

Your 2024 Formulary

Effective July 1, 2024

For the most current list of covered medications or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, we are guided by the Pharmacy and Therapeutics Committee. This group of doctors, nurses, and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card.

About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions. These high-cost medications may be injected, infused or taken by mouth. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services.

Comprehensive Formulary

| Coverage | Definition |
|-----------------|----------------------|
| 1 | GENERICS |
| 2 | PREFERRED BRANDS |
| 3 | NON-PREFERRED BRANDS |

| Abbreviation | Program Name | Definition |
|---------------------|---------------------|---|
| PA | Prior Authorization | Approval is required before your plan will cover this medication. |
| QL | Quantity Limit | There is a limit on the amount that can be filled per prescription or over a period of time. |
| SP | Specialty | Specialty drugs are used to treat complex or rare conditions. Specialty drugs may have to be filled at a specialty pharmacy and may require a higher copayment. |
| ST | Step Therapy | You must try a preferred treatment alternative before coverage is available for this medication. |



AMWINS COMMERCIAL FORMULARY

The following is a list of the most commonly prescribed brand and generic medications. It represents the version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. Some preferred medications overlap with other clinical programs and may not be covered. In addition to drugs on this list, the majority of generic medications are covered under your plan and you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Preferred brand drugs may move to non-preferred status if a generic version becomes available during the year. Not all drugs listed are covered by all prescription-drug benefit programs. Certain utilization edits and criteria may apply. For specific questions about your coverage, please call the phone number printed on your member ID card.

CURRENT AS OF 7/1/2024

| lowercase italics = Generic drugs UPPERCASE = Brand name drugs | Tier Exclusion = Drug Not Covered Tier 1 = generic Tier 2 = preferred brand Tier 3 = non preferred brand | Notes PA = Prior Authorization QL = Quantity Limit Specialty = Specialty Drug |
|--|---|--|
| Drug | Tier | Notes |
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* - Drugs For The Nervous System | | |
| *Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder | | |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i> | Tier 1 | |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG | Exclusion | |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG | Exclusion | |
| *Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** - Drugs For Attention Deficit Disorder | | |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | QL |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG | Exclusion | QL |
| STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG | Exclusion | QL |
| *Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder | | |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG | Exclusion | QL |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | Exclusion | QL |

| Drug | Tier | Notes |
|--|-------------|----------------------|
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | Tier 1 | QL |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | QL |
| <i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 | QL |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG | Exclusion | QL |
| *Amphetamines*** - Drugs For Attention Deficit Disorder | | |
| ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML | Exclusion | QL |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG | Exclusion | Drug Not Covered; QL |
| <i>amphetamine er oral suspension extended release 1.25 mg/ml</i> | Exclusion | QL |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> | Exclusion | QL |
| DESOXYN ORAL TABLET 5 MG | Exclusion | QL |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | Exclusion | QL |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> | Tier 1 | QL |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | Tier 1 | QL |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | QL |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML | Exclusion | QL |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG | Exclusion | QL |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG | Exclusion | QL |
| EVEKEO ORAL TABLET 10 MG, 5 MG | Exclusion | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> | Tier 1 | QL |
| <i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 1 | QL |
| <i>methamphetamine hcl oral tablet 5 mg</i> | Tier 1 | QL |
| PROCENTRA ORAL SOLUTION 5 MG/5ML | Tier 1 | QL |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | Exclusion | QL |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Exclusion | QL |
| XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR | Exclusion | QL |
| ZENZEDI TABLET 10 MG ORAL | Tier 1 | QL |
| ZENZEDI TABLET 15 MG ORAL | Exclusion | QL |
| ZENZEDI TABLET 2.5 MG ORAL | Exclusion | QL |
| ZENZEDI TABLET 20 MG ORAL | Exclusion | QL |
| ZENZEDI TABLET 30 MG ORAL | Exclusion | QL |
| ZENZEDI TABLET 5 MG ORAL | Tier 1 | QL |
| ZENZEDI TABLET 7.5 MG ORAL | Exclusion | QL |
| *Analeptics*** - Drugs For The Nervous System | | |
| <i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i> | Tier 1 | |
| *Anorexiant Combinations*** - Drugs For The Nervous System | | |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | Tier 3 | PA; QL |
