA DIF SOLUTION 2.5 GM/50ML INTRAVENOUS	3	PA; Specialty*
FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS	3	PA; Specialty*

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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS	3	PA; Specialty*
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS	3	PA; Specialty*
FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS	3	PA; Specialty*
GAMASTAN INJECTABLE INTRAMUSCULAR	3	PA; Specialty*
GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 10 GM INTRAVENOUS	2	PA; Specialty*
GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	2	PA; Specialty*
GAMMAGARD SOLUTION 1 GM/10ML INJECTION	2	PA; Specialty*
GAMMAGARD SOLUTION 10 GM/100ML INJECTION	2	PA; Specialty*

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

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Tier
1 = Generic
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION	2	PA; Specialty*
GAMMAGARD SOLUTION 20 GM/200ML INJECTION	2	PA; Specialty*
GAMMAGARD SOLUTION 30 GM/300ML INJECTION	2	PA; Specialty*
GAMMAGARD SOLUTION 5 GM/50ML INJECTION	2	PA; Specialty*
GAMMAKED SOLUTION 1 GM/10ML INJECTION	Non-Formulary	PA; Specialty*; Formulary Exclusion
GAMMAKED SOLUTION 10 GM/100ML INJECTION	3	PA; Specialty*
GAMMAKED SOLUTION 20 GM/200ML INJECTION	3	PA; Specialty*
GAMMAKED SOLUTION 5 GM/50ML INJECTION	3	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GAMMAPLEX SOLUTION 10 GM/100ML INTRAVENOUS	2	PA; Specialty*
GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS	2	PA; Specialty*
GAMMAPLEX SOLUTION 20 GM/200ML INTRAVENOUS	2	PA; Specialty*
GAMMAPLEX SOLUTION 20 GM/400ML INTRAVENOUS	2	PA; Specialty*
GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS	2	PA; Specialty*
GAMMAPLEX SOLUTION 5 GM/50ML INTRAVENOUS	2	PA; Specialty*
GAMUNEX-C SOLUTION 1 GM/10ML INJECTION	3	PA; Specialty*
GAMUNEX-C SOLUTION 10 GM/100ML INJECTION	3	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION	3	PA; Specialty*
GAMUNEX-C SOLUTION 20 GM/200ML INJECTION	3	PA; Specialty*
GAMUNEX-C SOLUTION 40 GM/400ML INJECTION	3	PA; Specialty*
GAMUNEX-C SOLUTION 5 GM/50ML INJECTION	3	PA; Specialty*
HEPAGAM B SOLUTION 312 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	3	PA; Specialty*
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	3	PA; Specialty*
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	3	PA; Specialty*

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	3	PA; Specialty*
HIZENTRA SOLUTION PREFILLED SYRINGE 1 GM/5ML SUBCUTANEOUS	3	PA; Specialty*
HIZENTRA SOLUTION PREFILLED SYRINGE 10 GM/50ML SUBCUTANEOUS	3	PA; Specialty*
HIZENTRA SOLUTION PREFILLED SYRINGE 2 GM/10ML SUBCUTANEOUS	3	PA; Specialty*
HIZENTRA SOLUTION PREFILLED SYRINGE 4 GM/20ML SUBCUTANEOUS	3	PA; Specialty*
HYPERHEP B SOLUTION 220 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
HYPERHEP B SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
HYPERHEP B SOLUTION PREFILLED SYRINGE 220 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
HYPERRAB SOLUTION 1500 UNIT/5ML INJECTION	Non-Formulary	Medical Only Exclusion
HYPERRAB SOLUTION 300 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
HYPERRAB SOLUTION 900 UNIT/3ML INJECTION	Non-Formulary	Medical Only Exclusion
HYPERRHO S/D SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR	3	
HYPERRHO S/D SOLUTION PREFILLED SYRINGE 250 UNIT INTRAMUSCULAR	3	
HYPERTET SOLUTION PREFILLED SYRINGE 250 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
IMOGAM RABIES-HT SOLUTION 300 UNIT/2ML INJECTION	Non-Formulary	Medical Only Exclusion
kedrab solution 1500 unit/10ml injection	Non-Formulary	Medical Only Exclusion
kedrab solution 300 unit/2ml injection	Non-Formulary	Medical Only Exclusion

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
MICRHOGAM ULTRA-FILTERED PLUS SOLUTION PREFILLED SYRINGE 250 UNIT INTRAMUSCULAR	3	
NABI-HB SOLUTION 312 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 2 GM/20ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 2.5 GM/50ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS	2	PA; Specialty*

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 30 GM/300ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS	2	PA; Specialty*
OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS	2	PA; Specialty*
PANZYGA SOLUTION 1 GM/10ML INTRAVENOUS	2	PA; Specialty*
PANZYGA SOLUTION 10 GM/100ML INTRAVENOUS	2	PA; Specialty*
PANZYGA SOLUTION 2.5 GM/25ML INTRAVENOUS	2	PA; Specialty*
PANZYGA SOLUTION 20 GM/200ML INTRAVENOUS	2	PA; Specialty*

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PANZYGA SOLUTION 30 GM/300ML INTRAVENOUS	2	PA; Specialty*
PANZYGA SOLUTION 5 GM/50ML INTRAVENOUS	2	PA; Specialty*
PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS	2	PA; Specialty*
PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS	2	PA; Specialty*
PRIVIGEN SOLUTION 40 GM/400ML INTRAVENOUS	2	PA; Specialty*
PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS	2	PA; Specialty*
RHOGAM ULTRA-FILTERED PLUS SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR	3	
RHOPHYLAC SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML INJECTION	3	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
VARIZIG SOLUTION 125 UNIT/1.2ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
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	
XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
XEMBIFY SOLUTION 10 GM/50ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
XEMBIFY SOLUTION 2 GM/10ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
XEMBIFY SOLUTION 4 GM/20ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Monoclonal Antibody - Combinations*		
EVUSHELD SOLUTION 150 & 150 MG/1.5ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION (4)300 & (4)300 MG/2.5ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION (4)300MG &1332/ 2.5&11.1ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION 1332 & 1332 MG/11.1ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION 1332 &(4)300MG/ 11.1&2.5ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION 300 & 300 MG/2.5ML INJECTION	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
REGEN-COV SOLUTION 600-600 MG/10ML INJECTION	Non-Formulary	Medical Only Exclusion
Passive Immunizing Agents - Combinations*		
HYQVIA KIT 10 GM/100ML SUBCUTANEOUS	3	PA; Specialty*
HYQVIA KIT 2.5 GM/25ML SUBCUTANEOUS	3	PA; Specialty*
HYQVIA KIT 20 GM/200ML SUBCUTANEOUS	3	PA; Specialty*
HYQVIA KIT 30 GM/300ML SUBCUTANEOUS	3	PA; Specialty*
HYQVIA KIT 5 GM/50ML SUBCUTANEOUS	3	PA; Specialty*
**PENICILLINS*		
Aminopenicillins*		
amoxicillin capsule 250 mg oral	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
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	Mony Code (MONY Code)
ampicillin capsule 500 mg oral	1	
ampicillin capsule 500 mg oral	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
ampicillin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 125 mg injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
ampicillin sodium solution reconstituted 250 mg injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Natural Penicillins*		
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR	3	
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
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	

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Drug Name	Tier	Notes
LENTOCILIN SUSPENSION RECONSTITUTED 1200000 UNIT INTRAMUSCULAR	3	
penicillin g pot in dextrose solution 20000 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
penicillin g pot in dextrose solution 40000 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
penicillin g pot in dextrose solution 60000 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
penicillin g potassium solution reconstituted 20000000 unit injection	Non-Formulary	Medical Only Exclusion
penicillin g potassium solution reconstituted 5000000 unit injection	Non-Formulary	Medical Only Exclusion
penicillin g procaine suspension 600000 unit/ml intramuscular	Non-Formulary	Medical Only Exclusion
penicillin g sodium solution reconstituted 5000000 unit injection	Non-Formulary	Medical Only Exclusion