| *Anorexiants Non-Amphetamine*** - Drugs For The Nervous System | | |
| ADIPEX-P ORAL CAPSULE 37.5 MG | Exclusion | QL |
| ADIPEX-P ORAL TABLET 37.5 MG | Exclusion | QL |
| <i>benzphetamine hcl oral tablet 25 mg, 50 mg</i> | Exclusion | QL |
| <i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i> | Exclusion | QL |
| <i>diethylpropion hcl oral tablet 25 mg</i> | Exclusion | QL |
| LOMAIRA ORAL TABLET 8 MG | Tier 3 | QL |

| Drug | Tier | Notes |
|--|-------------|-------------------|
| <i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i> | Exclusion | QL |
| <i>phendimetrazine tartrate oral tablet 35 mg</i> | Exclusion | QL |
| <i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i> | Tier 1 | QL |
| <i>phentermine hcl oral tablet 37.5 mg</i> | Tier 1 | QL |
| *Anti-Obesity - Gip & Glp-1 Receptor Agonists*** - Drugs For The Nervous System | | |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | Tier 2 | PA; QL |
| *Anti-Obesity - Glp-1 Receptor Agonists*** - Drugs For The Nervous System | | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | Tier 2 | PA; QL |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML | Tier 2 | PA; QL |
| *Anti-Obesity Agent Combinations** - Drugs For The Nervous System | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG | Exclusion | PA; QL |
| *Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** - Drugs For Sleep Disorder | | |
| SUNOSI ORAL TABLET 150 MG, 75 MG | Tier 2 | PA; QL |
| *Histamine H3-Receptor Antagonist/Inverse Agonists*** - Drugs For Sleep Disorder | | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | Exclusion | PA; Specialty; QL |
| *Lipase Inhibitors*** - Drugs For The Nervous System | | |
| <i>orlistat oral capsule 120 mg</i> | Tier 3 | PA; QL |
| XENICAL ORAL CAPSULE 120 MG | Tier 3 | PA; QL |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| *Melanocortin 4 (Mc4) Receptor Agonists*** - Drugs For The Nervous System | | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 3 | PA; Specialty |
| *Stimulant Combinations*** - Drugs For Attention Deficit Disorder | | |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG | Tier 2 | QL |
| *Stimulants - Misc.*** - Drugs For Attention Deficit Disorder | | |
| ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG | Exclusion | QL |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Exclusion | Drug Not Covered; QL |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 1 | QL |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG | Exclusion | QL |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG | Exclusion | Drug Not Covered; QL |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR | Exclusion | QL |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | Tier 1 | QL |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG | Exclusion | QL |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | Exclusion | QL |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG | Tier 2 | QL |

| Drug | Tier | Notes |
|--|-------------|----------------------|
| METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Exclusion | QL |
| METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML | Exclusion | QL |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 45 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i> | Tier 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 63 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i> | Exclusion | QL |
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Exclusion | Drug Not Covered; QL |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i> | Tier 1 | QL |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i> | Exclusion | QL |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i> | Tier 1 | QL |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | QL |
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL |
| <i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i> | Tier 1 | QL |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | Tier 1 | QL |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG | Exclusion | QL |
| PROVIGIL ORAL TABLET 100 MG, 200 MG | Exclusion | QL |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG | Tier 2 | QL |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML | Tier 2 | QL |
| RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG | Exclusion | QL |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG | Exclusion | QL |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG | Exclusion | QL |
| *Allergenic Extracts/Biologicals | | |
| Misc* - Biological Agents | | |
| *Allergenic Extracts*** - Biological Agents | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU | Tier 3 | |
| PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG | Tier 3 | |
| PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG | Tier 3 | |
| PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| PALFORZIA (20 MG DAILY DOSE) ORAL | Tier 3 | |
| PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG | Tier 3 | |
| PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG | Tier 3 | |
| PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG | Tier 3 | |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET | Tier 3 | QL |
| PALFORZIA (300 MG TITRATION) ORAL PACKET | Tier 3 | |
| PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG | Tier 3 | |
| PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG | Tier 3 | |
| PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG | Tier 3 | |
| PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG | Tier 3 | |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U | Tier 3 | |
| <i>*Mixed Allergenic Extracts*** - Biological Agents</i> | | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM | Tier 3 | |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR | Tier 3 | |
| <i>*Amebicides* - Drugs For Infections</i> | | |
| <i>*Amebicides*** - Drugs For Parasites</i> | | |
| SOLOSEC ORAL PACKET 2 GM | Tier 2 | |
| <i>*Aminoglycosides* - Drugs For Infections</i> | | |
| <i>*Aminoglycosides*** - Antibiotics</i> | | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | Tier 3 | PA; Specialty |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML | Exclusion | PA; Specialty; QL |
| HUMATIN ORAL CAPSULE 250 MG | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML | Exclusion | PA; Specialty; QL |
| <i>neomycin sulfate oral tablet 500 mg</i> | Tier 1 | |
| <i>paromomycin sulfate oral capsule 250 mg</i> | Tier 1 | |
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML | Exclusion | PA; Specialty; QL |
| TOBI PODHALER INHALATION CAPSULE 28 MG | Tier 2 | PA; Specialty; QL |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i> | Tier 1 | PA; Specialty; QL |
| *Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever | | |
| *Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs | | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | Tier 3 | PA; Specialty; QL |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | Tier 2 | PA; Specialty |
| XELJANZ ORAL SOLUTION 1 MG/ML | Tier 2 | PA; Specialty; QL |
| XELJANZ ORAL TABLET 10 MG, 5 MG | Tier 2 | PA; Specialty; QL |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | Tier 2 | PA; Specialty; QL |
| *Antirheumatic Antimetabolites*** - Arthritis And Pain Drugs | | |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | Tier 2 | PA |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | Exclusion | PA |
| REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML | Tier 2 | PA |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs | | |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | Exclusion | PA; Specialty |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | Exclusion | PA; Specialty |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML | Exclusion | PA; Specialty |
| <i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i> | Exclusion | PA; Specialty |
| <i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i> | Exclusion | Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | Tier 2 | PA; Specialty |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | Exclusion | PA; Specialty |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | Tier 2 | PA; Specialty |
| AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | Tier 2 | PA; Specialty |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML | Tier 2 | PA; Specialty |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML | Tier 2 | PA; Specialty |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML | Tier 2 | PA; Specialty |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | Tier 2 | PA; Specialty |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | Tier 2 | PA; Specialty |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | Tier 2 | PA; Specialty |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | Tier 2 | PA; Specialty |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML | Exclusion | PA; Specialty |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML | Exclusion | PA; Specialty |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | Exclusion | PA; Specialty |
| HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML | Exclusion | PA; Specialty |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|--|-------------|---------------|
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | Tier 2 | PA; Specialty |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | Tier 2 | PA; Specialty |
| HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | Tier 2 | PA; Specialty |
| HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | Tier 2 | PA; Specialty |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | Tier 2 | PA; Specialty |
| HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | Tier 2 | PA; Specialty |
| HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | Tier 2 | PA; Specialty |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML | Exclusion | PA; Specialty |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML | Exclusion | PA; Specialty |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | Exclusion | PA; Specialty |
| HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML | Exclusion | PA; Specialty |
| HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML | Exclusion | PA; Specialty |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML | Exclusion | PA; Specialty |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | Exclusion | PA; Specialty |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | Exclusion | PA; Specialty |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | Exclusion | PA; Specialty |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | Exclusion | Specialty |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | Exclusion | Specialty |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML | Exclusion | PA; Specialty |
| SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | Tier 2 | PA; Specialty |
| SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS | Exclusion | PA; Specialty |
| SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Tier 2 | PA; Specialty |
| SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS | Exclusion | PA; Specialty |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML | Exclusion | PA; Specialty |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | Exclusion | PA; Specialty |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML | Exclusion | PA; Specialty |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | Exclusion | PA; Specialty |
| YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML | Exclusion | PA; Specialty |
| *Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs | | |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG | Exclusion | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Gold Compounds*** - Arthritis And Pain Drugs | | |
| RIDAURA ORAL CAPSULE 3 MG | Tier 3 | |
| *Interleukin-1 Blockers*** - Arthritis And Pain Drugs | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | Tier 3 | PA; Specialty |
| *Interleukin-1 Receptor Antagonist (Il-1Ra)*** - Arthritis And Pain Drugs | | |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | Exclusion | PA; Specialty |
| *Interleukin-1Beta Blockers*** - Arthritis And Pain Drugs | | |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML | Tier 2 | PA; Specialty |
| *Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | Tier 2 | PA; Specialty |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | Exclusion | PA; Specialty |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | Tier 2 | PA; Specialty |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML | Tier 3 | PA; Specialty; QL |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML | Tier 3 | PA; Specialty; QL |
| TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | Exclusion | Specialty |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | Exclusion | Specialty |
| *Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs | | |
| ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG | Exclusion | |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| DUEXIS ORAL TABLET 800-26.6 MG | Exclusion | Drug Not Covered |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> | Exclusion | Drug Not Covered |
| <i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i> | Exclusion | Drug Not Covered |
| VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG | Exclusion | Drug Not Covered |
| *Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs | | |
| CATAFLAM ORAL TABLET 50 MG | Tier 1 | |
| COXANTO ORAL CAPSULE 300 MG | Exclusion | Drug Not Covered |
| DAYPRO ORAL TABLET 600 MG | Exclusion | |
| <i>diclofenac oral capsule 35 mg</i> | Exclusion | Drug Not Covered |
| <i>diclofenac potassium oral capsule 25 mg</i> | Exclusion | Drug Not Covered |
| <i>diclofenac potassium tablet 25 mg oral</i> | Exclusion | Drug Not Covered |
| <i>diclofenac potassium tablet 50 mg oral</i> | Tier 1 | |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i> | Tier 1 | |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG | Exclusion | |
| <i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i> | Tier 1 | |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i> | Tier 1 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | Tier 1 | |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | Tier 1 | |
| FELDENE ORAL CAPSULE 10 MG, 20 MG | Exclusion | |
| <i>fenoprofen calcium oral capsule 200 mg, 400 mg</i> | Exclusion | Drug Not Covered |
| <i>fenoprofen calcium oral tablet 600 mg</i> | Tier 1 | |
| FENORTHO ORAL CAPSULE 200 MG | Exclusion | Drug Not Covered |
| <i>flurbiprofen tablet 100 mg oral</i> | Tier 1 | |
| <i>flurbiprofen tablet 50 mg oral</i> | Tier 1 | |
| <i>flurbiprofen tablet 50 mg oral</i> | Tier 3 | |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | Tier 1 | |
| <i>ibuprofen oral suspension 100 mg/5ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Tier 1 | |
| INDOCIN ORAL SUSPENSION 25 MG/5ML | Exclusion | Drug Not Covered |
| INDOCIN RECTAL SUPPOSITORY 50 MG | Exclusion | Drug Not Covered |
| <i>indomethacin capsule 20 mg oral</i> | Exclusion | Drug Not Covered |
| <i>indomethacin capsule 25 mg oral</i> | Tier 1 | |
| <i>indomethacin capsule 50 mg oral</i> | Tier 1 | |
| <i>indomethacin er oral capsule extended release 75 mg</i> | Tier 1 | |
| <i>indomethacin oral suspension 25 mg/5ml</i> | Exclusion | Drug Not Covered |
| <i>indomethacin rectal suppository 50 mg</i> | Exclusion | Drug Not Covered |
| <i>ketoprofen capsule 25 mg oral</i> | Tier 1 | |
| <i>ketoprofen capsule 50 mg oral</i> | Tier 3 | |
| <i>ketoprofen capsule 75 mg oral</i> | Tier 3 | |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i> | Tier 1 | |
| <i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i> | Tier 1 | |
| <i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i> | Tier 1 | |
| <i>ketorolac tromethamine nasal solution 15.75 mg/spray</i> | Exclusion | Drug Not Covered |
| <i>ketorolac tromethamine oral tablet 10 mg</i> | Tier 1 | QL |
| KIPROFEN ORAL CAPSULE 25 MG | Tier 1 | |
| LODINE ORAL TABLET 400 MG | Exclusion | |
| LOFENA ORAL TABLET 25 MG | Exclusion | Drug Not Covered |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i> | Tier 3 | |
| <i>mefenamic acid oral capsule 250 mg</i> | Tier 1 | |
| <i>meloxicam oral capsule 10 mg, 5 mg</i> | Exclusion | Drug Not Covered |
| <i>meloxicam oral suspension 7.5 mg/5ml</i> | Exclusion | Drug Not Covered |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | Tier 1 | |
| MOBIC ORAL TABLET 15 MG, 7.5 MG | Exclusion | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | Tier 1 | |
| NALFON ORAL CAPSULE 400 MG | Exclusion | Drug Not Covered |
| NALFON ORAL TABLET 600 MG | Exclusion | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| NAPROSYN ORAL SUSPENSION 125 MG/5ML | Exclusion | |
| NAPROSYN ORAL TABLET 500 MG | Tier 3 | |
| <i>naproxen dr oral tablet delayed release 500 mg</i> | Tier 1 | |