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
penicillin v potassium solution reconstituted 125 mg/5ml oral	1	Mony Code (MONY Code)
penicillin v potassium solution reconstituted 250 mg/5ml oral	1	Mony Code (MONY Code)
penicillin v potassium tablet 250 mg oral	1	
penicillin v potassium tablet 500 mg oral	1	
PFIZERPEN SOLUTION RECONSTITUTED 20000000 UNIT INJECTION	Non-Formulary	Medical Only Exclusion
PFIZERPEN SOLUTION RECONSTITUTED 5000000 UNIT INJECTION	Non-Formulary	Medical Only Exclusion
Penicillin Combinations		
amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral	1	Mony Code (MONY Code)
amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral	1	

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Drug Name	Tier	Notes
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	Mony Code (MONY Code)
amoxicillin-pot clavulanate tablet chewable 400-57 mg oral	1	Mony Code (MONY Code)

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection	Non-Formulary	Medical Only Exclusion
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection	Non-Formulary	Medical Only Exclusion
ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm intravenous	Non-Formulary	Medical Only Exclusion
AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL	3	

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Drug Name	Tier	Notes
AUGMENTIN SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
AUGMENTIN TABLET 500-125 MG ORAL	Non-Formulary	Formulary Exclusion
BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 13.5 (12-1.5) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 3-0.375 gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
piperacillin sod-tazobactam so solution reconstituted 40.5 (36-4.5) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 4-0.5 gm intravenous	Non-Formulary	Medical Only Exclusion
UNASYN SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INJECTION	Non-Formulary	Medical Only Exclusion
UNASYN SOLUTION RECONSTITUTED 15 (10-5) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UNASYN SOLUTION RECONSTITUTED 3 (2-1) GM INJECTION	Non-Formulary	Medical Only Exclusion
ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOSYN SOLUTION 3-0.375 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Penicillinase-Resistant Penicillins*		
dicloxacillin sodium capsule 250 mg oral	1	
dicloxacillin sodium capsule 500 mg oral	1	
nafcillin sodium in dextrose solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium in dextrose solution 2 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
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Drug Name	Tier	Notes
nafcillin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium in dextrose solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium in dextrose solution 2 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
oxacillin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
PHARMACEUTICAL ADJUVANTS		
****External Vehicles******		
FOAMIL LIQUID EXTERNAL	Non-Formulary	Non FDA Exclusion
RHEOSPRAY LIQUID EXTERNAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
TRICHOSOL SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
Misc. Vehicles		
multi-peptide serum liquid external	Non-Formulary	Formulary Exclusion
Non Gelatin Capsules (Empty)		
non gelatin capsules (empty) capsule	Non-Formulary	Non FDA Exclusion
Oral Vehicles		
ORAPENN SD ANHYD SWEETENED LIQUID ORAL (RX)	Non-Formulary	Non FDA Exclusion
Parenteral Vehicles		
bacteriostatic water(benz alc) solution injection	Non-Formulary	Formulary Exclusion
diluent for treprostinil solution intravenous	Non-Formulary	Medical Only Exclusion
saline bacteriostatic solution 0.9 % injection	1	
saline-phenol solution 0.4-0.9 % injection	3	
sodium chloride bacteriostatic solution 0.9 % injection	1	

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Drug Name	Tier	Notes
sodium chloride bacteriostatic solution 0.9 % injection	3	
STERILE DILUENT FLOLAN PH 12 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
STERILE DILUENT FOR REMODULIN SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
sterile diluent/epoprostenol solution intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
sterile water for injection solution injection	1	
sterile water for injection solution injection	1	Mony Code (MONY code issue)
sterile water for injection solution injection	2	
sterile water for injection solution injection	3	
sterile water for injection solution injection	Non-Formulary	Non FDA Exclusion
Semi Solid Vehicles*		
AUXIPRO VANISHING CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
cream base niosomes cream external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
cream-heavy base niosomes cream external	Non-Formulary	Non FDA Exclusion
freedom adaptaderm cream external	Non-Formulary	Non FDA Exclusion
freedom derma serum cream external	Non-Formulary	Non FDA Exclusion
FREEDOM DERMA-D CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
FREEDOM DERMA-N CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
hormone cr heavy base niosomes cream external	Non-Formulary	Non FDA Exclusion
hormone cream base niosomes cream external	Non-Formulary	Non FDA Exclusion
LIOPEN ABSORPTION ENHANCING CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
multi-phasic penetrating cmpd cream external	Non-Formulary	Non FDA Exclusion
pensomal cream external	Non-Formulary	Non FDA Exclusion
PLO GEL - MEDIFLO 30 KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
sa3 derm cream external	Non-Formulary	Non FDA Exclusion
salt durable cream cream external	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
SALT STABLE LS ADVANCED CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
SALTSTABLE LO CREAM EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
TDC MAX CREAM EXTERNAL	Non-Formulary	Formulary Exclusion
teroderm-plus cream external	Non-Formulary	Non FDA Exclusion
VERSAPRO CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
PROGESTINS		
****Progestins******		
AYGESTIN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ec-rx progesterone cream 10 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx progesterone cream 20 % transdermal	Non-Formulary	Non FDA Exclusion
GALLIFREY TABLET 5 MG ORAL	1	
hydroxyprogesterone caproate oil 250 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
MAKENA OIL 250 MG/ML INTRAMUSCULAR	Non-Formulary	Non FDA Exclusion
MAKENA SOLUTION AUTO-INJECTOR 275 MG/1.1ML SUBCUTANEOUS	Non-Formulary	Non FDA Exclusion
medroxyprogesterone acetate tablet 10 mg oral	1	
medroxyprogesterone acetate tablet 2.5 mg oral	1	
medroxyprogesterone acetate tablet 5 mg oral	1	
megestrol acetate suspension 625 mg/5ml oral	Non-Formulary	Formulary Exclusion
megestrol acetate suspension 625 mg/5ml oral	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
norethindrone acetate tablet 5 mg oral	1	
progesterone capsule 100 mg oral	1	
progesterone capsule 200 mg oral	1	
progesterone micronized cream 10 % transdermal	Non-Formulary	Non FDA Exclusion
progesterone oil 50 mg/ml intramuscular	1	

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Drug Name	Tier	Notes
PROMETRIUM CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
PROMETRIUM CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion
PROVERA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
PROVERA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
PROVERA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
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
LUCEMYRA TABLET 0.18 MG ORAL	Non-Formulary	Formulary Exclusion; QL
****Alcohol Deterrents******		
acamprosate calcium tablet delayed release 333 mg oral	1	
ANTABUSE TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
ANTABUSE TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
disulfiram tablet 250 mg oral	1	
disulfiram tablet 500 mg oral	1	Mony Code (MONY code issue)
disulfiram tablet 500 mg oral	1	
disulfiram tablet 500 mg oral	1	Mony Code (MONY Code)
Alzheimer's Treatment - Anti-Amyloid Antibodies		
ADUHELM SOLUTION 170 MG/1.7ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ADUHELM SOLUTION 300 MG/3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KISUNLA SOLUTION 350 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LEQEMBI SOLUTION 200 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
LEQEMBI SOLUTION 500 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Anti-Cataplectic Agents*		
LUMRYZ PACKET 4.5 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
LUMRYZ PACKET 6 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
LUMRYZ PACKET 7.5 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
LUMRYZ PACKET 9 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
LUMRYZ STARTER PACK THERAPY PACK 4.5 & 6 & 7.5 GM ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
sodium oxybate solution 500 mg/ml oral	3	PA; Specialty*; QL
XYREM SOLUTION 500 MG/ML ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Anti-Cataplectic Combinations*		
XYWAV SOLUTION 500 MG/ML ORAL	3	PA; Specialty*; QL
Antidementia Agent Combinations*		
memantine hcl-donepezil hcl capsule extended release 24 hour 14-10 mg oral	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
memantine hcl-donepezil hcl capsule extended release 24 hour 21-10 mg oral	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
memantine hcl-donepezil hcl capsule extended release 24 hour 28-10 mg oral	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL

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Non FDA Exclusion = Non FDA Exclusion
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
Antisense Oligonucleotide (Aso) Inhibitor Agents*		