| <i>naproxen oral suspension 125 mg/5ml</i> | Tier 1 | |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | Tier 1 | |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i> | Tier 1 | |
| <i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i> | Exclusion | Drug Not Covered |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | Tier 1 | |
| <i>oxaprozin oral capsule 300 mg</i> | Exclusion | Drug Not Covered |
| <i>oxaprozin oral tablet 600 mg</i> | Tier 1 | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | Tier 1 | |
| QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG | Exclusion | Drug Not Covered |
| RELAFEN DS ORAL TABLET 1000 MG | Exclusion | Drug Not Covered |
| RELAFEN ORAL TABLET 500 MG, 750 MG | Exclusion | Drug Not Covered |
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY | Exclusion | Drug Not Covered |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | Tier 1 | |
| TIVORBEX ORAL CAPSULE 20 MG | Exclusion | Drug Not Covered |
| TOLECTIN 600 ORAL TABLET 600 MG | Tier 3 | |
| <i>tolmetin sodium oral capsule 400 mg</i> | Tier 3 | |
| <i>tolmetin sodium oral tablet 600 mg</i> | Tier 3 | |
| VIVLODEX ORAL CAPSULE 10 MG, 5 MG | Exclusion | Drug Not Covered |
| ZIPSOR ORAL CAPSULE 25 MG | Exclusion | Drug Not Covered |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG | Exclusion | Drug Not Covered |
| *Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs | | |
| OTEZLA ORAL TABLET 30 MG | Tier 2 | PA; Specialty; QL |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG | Tier 2 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs | | |
| ARAVA ORAL TABLET 10 MG, 20 MG | Exclusion | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| *Selective Costimulation Modulators*** - Arthritis And Pain Drugs | | |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | Tier 3 | PA; Specialty |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | Exclusion | PA; Specialty |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML | Tier 3 | PA; Specialty |
| *Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | Tier 2 | PA; Specialty |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | Tier 2 | PA; Specialty |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | Tier 2 | PA; Specialty |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | Tier 2 | PA; Specialty |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | Tier 2 | PA; Specialty |
| *Analgesics - Nonnarcotic* - Drugs For Pain And Fever | | |
| *Analgesics-Sedatives*** - Arthritis And Pain Drugs | | |
| ALLZITAL ORAL TABLET 25-325 MG | Exclusion | Drug Not Covered |
| BAC ORAL TABLET 50-325-40 MG | Tier 1 | |
| BUPAP ORAL TABLET 50-300 MG | Exclusion | Drug Not Covered |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i> | Exclusion | Drug Not Covered |
| <i>butalbital-acetaminophen tablet 25-325 mg oral</i> | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|---|-------------|------------------|
| <i>butalbital-acetaminophen tablet 50-300 mg oral</i> | Exclusion | Drug Not Covered |
| <i>butalbital-acetaminophen tablet 50-325 mg oral</i> | Tier 1 | |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i> | Tier 1 | |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> | Tier 1 | |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | |
| ESGIC ORAL CAPSULE 50-325-40 MG | Tier 1 | |
| ESGIC ORAL TABLET 50-325-40 MG | Exclusion | |
| FIORICET ORAL CAPSULE 50-300-40 MG | Exclusion | |
| FIORINAL ORAL CAPSULE 50-325-40 MG | Exclusion | |
| TENCON ORAL TABLET 50-325 MG | Tier 1 | |
| VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML | Exclusion | Drug Not Covered |
| ZEBUTAL ORAL CAPSULE 50-325-40 MG | Tier 1 | |
| *Salicylates*** - Arthritis And Pain Drugs | | |
| <i>adult aspirin ec low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>adult aspirin regimen oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin 81 oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>aspirin 81 oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin adult low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin childrens oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>aspirin ec adult low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin ec low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin ec low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin low dose oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>aspirin oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>aspirin regimen oral tablet delayed release 81 mg</i> | Tier 1 | |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG | Tier 1 | |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | |
| <i>childrens aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>cvs aspirin adult low dose oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>cvs aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>cvs aspirin low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>diflunisal oral tablet 500 mg</i> | Tier 1 | |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | |
| <i>eq aspirin adult low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>eq aspirin low dose oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>eql aspirin low dose oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>eql aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>ft aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>gnp adult aspirin low strength oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>gnp aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>gnp aspirin oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>goodsense aspirin adult low st oral tablet chewable 81 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>goodsense aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>goodsense aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>h-e-b aspirin oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>hm aspirin ec low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>hm aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>kls aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>kp aspirin oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>mm aspirin oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>px aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>px enteric aspirin oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>qc aspirin low dose oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>qc aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>qc childrens aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>ra aspirin adult low dose oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>ra aspirin adult low strength oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>ra aspirin childrens oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | Exclusion | |
| <i>sb aspirin adult low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>sb aspirin oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>sb low dose asa ec oral tablet delayed release 81 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>sm aspirin adult low strength oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>sm aspirin adult low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>sm aspirin ec low strength oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>sm aspirin low dose oral tablet chewable 81 mg</i> | Tier 1 | |
| <i>sm aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | |
| <i>sm childrens aspirin oral tablet chewable 81 mg</i> | Tier 1 | |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG | Tier 1 | |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | |
| *Analgesics - Opioid* - Drugs For Pain And Fever | | |
| *Codeine Combinations*** - Arthritis And Pain Drugs | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | Tier 1 | |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | Tier 1 | |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG | Tier 1 | |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i> | Tier 1 | |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i> | Tier 1 | |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | Exclusion | |
| FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG | Exclusion | |
| *Dihydrocodeine Combinations*** - Arthritis And Pain Drugs | | |
| <i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| <i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i> | Exclusion | Drug Not Covered |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | Tier 3 | |
| *Hydrocodone Combinations*** - Arthritis And Pain Drugs | | |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | Tier 1 | |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | Tier 1 | |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | Tier 1 | |
| LORTAB ORAL ELIXIR 10-300 MG/15ML | Tier 3 | |
| NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | Exclusion | |
| *Opioid Agonists*** - Arthritis And Pain Drugs | | |
| ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Exclusion | PA; QL |
| ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG | Exclusion | |
| <i>codeine sulfate tablet 15 mg oral</i> | Tier 1 | |
| <i>codeine sulfate tablet 30 mg oral</i> | Exclusion | |
| <i>codeine sulfate tablet 30 mg oral</i> | Tier 1 | |
| <i>codeine sulfate tablet 60 mg oral</i> | Tier 1 | |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | Exclusion | Drug Not Covered |
| DILAUDID ORAL LIQUID 1 MG/ML | Exclusion | |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG | Exclusion | |
| DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR | Exclusion | |
| DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR | Exclusion | |
| DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR | Exclusion | |
| DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR | Exclusion | |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | Tier 1 | PA; QL |
| <i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | Tier 3 | PA; QL |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | Tier 1 | |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 3 | PA; QL |
| <i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i> | Tier 1 | |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i> | Tier 1 | |
| <i>hydromorphone hcl injection solution 0.25 mg/0.5ml</i> | Tier 3 | |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i> | Tier 1 | |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i> | Tier 1 | |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | Exclusion | |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG | Exclusion | |
| LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT | Tier 3 | PA; QL |
| <i>levorphanol tartrate oral tablet 2 mg, 3 mg</i> | Tier 1 | |
| <i>meperidine hcl oral solution 50 mg/5ml</i> | Exclusion | |
| <i>meperidine hcl oral tablet 50 mg</i> | Exclusion | |
| METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML | Tier 1 | |
| <i>methadone hcl oral concentrate 10 mg/ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>methadone hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>methadone hcl oral tablet soluble 40 mg</i> | Tier 1 | |
| <i>methadone hcl solution 10 mg/5ml oral</i> | Tier 1 | |
| <i>methadone hcl solution 10 mg/5ml oral</i> | Exclusion | |