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Specialty* = Specialty*
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Drug Name	Tier	Notes
TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	3	PA; Specialty*; QL
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	3	PA; Specialty*
Benzodiazepines & Tricyclic Agents*		
chlordiazepoxide-amitriptyline tablet 10-25 mg oral	1	Mony Code (MONY Code)
chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral	3	
Cald - Autologous Cellular Gene Therapy Agents*		
SKYSONA SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cholinomimetics - Ache Inhibitors*		
ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
ARICEPT TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ARICEPT TABLET 23 MG ORAL	Non-Formulary	Formulary Exclusion
ARICEPT TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
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	
EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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	Mony Code (MONY Code)
galantamine hydrobromide tablet 12 mg oral	1	
galantamine hydrobromide tablet 4 mg oral	1	
galantamine hydrobromide tablet 8 mg oral	1	
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 16 MG ORAL	Non-Formulary	Formulary Exclusion
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 24 MG ORAL	Non-Formulary	Formulary Exclusion
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 8 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
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; Step Therapy Requirements (TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS); QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
ZUNVEYL TABLET DELAYED RELEASE 15 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS); QL
ZUNVEYL TABLET DELAYED RELEASE 5 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS); QL
Fibromyalgia Agent - Snris*		
SAVELLA TABLET 100 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine)

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SAVELLA TABLET 12.5 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine)
SAVELLA TABLET 25 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine)

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Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SAVELLA TABLET 50 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine)
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine)
****Melanocortin Receptor Agonists******		
VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS	3	PA; QL

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Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
Mld - Autologous Cellular Gene Therapy Agents*		
LENMELDY SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Movement Disorder Drug Therapy*		
AUSTEDO TABLET 12 MG ORAL	2	PA; Specialty*; QL
AUSTEDO TABLET 6 MG ORAL	2	PA; Specialty*; QL
AUSTEDO TABLET 9 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL	2	PA; Specialty*; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	2	PA; Specialty*; QL
INGREZZA CAPSULE 40 MG ORAL	2	PA; Specialty*; QL
INGREZZA CAPSULE 60 MG ORAL	2	PA; Specialty*; QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
INGREZZA CAPSULE 80 MG ORAL	2	PA; Specialty*; QL
INGREZZA CAPSULE SPRINKLE 40 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
INGREZZA CAPSULE SPRINKLE 60 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
INGREZZA CAPSULE SPRINKLE 80 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL	2	PA; Specialty*; QL
tetrabenazine tablet 12.5 mg oral	1	PA; Specialty*
tetrabenazine tablet 25 mg oral	1	PA; Specialty*
XENAZINE TABLET 12.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
XENAZINE TABLET 25 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion

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Drug Name	Tier	Notes
Ms Agents - Pyrimidine Synthesis Inhibitors		
AUBAGIO TABLET 14 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
AUBAGIO TABLET 7 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
teriflunomide tablet 14 mg oral	1	PA; Specialty*; QL
teriflunomide tablet 7 mg oral	1	PA; Specialty*; QL
Multiple Sclerosis Agents - Antimetabolites		
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	2	PA; Specialty*
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	2	PA; Specialty*
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	2	PA; Specialty*
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	2	PA; Specialty*
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	2	PA; Specialty*
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	2	PA; Specialty*
Multiple Sclerosis Agents - Combinations*		
OCREVUS ZUNOVO SOLUTION 920-23000 MG-UT/23ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Multiple Sclerosis Agents - Interferons*		
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	2	PA; Specialty*; QL
BETASERON KIT 0.3 MG SUBCUTANEOUS	2	PA; Specialty*; QL
EXTAVIA KIT 0.3 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR	2	PA; Specialty*; QL
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL
PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL

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Notes
Formulary Exclusion = Formulary Exclusion
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	2	PA; Specialty*; QL
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	2	PA; Specialty*; QL
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
Multiple Sclerosis Agents - Monoclonal Antibodies*		
BRIUMVI SOLUTION 150 MG/6ML INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL with criteria
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	2	PA; Specialty*
LEMTRADA SOLUTION 12 MG/1.2ML INTRAVENOUS	3	PA; Specialty*; QL
OCREVUS SOLUTION 300 MG/10ML INTRAVENOUS	2	PA; Specialty*; QL
TYSABRI CONCENTRATE 300 MG/15ML INTRAVENOUS	2	PA; Specialty*; QL
Multiple Sclerosis Agents - Nrf2 Pathway Activators*		
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL

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Drug Name	Tier	Notes
dimethyl fumarate capsule delayed release 120 mg oral	1	PA; Specialty*; QL
dimethyl fumarate capsule delayed release 240 mg oral	1	PA; Specialty*; QL
dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral	1	PA; Specialty*; QL
TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
TECFIDERA CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	2	PA; Specialty*; QL
Multiple Sclerosis Agents - Potassium Channel Blockers*		

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Drug Name	Tier	Notes
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
dalfampridine er tablet extended release 12 hour 10 mg oral	1	PA; Specialty*; QL
Multiple Sclerosis Agents*		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	2	PA; Specialty*; QL
glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous	1	PA; Specialty*; QL
glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous	1	PA; Specialty*; QL
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	1	PA; Specialty*; QL

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Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	1	PA; Specialty*; QL
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	
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	

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Drug Name	Tier	Notes
memantine hcl tablet 5 mg oral	1	
NAMENDA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA TITRATION PAK TABLET 28 X 5 MG & 21 X 10 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 21 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 28 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 7 MG ORAL	Non-Formulary	Formulary Exclusion
Phenothiazines & Tricyclic Agents*		
perphenazine-amitriptyline tablet 2-10 mg oral	3	
perphenazine-amitriptyline tablet 2-25 mg oral	1	Mony Code (MONY Code)

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Drug Name	Tier	Notes
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*		
gabapentin (once-daily) tablet 300 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
gabapentin (once-daily) tablet 600 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	3	Non Essential Drug Exclusion; QL
GRALISE TABLET 450 MG ORAL	3	Non Essential Drug Exclusion; QL
GRALISE TABLET 600 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 600 MG ORAL	3	Non Essential Drug Exclusion; QL

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Drug Name	Tier	Notes
GRALISE TABLET 750 MG ORAL	3	Non Essential Drug Exclusion; QL
GRALISE TABLET 900 MG ORAL	3	Non Essential Drug Exclusion; QL
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 82.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
pregabalin er tablet extended release 24 hour 165 mg oral	Non-Formulary	Formulary Exclusion; QL
pregabalin er tablet extended release 24 hour 330 mg oral	Non-Formulary	Formulary Exclusion; QL
pregabalin er tablet extended release 24 hour 82.5 mg oral	Non-Formulary	Formulary Exclusion; QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents*		
CONVENIENCE PAK THERAPY PACK 600 & 5 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*		
fluoxetine hcl (pmdd) tablet 10 mg oral	3	
fluoxetine hcl (pmdd) tablet 20 mg oral	3	
SARAFEM TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
SARAFEM TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
Pseudobulbar Affect Agent Combinations*		
NUEDEXTA CAPSULE 20-10 MG ORAL	2	PA; QL

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Drug Name	Tier	Notes
Psychotherapeutic And Neurological Agents - Misc.		
AQNEURSA PACKET 1 GM ORAL	2	PA; Specialty*; QL
ergoloid mesylates tablet 1 mg oral	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
MIPLYFFA CAPSULE 124 MG ORAL	2	PA; Specialty*; QL
MIPLYFFA CAPSULE 47 MG ORAL	2	PA; Specialty*; QL
MIPLYFFA CAPSULE 62 MG ORAL	2	PA; Specialty*; QL
MIPLYFFA CAPSULE 93 MG ORAL	2	PA; Specialty*; QL
pimozide tablet 1 mg oral	1	Mony Code (MONY Code)
pimozide tablet 2 mg oral	1	Mony Code (MONY Code)
Restless Leg Syndrome (Rls) Agents		
HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL	3	Non Essential Drug Exclusion; QL

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Drug Name	Tier	Notes
HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL	3	Non Essential Drug Exclusion; 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	3	PA; Specialty*; QL
ONPATTRO SOLUTION 10 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Smoking Deterrents*		
apo-varenicline tablet 0.5 mg oral	1	Mony Code (MONY code issue)
apo-varenicline tablet 1 mg oral	1	Mony Code (MONY code issue)

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Drug Name	Tier	Notes
bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral	1	
CHANTIX CONTINUING MONTH PAK TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 ORAL	2	
CHANTIX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
CHANTIX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
hm nicotine patch 24 hour 21 mg/24hr transdermal	1	
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	

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Drug Name	Tier	Notes
nicotine patch 24 hour 14 mg/24hr transdermal (otc)	1	
nicotine patch 24 hour 21 mg/24hr transdermal (otc)	1	
nicotine patch 24 hour 7 mg/24hr transdermal (otc)	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
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	

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Drug Name	Tier	Notes
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	
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	2	
varenicline tartrate tablet 0.5 mg oral	1	
varenicline tartrate tablet 0.5 mg oral	2	
varenicline tartrate tablet 1 mg oral	1	
varenicline tartrate tablet 1 mg oral	2	
varenicline tartrate(continue) tablet 1 mg oral	1	
Snris & Anesthetics/Analgesics*		

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Drug Name	Tier	Notes
DULOXICAINE KIT 30 & 4 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
Sphingosine 1-Phosphate (S1p) Receptor Modulators*		
fingolimod hcl capsule 0.5 mg oral	1	PA; Specialty*; QL
GILENYA CAPSULE 0.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	2	PA; Specialty*; QL
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	2	PA; Specialty*; QL with criteria
MAYZENT TABLET 0.25 MG ORAL	2	PA; Specialty*; QL
MAYZENT TABLET 1 MG ORAL	2	PA; Specialty*; QL
MAYZENT TABLET 2 MG ORAL	2	PA; Specialty*; QL

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Drug Name	Tier	Notes
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
PONVORY TABLET 20 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	3	PA; Specialty*; QL with criteria
ZEPOSIA CAPSULE 0.92 MG ORAL	3	PA; Specialty*; QL
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) ORAL	3	PA; Specialty*; QL
Thienbenzodiazepines & Opioid Antagonists*		
LYBALVI TABLET 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
LYBALVI TABLET 15-10 MG ORAL	Non-Formulary	Formulary Exclusion
LYBALVI TABLET 20-10 MG ORAL	Non-Formulary	Formulary Exclusion
LYBALVI TABLET 5-10 MG ORAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
SYMBYAX CAPSULE 12-50 MG ORAL	Non-Formulary	Formulary Exclusion
SYMBYAX CAPSULE 3-25 MG ORAL	Non-Formulary	Formulary Exclusion
SYMBYAX CAPSULE 6-25 MG ORAL	Non-Formulary	Formulary Exclusion
SYMBYAX CAPSULE 6-50 MG ORAL	Non-Formulary	Formulary Exclusion
Vasomotor Symptom Agents - Ssris*		
BRISDELLE CAPSULE 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
paroxetine mesylate capsule 7.5 mg oral	1	
RESPIRATORY AGENTS - MISC.		
Alpha-Proteinase Inhibitor (Human)*		
ARALAST NP SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
GLASSIA SOLUTION 1000 MG/50ML INTRAVENOUS	3	PA; Specialty*

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Drug Name	Tier	Notes
GLASSIA SOLUTION 4 GM/200ML INTRAVENOUS	3	PA; Specialty*
GLASSIA SOLUTION 5 GM/250ML INTRAVENOUS	3	PA; Specialty*
PROLASTIN-C SOLUTION 1000 MG/20ML INTRAVENOUS	2	PA; Specialty*
PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	2	PA; Specialty*
ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZEMAIRA SOLUTION RECONSTITUTED 4000 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
ZEMAIRA SOLUTION RECONSTITUTED 5000 MG INTRAVENOUS	Non-Formulary	PA; Specialty*; Formulary Exclusion
Cftr Potentiators*		
KALYDECO PACKET 13.4 MG ORAL	2	PA; Specialty*

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Drug Name	Tier	Notes
KALYDECO PACKET 25 MG ORAL	2	PA; Specialty*
KALYDECO PACKET 5.8 MG ORAL	2	PA; Specialty*
KALYDECO PACKET 50 MG ORAL	2	PA; Specialty*
KALYDECO PACKET 75 MG ORAL	2	PA; Specialty*
KALYDECO TABLET 150 MG ORAL	2	PA; Specialty*
Cystic Fibrosis Agent - Combinations*		
ALYFTREK TABLET 10-50-125 MG ORAL	2	PA; Specialty*
ALYFTREK TABLET 4-20-50 MG ORAL	2	PA; Specialty*
ORKAMBI PACKET 100-125 MG ORAL	3	PA; Specialty*
ORKAMBI PACKET 150-188 MG ORAL	3	PA; Specialty*
ORKAMBI PACKET 75-94 MG ORAL	3	PA; Specialty*
ORKAMBI TABLET 100-125 MG ORAL	3	PA; Specialty*
ORKAMBI TABLET 200-125 MG ORAL	3	PA; Specialty*

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Drug Name	Tier	Notes
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	2	PA; Specialty*
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	2	PA; Specialty*
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	2	PA; Specialty*
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	2	PA; Specialty*
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	2	PA; Specialty*
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	2	PA; Specialty*
****Cystic Fibrosis Agents - Miscellaneous******		
BRONCHITOL CAPSULE 40 MG INHALATION	3	PA; Specialty*; QL

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Drug Name	Tier	Notes
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	3	PA; Specialty*; QL
Hydrolytic Enzymes*		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	2	PA; Specialty*; QL
Pleural Sclerosing Agents*		
SCLEROSOL INTRAPLEURAL AEROSOL POWDER 4 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERILE TALC POWDER SUSPENSION RECONSTITUTED 5 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERITALC POWDER 2 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERITALC POWDER 3 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERITALC POWDER 4 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
Pulmonary Fibrosis Agents - Kinase Inhibitors		
OFEV CAPSULE 100 MG ORAL	3	PA; Specialty*; QL
OFEV CAPSULE 150 MG ORAL	3	PA; Specialty*; QL
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE 267 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
ESBRIET TABLET 267 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
ESBRIET TABLET 801 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion; QL
pirfenidone capsule 267 mg oral	1	PA; Specialty*; QL
pirfenidone tablet 267 mg oral	1	PA; Specialty*; QL
pirfenidone tablet 534 mg oral	3	PA; Specialty*; QL
pirfenidone tablet 801 mg oral	1	PA; Specialty*; QL

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Drug Name	Tier	Notes
Respiratory Agents - Misc.*		
CUROSURF SUSPENSION 120 MG/1.5ML INTRATRACHEAL	Non-Formulary	Medical Only Exclusion
CUROSURF SUSPENSION 240 MG/3ML INTRATRACHEAL	Non-Formulary	Medical Only Exclusion
INFASURF SUSPENSION 35-0.9 MG/ML-% INTRATRACHEAL	Non-Formulary	Medical Only Exclusion
SURVANTA SUSPENSION 25-0.9 MG/ML-% INTRATRACHEAL	Non-Formulary	Medical Only Exclusion
SULFONAMIDES		
Sulfonamides*		
sulfadiazine tablet 500 mg oral	1	Mony Code (MONY code issue)
sulfadiazine tablet 500 mg oral	1	
TETRACYCLINES		
Aminomethylcyclines*		

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Drug Name	Tier	Notes
NUZYRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL
NUZYRA TABLET 150 MG ORAL	3	QL
Fluorocyclines		
XERAVA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
XERAVA SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Glycylcyclines		
tigecycline solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
tigecycline solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
TYGACIL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Tetracycline Combinations		

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Tier
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
AVIDOXY DK KIT 100 MG COMBINATION	Non-Formulary	Non FDA Exclusion
BENZODOX THERAPY PACK 30 X 100 MG & 4.4% COMBINATION	Non-Formulary	Non FDA Exclusion
BENZODOX THERAPY PACK 60 X 100 MG & 4.4% COMBINATION	Non-Formulary	Non FDA Exclusion
Tetracyclines*		
ACTICLATE TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
ACTICLATE TABLET 75 MG ORAL	Non-Formulary	Formulary Exclusion
avidoxy tablet 100 mg oral	1	
COREMINO TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL	Non-Formulary	Non FDA Exclusion
COREMINO TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	Non-Formulary	Non FDA Exclusion
COREMINO TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL	Non-Formulary	Non FDA Exclusion
demeclocycline hcl tablet 150 mg oral	1	

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
demeclocycline hcl tablet 300 mg oral	1	
DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DORYX TABLET DELAYED RELEASE 200 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DORYX TABLET DELAYED RELEASE 50 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DORYX TABLET DELAYED RELEASE 80 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
DOXY 100 SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
doxycycline hyclate capsule 100 mg oral	1	
doxycycline hyclate capsule 50 mg oral	1	

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Specialty* = Specialty*
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Drug Name	Tier	Notes
doxycycline hyclate solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
doxycycline hyclate tablet 100 mg oral	1	
doxycycline hyclate tablet 150 mg oral	1	ST; Step Therapy Requirements (MINOCYCLINE CAPSULES, GENERIC VIBRAMYCIN)
doxycycline hyclate tablet 150 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline hyclate tablet 20 mg oral	1	
doxycycline hyclate tablet 50 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)

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Drug Name	Tier	Notes
doxycycline hyclate tablet 50 mg oral	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline hyclate tablet 75 mg oral	1	ST; Step Therapy Requirements (MINOCYCLINE CAPSULES, GENERIC VIBRAMYCIN)
doxycycline hyclate tablet 75 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline hyclate tablet delayed release 100 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
doxycycline hyclate tablet delayed release 150 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline hyclate tablet delayed release 200 mg oral	1	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline hyclate tablet delayed release 50 mg oral	1	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline hyclate tablet delayed release 75 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)

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Specialty* = Specialty*
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Drug Name	Tier	Notes
doxycycline hyclate tablet delayed release 80 mg oral	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline monohydrate capsule 100 mg oral	1	
doxycycline monohydrate capsule 150 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline monohydrate capsule 50 mg oral	1	
doxycycline monohydrate capsule 75 mg oral	1	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
doxycycline monohydrate suspension reconstituted 25 mg/5ml oral	1	

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Drug Name	Tier	Notes
doxycycline monohydrate tablet 100 mg oral	1	
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	
MINOCIN SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
minocycline hcl capsule 100 mg oral	1	
minocycline hcl capsule 50 mg oral	1	
minocycline hcl capsule 75 mg oral	1	
minocycline hcl er capsule extended release 24 hour 135 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
minocycline hcl er capsule extended release 24 hour 45 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
minocycline hcl er capsule extended release 24 hour 90 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
minocycline hcl er tablet extended release 24 hour 105 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 115 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
minocycline hcl er tablet extended release 24 hour 135 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 45 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
minocycline hcl er tablet extended release 24 hour 45 mg oral	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)

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PA messaging = PA messaging
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Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
minocycline hcl er tablet extended release 24 hour 45 mg oral	1	ST; Mony Code (MONY Code); Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
minocycline hcl er tablet extended release 24 hour 55 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
minocycline hcl er tablet extended release 24 hour 65 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
minocycline hcl er tablet extended release 24 hour 80 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)

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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
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Drug Name	Tier	Notes
minocycline hcl er tablet extended release 24 hour 90 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
minocycline hcl er tablet extended release 24 hour 90 mg oral	1	ST; Mony Code (MONY code issue); Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
minocycline hcl tablet 100 mg oral	1	
minocycline hcl tablet 50 mg oral	1	
minocycline hcl tablet 75 mg oral	1	
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
MONDOXYNE NL CAPSULE 100 MG ORAL	1	

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Drug Name	Tier	Notes
MONDOXYNE NL CAPSULE 75 MG ORAL	1	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
MORGIDOX CAPSULE 100 MG ORAL	1	
MORGIDOX KIT 1 X 100 MG COMBINATION	Non-Formulary	Non FDA Exclusion
MORGIDOX KIT 2 X 100 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUTRIDOX KIT 75 MG ORAL	Non-Formulary	Non FDA Exclusion
SEYSARA TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEYSARA TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEYSARA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL	Non-Formulary	Formulary Exclusion
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115 MG ORAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL	Non-Formulary	Formulary Exclusion
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 65 MG ORAL	Non-Formulary	Formulary Exclusion
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
TARGADOX TABLET 50 MG ORAL	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.)
tetracycline hcl capsule 250 mg oral	1	
tetracycline hcl capsule 250 mg oral	1	Mony Code (MONY code issue)
tetracycline hcl capsule 500 mg oral	1	
tetracycline hcl capsule 500 mg oral	1	Mony Code (MONY Code)
tetracycline hcl tablet 250 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
tetracycline hcl tablet 500 mg oral	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
VIBRAMYCIN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
VIBRAMYCIN SUSPENSION RECONSTITUTED 25 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
VIBRAMYCIN SYRUP 50 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 135 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
THYROID AGENTS		
****Antithyroid Agents - Radiopharmaceuticals******		
sodium iodide i-131 solution 1000 mci/ml oral	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
Antithyroid Agents*		
methimazole tablet 10 mg oral	1	
methimazole tablet 5 mg oral	1	
propylthiouracil tablet 50 mg oral	1	
TAPAZOLE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
Thyroid Hormones*		
ADTHYZA TABLET 120 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 130 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 15 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 16.25 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 30 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 32.5 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 60 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 65 MG ORAL	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
ADTHYZA TABLET 90 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 97.5 MG ORAL	Non-Formulary	Non FDA Exclusion
ARMOUR THYROID TABLET 120 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ARMOUR THYROID TABLET 15 MG ORAL	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	
CYTOMEL TABLET 25 MCG ORAL	Non-Formulary	Formulary Exclusion
CYTOMEL TABLET 5 MCG ORAL	Non-Formulary	Formulary Exclusion
CYTOMEL TABLET 50 MCG ORAL	Non-Formulary	Formulary Exclusion
ERMEZA SOLUTION 150 MCG/5ML ORAL	3	

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lowercase italics = Generic drugs
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Tier
1 = Generic
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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	

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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
LEVO-T TABLET 150 MCG ORAL	1	
LEVO-T TABLET 175 MCG ORAL	1	
LEVO-T TABLET 200 MCG ORAL	1	
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	

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Drug Name	Tier	Notes
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 solution 100 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution 100 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution 200 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution 500 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution reconstituted 100 mcg intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
levothyroxine sodium solution reconstituted 100 mcg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
levothyroxine sodium solution reconstituted 100 mcg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
levothyroxine sodium solution reconstituted 200 mcg intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution reconstituted 200 mcg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
levothyroxine sodium solution reconstituted 200 mcg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
levothyroxine sodium solution reconstituted 500 mcg intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution reconstituted 500 mcg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
levothyroxine sodium solution reconstituted 500 mcg intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
levothyroxine sodium tablet 100 mcg oral	1	

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Drug Name	Tier	Notes
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	

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Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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Drug Name	Tier	Notes
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 solution 10 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY code issue)
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	

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PA messaging = PA messaging
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Specialty* = Specialty*
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Drug Name	Tier	Notes
niva thyroid tablet 60 mg oral	3	
niva thyroid tablet 90 mg oral	3	
NP THYROID TABLET 120 MG ORAL	2	
NP THYROID TABLET 120 MG ORAL	1	Mony Code (MONY code issue)
NP THYROID TABLET 15 MG ORAL	2	
NP THYROID TABLET 15 MG ORAL	1	Mony Code (MONY code issue)
NP THYROID TABLET 30 MG ORAL	2	
NP THYROID TABLET 30 MG ORAL	1	Mony Code (MONY code issue)
NP THYROID TABLET 60 MG ORAL	2	
NP THYROID TABLET 60 MG ORAL	1	Mony Code (MONY code issue)
NP THYROID TABLET 90 MG ORAL	2	
NP THYROID TABLET 90 MG ORAL	1	Mony Code (MONY code issue)
RENTHYROID TABLET 120 MG ORAL	Non-Formulary	Non FDA Exclusion
RENTHYROID TABLET 15 MG ORAL	Non-Formulary	Non FDA Exclusion
RENTHYROID TABLET 30 MG ORAL	Non-Formulary	Non FDA Exclusion

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PA messaging = PA messaging
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Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
RENTHYROID TABLET 60 MG ORAL	Non-Formulary	Non FDA Exclusion
RENTHYROID TABLET 90 MG ORAL	Non-Formulary	Non FDA Exclusion
SYNTHROID TABLET 100 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 112 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 125 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 137 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)

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Drug Name	Tier	Notes
SYNTHROID TABLET 150 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 175 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 200 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 25 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
SYNTHROID TABLET 300 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 50 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 75 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
SYNTHROID TABLET 88 MCG ORAL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)

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Specialty* = Specialty*
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Drug Name	Tier	Notes
THYQUIDITY SOLUTION 100 MCG/5ML ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
thyroid tablet 120 mg oral	2	
thyroid tablet 120 mg oral	3	
thyroid tablet 15 mg oral	2	
thyroid tablet 15 mg oral	3	
thyroid tablet 30 mg oral	2	
thyroid tablet 30 mg oral	3	
thyroid tablet 60 mg oral	2	
thyroid tablet 60 mg oral	3	
thyroid tablet 90 mg oral	2	
thyroid tablet 90 mg oral	3	
TIROSINT CAPSULE 100 MCG ORAL	3	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
TRIOSTAT SOLUTION 10 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UNITHROID TABLET 100 MCG ORAL	1	

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Drug Name	Tier	Notes
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	
UNITHROID TABLET 88 MCG ORAL	1	
TOXOIDS		
****Toxoid Combinations******		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	2	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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		

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Drug Name	Tier	Notes
Anticholinergic Combinations*		
belladonna alkaloids-opium suppository 16.2-30 mg rectal	3	
belladonna alkaloids-opium suppository 16.2-30 mg rectal	Non-Formulary	Non FDA Exclusion
belladonna alkaloids-opium suppository 16.2-60 mg rectal	Non-Formulary	Non FDA Exclusion
belladonna alkaloids-opium suppository 16.2-60 mg rectal	3	
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	Non-Formulary	Formulary Exclusion
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	Non-Formulary	Non FDA Exclusion
DONNATAL ELIXIR 16.2 MG/5ML ORAL	3	
DONNATAL ELIXIR 16.2 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
DONNATAL TABLET 16.2 MG ORAL	3	
LIBRAX CAPSULE 5-2.5 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

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Drug Name	Tier	Notes
pb-hyoscy-atropine-scopolamine elixir 16.2 mg/5ml oral	Non-Formulary	Non FDA Exclusion
pb-hyoscy-atropine-scopolamine tablet 16.2 mg oral	Non-Formulary	Non FDA Exclusion
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		
BENTYL SOLUTION 10 MG/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
dicyclomine hcl capsule 10 mg oral	1	
dicyclomine hcl solution 10 mg/5ml oral	1	
dicyclomine hcl solution 10 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion
dicyclomine hcl tablet 20 mg oral	1	

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Drug Name	Tier	Notes
Belladonna Alkaloids*		
ANASPAZ TABLET DISPERSIBLE 0.125 MG ORAL	3	
ATROPEN SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
ATROPEN SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
ATROPEN SOLUTION AUTO-INJECTOR 1 MG/0.7ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
ATROPEN SOLUTION AUTO-INJECTOR 2 MG/0.7ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
atropine sulfate (pf) solution 0.4 mg/ml injection	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
atropine sulfate (pf) solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
atropine sulfate solution 0.4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

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Drug Name	Tier	Notes
atropine sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
atropine sulfate solution 8 mg/20ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution 8 mg/20ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.25 mg/5ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.25 mg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.4 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.8 mg/2ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
atropine sulfate solution prefilled syringe 0.8 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/2.5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/2.5ml intravenous	Non-Formulary	Non FDA Exclusion
atropine sulfate solution prefilled syringe 1.2 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
ed-spaz tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	

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Drug Name	Tier	Notes
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	Mony Code (MONY code issue)
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	
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	

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Drug Name	Tier	Notes
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	
SYMAX DUOTAB TABLET EXTENDED RELEASE 0.375 MG ORAL	Non-Formulary	Formulary Exclusion
SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SYMAX-SR TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ORAL	Non-Formulary	Formulary Exclusion
H-2 Antagonists*		
cimetidine hcl solution 300 mg/5ml oral	1	

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Drug Name	Tier	Notes
cimetidine hcl solution 300 mg/5ml oral	1	Mony Code (MONY Code Issue)
cimetidine hcl solution 300 mg/5ml oral	1	Mony Code (MONY code issue)
cimetidine hcl solution 400 mg/6.67ml oral	1	
cimetidine tablet 200 mg oral (rx)	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 premixed solution 20-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
famotidine solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
famotidine solution 40 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
famotidine suspension reconstituted 40 mg/5ml oral	1	
famotidine tablet 20 mg oral (rx)	1	

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Drug Name	Tier	Notes
famotidine tablet 40 mg oral	1	
nizatidine capsule 150 mg oral	1	
nizatidine capsule 150 mg oral	1	Mony Code (MONY Code)
nizatidine capsule 300 mg oral	3	
nizatidine solution 15 mg/ml oral	1	Mony Code (MONY Code)
PEPCID TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PEPCID TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
Misc. Anti-Ulcer*		
CARAFATE SUSPENSION 1 GM/10ML ORAL	Non-Formulary	Formulary Exclusion
CARAFATE TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
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

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Drug Name	Tier	Notes
VOQUEZNA TABLET 20 MG ORAL	3	PA
Proton Pump Inhibitor-Antacid Combinations*		
KONVOMEP SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL with criteria
omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)	1	Non Essential Drug Exclusion; QL
omeprazole-sodium bicarbonate capsule 40-1100 mg oral	1	Non Essential Drug Exclusion; QL
omeprazole-sodium bicarbonate packet 20-1680 mg oral	1	Non Essential Drug Exclusion
omeprazole-sodium bicarbonate packet 40-1680 mg oral	1	Non Essential Drug Exclusion
ZEGERID CAPSULE 20-1100 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL

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Drug Name	Tier	Notes
ZEGERID CAPSULE 40-1100 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
ZEGERID PACKET 20-1680 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZEGERID PACKET 40-1680 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
Proton Pump Inhibitors*		
ACIPHEX SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE); QL

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Drug Name	Tier	Notes
ACIPHEX SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE); QL
ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
dexlansoprazole capsule delayed release 30 mg oral	1	QL
dexlansoprazole capsule delayed release 60 mg oral	1	QL

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Drug Name	Tier	Notes
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	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 sodium solution reconstituted 40 mg intravenous	Non-Formulary	Medical Only Exclusion
esomeprazole strontium capsule delayed release 49.3 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE); QL

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Drug Name	Tier	Notes
FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL	3	
FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL	1	Mony Code (MONY Code)
FIRST-PANTOPRAZOLE SUSPENSION 4 MG/ML ORAL	3	
lansoprazole capsule delayed release 15 mg oral (rx)	1	QL
lansoprazole capsule delayed release 30 mg oral	1	QL
lansoprazole tablet delayed release dispersible 15 mg oral (rx)	1	QL
lansoprazole tablet delayed release dispersible 30 mg oral	1	QL
NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
NEXIUM I.V. SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NEXIUM PACKET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM PACKET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM PACKET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM PACKET 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM PACKET 5 MG ORAL	Non-Formulary	Formulary Exclusion; 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
OMEPRAZOLE+SYRSPEND SF ALKA SUSPENSION 2 MG/ML ORAL	Non-Formulary	Non FDA Exclusion; Mony Code (MONY Code)
pantoprazole sodium packet 40 mg oral	1	
pantoprazole sodium solution reconstituted 40 mg intravenous	Non-Formulary	Medical Only Exclusion

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*Non-Preferred Specialty Drugs (listed under Tier 3): You pay $400 per prescription fill or refill.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
pantoprazole sodium tablet delayed release 20 mg oral	1	QL
pantoprazole sodium tablet delayed release 40 mg oral	1	QL
pantoprazole sodium-nacl solution 40-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
pantoprazole sodium-nacl solution 40-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
pantoprazole sodium-nacl solution 80-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PRILOSEC PACKET 10 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE)
PRILOSEC PACKET 2.5 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE)
PROTONIX PACKET 40 MG ORAL	Non-Formulary	Formulary Exclusion
PROTONIX SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Tier
1 = Generic
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
rabeprazole sodium capsule sprinkle 10 mg oral	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE); QL
rabeprazole sodium tablet delayed release 20 mg oral	1	QL
Quaternary Anticholinergics*		
CUVPOSA SOLUTION 1 MG/5ML ORAL	Non-Formulary	Formulary Exclusion

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Tier
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Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
DARTISLA ODT TABLET DISPERSIBLE 1.7 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GLYCOPYRROLATE 2MG TABLETS IN THE PAST 120 DAYS)
GLYCATE TABLET 1.5 MG ORAL	3	
glycopyrrolate pf +rfid solution prefilled syringe 0.4 mg/2ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate pf solution prefilled syringe 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate pf solution prefilled syringe 0.4 mg/2ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate pf solution prefilled syringe 0.6 mg/3ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution 0.4 mg/2ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution 1 mg/5ml injection	Non-Formulary	Medical Only Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
glycopyrrolate solution 1 mg/5ml oral	1	
glycopyrrolate solution 4 mg/20ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution prefilled syringe 0.6 mg/3ml injection	Non-Formulary	Non FDA Exclusion
glycopyrrolate solution prefilled syringe 0.6 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
glycopyrrolate solution prefilled syringe 1 mg/5ml injection	Non-Formulary	Non FDA Exclusion
glycopyrrolate solution prefilled syringe 1 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
glycopyrrolate tablet 1 mg oral	1	
glycopyrrolate tablet 1.5 mg oral	1	Mony Code (MONY Code Issue)
glycopyrrolate tablet 1.5 mg oral	3	
glycopyrrolate tablet 2 mg oral	1	
GLYRX-PF SOLUTION 0.2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion

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Tier
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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
GLYRX-PF SOLUTION 0.4 MG/2ML INJECTION	Non-Formulary	Medical Only Exclusion
GLYRX-PF SOLUTION PREFILLED SYRINGE 0.6 MG/3ML INJECTION	Non-Formulary	Medical Only Exclusion
GLYRX-PF SOLUTION PREFILLED SYRINGE 1 MG/5ML INJECTION	Non-Formulary	Medical Only Exclusion
methscopolamine bromide tablet 2.5 mg oral	1	
methscopolamine bromide tablet 2.5 mg oral	1	Mony Code (MONY Code)
methscopolamine bromide tablet 5 mg oral	1	
methscopolamine bromide tablet 5 mg oral	1	Mony Code (MONY Code)
ROBINUL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
ROBINUL-FORTE TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
Ulcer Anti-Infective W/ Bismuth Combinations*		
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	Non-Formulary	Formulary Exclusion
bismuth/metronidaz/tetracyclin capsule 140-125-125 mg oral	1	
HELIDAC THERAPY ORAL	Non-Formulary	Formulary Exclusion
PYLERA CAPSULE 140-125-125 MG ORAL	Non-Formulary	Formulary Exclusion
****Ulcer Anti-Infective W/ Proton Pump Inhibitors******		
amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral	1	
amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral	1	Mony Code (MONY code issue)
OMECLAMOX-PAK 500-500-20 MG ORAL	Non-Formulary	Formulary Exclusion
TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL	2	QL

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Ulcer Anti-Infective-Pcab Combinations*		
VOQUEZNA DUAL PAK THERAPY PACK 500-20 MG ORAL	Non-Formulary	Formulary Exclusion
VOQUEZNA TRIPLE PAK THERAPY PACK 500-500-20 MG ORAL	Non-Formulary	Formulary Exclusion
Ulcer Drugs - Prostaglandins*		
CYTOTEC TABLET 100 MCG ORAL	Non-Formulary	Formulary Exclusion
CYTOTEC TABLET 200 MCG ORAL	Non-Formulary	Formulary Exclusion
misoprostol tablet 100 mcg oral	1	
misoprostol tablet 200 mcg oral	1	
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*		

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	Non-Formulary	Formulary Exclusion
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	Non-Formulary	Formulary Exclusion
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL	Non-Formulary	Formulary Exclusion
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL	Non-Formulary	Formulary Exclusion
DETROL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
DETROL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion
ENABLEX TABLET EXTENDED RELEASE 24 HOUR 7.5 MG ORAL	Non-Formulary	Formulary Exclusion

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
fesoterodine fumarate er tablet extended release 24 hour 4 mg oral	1	
fesoterodine fumarate er tablet extended release 24 hour 8 mg oral	1	
GELNIQUE GEL 10 % TRANSDERMAL	Non-Formulary	Formulary Exclusion
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 2.5 mg oral	Non-Formulary	Formulary Exclusion
oxybutynin chloride tablet 5 mg oral	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
solifenacin succinate tablet 10 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
solifenacin succinate tablet 5 mg oral	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
tolterodine tartrate er capsule extended release 24 hour 2 mg oral	1	

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Notes
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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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	
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	Non-Formulary	Formulary Exclusion
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	Non-Formulary	Formulary Exclusion
trospium chloride er capsule extended release 24 hour 60 mg oral	1	
trospium chloride tablet 20 mg oral	1	
VESICARE LS SUSPENSION 5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
VESICARE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VESICARE TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion

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Notes
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Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
Urinary Antispasmodics - Beta-3 Adrenergic Agonists*		
GEMTESA TABLET 75 MG ORAL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
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; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)

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Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
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	

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
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QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
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Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
Urinary Antispasmodics - Direct Muscle Relaxants*		
flavoxate hcl tablet 100 mg oral	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
TRUMENBA SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
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*		

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
AUDENZ EMULSION INTRAMUSCULAR	Non-Formulary	PA messaging (Non Rebateable)
AUDENZ PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	Non-Formulary	PA messaging (Non Rebateable)
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR	2	

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Drug Name	Tier	Notes
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR	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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
FLUCELVAX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	2	
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR	2	
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR	2	
IMOVAX RABIES SUSPENSION RECONSTITUTED 2.5 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
IPOL INJECTABLE INJECTION	2	
IXCHIQ SOLUTION RECONSTITUTED INTRAMUSCULAR	3	
IXIARO SUSPENSION INTRAMUSCULAR	3	
janssen covid-19 vaccine suspension 0.5 ml intramuscular	3	
JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS	2	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	
novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular	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	
pfizer covid-19 vac bivalent suspension 30 mcg/0.3ml intramuscular	3	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
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	

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Drug Name	Tier	Notes
terconazole cream 0.8 % vaginal	1	Mony Code (MONY Code)
terconazole suppository 80 mg vaginal	1	
Miscellaneous Vaginal Combinations*		
FEM PH GEL 0.9-0.025 % VAGINAL	Non-Formulary	Non FDA Exclusion
TRIMO-SAN GEL 0.025-0.01 % VAGINAL	Non-Formulary	Non FDA Exclusion
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	

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New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

Drug Name	Tier	Notes
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*		
CLEOCIN CREAM 2 % VAGINAL	Non-Formulary	Formulary Exclusion
CLEOCIN SUPPOSITORY 100 MG VAGINAL	Non-Formulary	Formulary Exclusion
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	Mony Code (MONY code issue)
XACIATO GEL 2 % VAGINAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
Vaginal Contraceptive Ph Modulator - Combinations*		
PHEXXI GEL 1.8-1-0.4 % VAGINAL	3	
Vaginal Estrogens*		
ESTRACE CREAM 0.1 MG/GM VAGINAL	Non-Formulary	Formulary Exclusion
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	
FEMRING RING 0.05 MG/24HR VAGINAL	Non-Formulary	Formulary Exclusion
FEMRING RING 0.1 MG/24HR VAGINAL	Non-Formulary	Formulary Exclusion
IMVEXXY MAINTENANCE PACK INSERT 10 MCG VAGINAL	Non-Formulary	Formulary Exclusion
IMVEXXY MAINTENANCE PACK INSERT 4 MCG VAGINAL	Non-Formulary	Formulary Exclusion

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Drug Name	Tier	Notes
IMVEXXY STARTER PACK INSERT 10 MCG VAGINAL	Non-Formulary	Formulary Exclusion
IMVEXXY STARTER PACK INSERT 4 MCG VAGINAL	Non-Formulary	Formulary Exclusion
PREMARIN CREAM 0.625 MG/GM VAGINAL	2	
VAGIFEM TABLET 10 MCG VAGINAL	Non-Formulary	Formulary Exclusion
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	

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Drug Name	Tier	Notes
VASOPRESSORS		
****Anaphylaxis Therapy Agents******		
ADRENALIN SOLUTION 1 MG/ML INJECTION	3	
ADRENALIN SOLUTION 30 MG/30ML INJECTION	Non-Formulary	Medical Only Exclusion
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION	2	QL
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION	2	QL with criteria
AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION	2	QL with criteria
AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION	2	QL
AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	QL with criteria

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Drug Name	Tier	Notes
AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	QL
epinephrine (anaphylaxis) solution 1 mg/ml injection	Non-Formulary	Formulary Exclusion
epinephrine (anaphylaxis) solution 30 mg/30ml injection	Non-Formulary	Medical Only Exclusion
epinephrine professional kit 1 mg/ml injection	Non-Formulary	Non FDA Exclusion
epinephrine solution auto-injector 0.15 mg/0.15ml injection	Non-Formulary	Formulary Exclusion; QL with criteria
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	QL with criteria
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Non-Formulary	Formulary Exclusion; QL with criteria
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL with criteria
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Non-Formulary	Formulary Exclusion; QL

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Drug Name	Tier	Notes
epinephrine solution prefilled syringe 0.3 mg/0.3ml injection	Non-Formulary	Formulary Exclusion; QL
EPINEPHRINESNAP KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
EPINEPHRINESNAP-EMS KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
EPINEPHRINESNAP-V KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
EPISNAP KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
NEFFY SOLUTION 1 MG/0.1ML NASAL	3	New to Market Exclusion; QL
NEFFY SOLUTION 2 MG/0.1ML NASAL	3	QL

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Specialty* = Specialty*
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Drug Name	Tier	Notes
SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
****Neurogenic Orthostatic Hypotension (Noh) - Agents******		
droxidopa capsule 100 mg oral	1	PA; Specialty*
droxidopa capsule 200 mg oral	1	PA; Specialty*
droxidopa capsule 300 mg oral	1	PA; Specialty*
NORTHERA CAPSULE 100 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
NORTHERA CAPSULE 200 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
NORTHERA CAPSULE 300 MG ORAL	Non-Formulary	PA; Specialty*; Formulary Exclusion
****Vasopressors******		

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Drug Name	Tier	Notes
ADRENALIN SOLUTION 5-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ADRENALIN SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ADRENALIN-NACL SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AKOVAZ SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AKOVAZ SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BIORPHEN SOLUTION 0.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EMERPHED SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EMERPHED SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

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Specialty* = Specialty*
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Drug Name	Tier	Notes
EMERPHED SOLUTION PREFILLED SYRINGE 50 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ephedrine sulfate (pressors) solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ephedrine sulfate (pressors) solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
ephedrine sulfate (pressors) solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ephedrine sulfate (pressors) solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; Mony Code (MONY Code)
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml injection	Non-Formulary	Non FDA Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/10ml injection	Non-Formulary	Non FDA Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/5ml injection	Non-Formulary	Non FDA Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 10-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 100-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 15-0.9 mg/3ml-% intravenous	Non-Formulary	Non FDA Exclusion
ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous	Non-Formulary	Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine (anaphylaxis) solution 30 mg/30ml injection	Non-Formulary	Medical Only Exclusion
epinephrine bitartrate-nacl solution 16-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
epinephrine bitartrate-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine hcl-dextrose solution 4-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine hcl-nacl solution 4-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine hcl-nacl solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine pf solution 1 mg/ml injection	1	

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Drug Name	Tier	Notes
epinephrine pf solution 1 mg/ml injection	Non-Formulary	Formulary Exclusion
epinephrine solution 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
epinephrine solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
epinephrine solution 10 mg/10ml injection	Non-Formulary	Medical Only Exclusion
epinephrine solution prefilled syringe 0.1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
epinephrine solution prefilled syringe 0.2 mg/0.2ml injection	Non-Formulary	Non FDA Exclusion
epinephrine solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY Code)
epinephrine solution prefilled syringe 1 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
epinephrine solution prefilled syringe 1 mg/ml injection	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
epinephrine-dextrose solution 2-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-dextrose solution 5-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-dextrose solution prefilled syringe 100-5 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-nacl solution 2-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-nacl solution 4-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
epinephrine-nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
GIAPREZA SOLUTION 0.5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GIAPREZA SOLUTION 2.5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMMPHENTIV SOLUTION 0.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMMPHENTIV SOLUTION 1 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LEVOPHED SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
midodrine hcl tablet 10 mg oral	1	
midodrine hcl tablet 2.5 mg oral	1	
midodrine hcl tablet 5 mg oral	1	

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Drug Name	Tier	Notes
norepinephrine bitartrate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine bitartrate solution 2 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 16-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
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New to Market Exclusion = New to Market Exclusion
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PA messaging = PA messaging
QL Criteria Applies = QL Criteria Applies
Specialty* = Specialty*
ST = Step Therapy
Step Therapy Requirements = Step Therapy Requirements

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Drug Name	Tier	Notes
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 32-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
phenylephrine hcl (pressors) solution 0.4 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution 0.8 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution 10 mg/ml intravenous	1	
phenylephrine hcl (pressors) solution 10 mg/ml intravenous	3	
phenylephrine hcl (pressors) solution prefilled syringe 0.4 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution prefilled syringe 0.5 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution prefilled syringe 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution prefilled syringe 5 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
phenylephrine hcl solution 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution prefilled syringe 0.8 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl solution prefilled syringe 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution 10-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 100-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 20-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 200-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution 25-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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Drug Name	Tier	Notes
phenylephrine hcl-nacl solution 40-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 50-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 80-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution prefilled syringe 0.4-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 0.4-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 0.5-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 0.8-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion

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Drug Name	Tier	Notes
phenylephrine hcl-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 20-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 5-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
REZIPRES SOLUTION 23.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REZIPRES SOLUTION 47 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VAZCULEP SOLUTION 10 MG/ML INTRAVENOUS	3	
VITAMINS		
****Paba******		
POTABA CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
****Vitamin A******		

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Drug Name	Tier	Notes
AQUASOL A SOLUTION 50000 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
Vitamin B-1*		
thiamine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
thiamine hcl solution 200 mg/2ml injection	Non-Formulary	Medical Only Exclusion
thiamine hcl-nacl solution 500-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
Vitamin B-6*		
pyridoxal-5 phosphate solution 100 mg/ml injection	Non-Formulary	Non FDA Exclusion
pyridoxine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
pyridoxine hcl solution 100 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
pyridoxine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion; Mony Code (MONY CODE ISSUE)
Vitamin C*		

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Drug Name	Tier	Notes
ASCOR SOLUTION 25000 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ascorbic acid solution 15000 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
ascorbic acid solution 500 mg/ml injection	Non-Formulary	Non FDA Exclusion
ascorbic acid solution 500 mg/ml injection	Non-Formulary	Mony Code (MONY code issue); Formulary Exclusion
ascorbic acid solution 500 mg/ml injection	Non-Formulary	Mony Code (MONY Code); Formulary Exclusion
Vitamin D		
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	Non-Formulary	Formulary Exclusion
ergocal capsule 62.5 mcg (2500 ut) oral	Non-Formulary	Formulary Exclusion
ergocalciferol capsule 1.25 mg (50000 ut) oral	1	
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	1	

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Drug Name	Tier	Notes
vitamin d (ergocalciferol) capsule 50000 unit oral	1	
Vitamin E*		
wheat germ oil oil oral (rx)	Non-Formulary	Formulary Exclusion
Vitamin K*		
MEPHYTON TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
phytonadione solution 1 mg/0.5ml injection	Non-Formulary	Medical Only Exclusion
phytonadione solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
phytonadione tablet 5 mg oral	1	
vitamin k1 solution 1 mg/0.5ml injection	Non-Formulary	Medical Only Exclusion
vitamin k1 solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion

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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/#/.

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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 1-877-280-5600 (TTY 711). اتصل بالرقم .المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا
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 द ि◌ं◌ि◌ी बोलते ै◌ं, तो मुफ्त भाषा स ◌ायता सेवाएि आपके दलए उपलब्ध ै◌ं। सुलभ प्रारूपो◌ि◌ं में जानकारी प्रिान करने के दलए उपयुक्त स ◌ायक एड्स और सेवाएि भी दन: शुल्क उपलब्ध ै◌ं। 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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