| <i>methadone hcl solution 5 mg/5ml oral</i> | Tier 1 | |
| <i>methadone hcl solution 5 mg/5ml oral</i> | Exclusion | |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | Exclusion | |
| METHADOSE ORAL TABLET SOLUBLE 40 MG | Tier 1 | |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML | Exclusion | |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i> | Tier 1 | |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | Tier 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i> | Tier 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i> | Tier 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i> | Tier 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i> | Tier 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 40 mg oral</i> | Tier 3 | |
| <i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i> | Tier 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i> | Tier 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i> | Tier 1 | |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | Tier 1 | |
| <i>morphine sulfate intravenous solution 10 mg/ml</i> | Tier 1 | |
| <i>morphine sulfate solution 10 mg/5ml oral</i> | Tier 1 | |
| <i>morphine sulfate solution 20 mg/5ml oral</i> | Tier 3 | |
| <i>morphine sulfate solution 20 mg/5ml oral</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>morphine sulfate tablet 15 mg oral</i> | Tier 1 | |
| <i>morphine sulfate tablet 30 mg oral</i> | Tier 1 | |
| <i>morphine sulfate tablet 30 mg oral</i> | Tier 2 | |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG | Exclusion | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | Tier 2 | |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | Tier 3 | |
| OXAYDO ORAL TABLET 5 MG, 7.5 MG | Tier 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i> | Tier 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i> | Tier 1 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral</i> | Tier 1 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i> | Tier 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i> | Tier 1 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral</i> | Tier 1 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i> | Tier 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i> | Tier 1 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral</i> | Tier 1 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i> | Tier 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i> | Tier 1 | |
| <i>oxycodone hcl oral capsule 5 mg</i> | Exclusion | |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | Tier 1 | |
| <i>oxycodone hcl oral solution 5 mg/5ml</i> | Tier 1 | |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | Tier 2 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i> | Tier 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i> | Tier 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i> | Tier 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i> | Tier 1 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i> | Tier 1 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i> | Tier 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i> | Tier 3 | |
| <i>oxymorphone hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| QDOLO ORAL SOLUTION 5 MG/ML | Exclusion | Drug Not Covered |
| ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG | Exclusion | |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG | Exclusion | |
| SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 3 | PA; QL |
| <i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i> | Exclusion | Drug Not Covered |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>tramadol hcl oral solution 5 mg/ml</i> | Exclusion | Drug Not Covered |
| <i>tramadol hcl tablet 100 mg oral</i> | Tier 1 | |
| <i>tramadol hcl tablet 25 mg oral</i> | Exclusion | Drug Not Covered |
| <i>tramadol hcl tablet 50 mg oral</i> | Tier 1 | |
| ULTRAM ORAL TABLET 50 MG | Exclusion | |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | Tier 2 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG | Exclusion | |
| *Opioid Combinations*** - Arthritis And Pain Drugs | | |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12- 325 MG, 8.16-325 MG | Tier 3 | |
| <i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> | Tier 3 | |
| ENDOCET ORAL TABLET 10-325 MG, 2.5- 325 MG, 5-325 MG, 7.5-325 MG | Tier 1 | |
| <i>nalocet oral tablet 2.5-300 mg</i> | Exclusion | Drug Not Covered |
| <i>oxycodone-acetaminophen solution 10-300 mg/5ml oral</i> | Exclusion | Drug Not Covered |
| <i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i> | Tier 3 | |
| <i>oxycodone-acetaminophen tablet 10-300 mg oral</i> | Exclusion | Drug Not Covered |
| <i>oxycodone-acetaminophen tablet 10-325 mg oral</i> | Tier 1 | |
| <i>oxycodone-acetaminophen tablet 2.5-300 mg oral</i> | Exclusion | Drug Not Covered |
| <i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i> | Tier 1 | |
| <i>oxycodone-acetaminophen tablet 5-300 mg oral</i> | Exclusion | Drug Not Covered |
| <i>oxycodone-acetaminophen tablet 5-325 mg oral</i> | Tier 1 | |
| <i>oxycodone-acetaminophen tablet 7.5-300 mg oral</i> | Exclusion | Drug Not Covered |
| <i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i> | Tier 1 | |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | Exclusion | |
| PROLATE ORAL SOLUTION 10-300 MG/5ML | Exclusion | Drug Not Covered |
| PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Opioid Partial Agonists*** - Arthritis And Pain Drugs | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | Tier 2 | |
| BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML | Tier 3 | PA; QL |
| BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML | Tier 3 | PA; QL |
| BUNAVAIL BUCCAL FILM 4.2-0.7 MG | Exclusion | QL |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i> | Tier 1 | |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> | Tier 1 | QL |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | Tier 1 | QL |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i> | Exclusion | |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i> | Tier 1 | |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR | Exclusion | |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i> | Exclusion | |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML | Tier 3 | PA; Specialty; QL |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | Exclusion | QL |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | Tier 3 | QL |
| *Tramadol Combinations*** - Arthritis And Pain Drugs | | |
| SEGLENTIS ORAL TABLET 56-44 MG | Exclusion | Drug Not Covered |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| ULTRACET ORAL TABLET 37.5-325 MG | Exclusion | |
| *Androgens-Anabolic* - Hormones | | |
| *Anabolic Steroids*** - Drugs For Men | | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | Tier 1 | |
| *Androgens*** - Drugs For Men | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR | Tier 3 | PA |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | Exclusion | PA |
| ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) | Exclusion | PA |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML | Tier 3 | PA; Specialty |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 1 | |
| DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR | Exclusion | PA |
| DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR | Tier 1 | PA |
| FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) | Exclusion | PA |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG | Exclusion | PA; QL |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG | Exclusion | PA; QL |
| <i>methitest oral tablet 10 mg</i> | Tier 3 | |
| <i>methyltestosterone oral capsule 10 mg</i> | Tier 1 | |
| NATESTO NASAL GEL 5.5 MG/ACT | Tier 3 | PA |
| TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) | Exclusion | PA |
| TESTOPEL IMPLANT PELLETT 75 MG | Tier 3 | PA |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | Tier 1 | PA |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | Tier 1 | PA |
| <i>testosterone gel 1.62 % transdermal</i> | Tier 1 | PA |
| <i>testosterone gel 10 mg/act (2%) transdermal</i> | Tier 1 | PA |
| <i>testosterone gel 12.5 mg/act (1%) transdermal</i> | Tier 1 | PA |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i> | Exclusion | PA |
| <i>testosterone gel 20.25 mg/act (1.62%) transdermal</i> | Tier 1 | PA |
| <i>testosterone gel 25 mg/2.5gm (1%) transdermal</i> | Tier 1 | PA |
| <i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i> | Exclusion | PA |
| <i>testosterone gel 50 mg/5gm (1%) transdermal</i> | Tier 1 | PA |
| <i>testosterone transdermal solution 30 mg/act</i> | Tier 1 | PA |
| TLANDO ORAL CAPSULE 112.5 MG | Tier 3 | PA; QL |
| VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) | Tier 3 | PA |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) | Tier 3 | PA |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML | Tier 3 | PA |
| *Anorectal And Related Products* - Rectal Preparations | | |
| *Intrarectal Steroids*** - Rectal Preparations | | |
| <i>budesonide rectal foam 2 mg, 2 mg/act</i> | Tier 1 | |
| CORTENEMA RECTAL ENEMA 100 MG/60ML | Exclusion | |
| CORTIFOAM EXTERNAL FOAM 10 % | Tier 2 | |
| <i>hydrocortisone rectal enema 100 mg/60ml</i> | Tier 1 | |
| UCERIS RECTAL FOAM 2 MG/ACT | Tier 3 | |
| *Nitrate Vasodilating Agents*** - Rectal Preparations | | |
| <i>nitroglycerin rectal ointment 0.4 %</i> | Tier 1 | |
| RECTIV RECTAL OINTMENT 0.4 % | Exclusion | |
| *Rectal Anesthetic/Steroids*** - Rectal Preparations | | |
| ANALPRAM HC EXTERNAL CREAM 2.5-1 % | Exclusion | |
| ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % | Exclusion | |
| ANALPRAM-HC EXTERNAL CREAM 1-1 % | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| ANALPRAM-HC EXTERNAL LOTION 2.5-1 % | Tier 3 | |
| <i>hydrocortisone ace-pramoxine external cream 1-1 %</i> | Tier 1 | |
| <i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i> | Exclusion | |
| <i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i> | Exclusion | |
| <i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i> | Exclusion | |
| <i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i> | Exclusion | |
| PROCORT EXTERNAL CREAM 1.85-1.15 % | Exclusion | |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % | Tier 3 | |
| *Rectal Steroids*** - Rectal Preparations | | |
| <i>anucort-hc rectal suppository 25 mg</i> | Tier 1 | |
| ANUSOL-HC EXTERNAL CREAM 2.5 % | Exclusion | |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG | Tier 1 | |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG | Tier 1 | |
| <i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone acetate suppository 25 mg rectal</i> | Tier 1 | |
| <i>hydrocortisone acetate suppository 30 mg rectal</i> | Tier 1 | |
| <i>hydrocortisone acetate suppository 30 mg rectal</i> | Exclusion | |
| PROCTOCORT EXTERNAL CREAM 1 % | Exclusion | |
| PROCTOCORT RECTAL SUPPOSITORY 30 MG | Exclusion | |
| PROCTO-MED HC EXTERNAL CREAM 2.5 % | Tier 1 | |
| PROCTO-PAK EXTERNAL CREAM 1 % | Tier 1 | |
| PROCTOSOL HC EXTERNAL CREAM 2.5 % | Tier 1 | |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 % | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Antacids* - Drugs For The Stomach | | |
| *Antacids - Bicarbonate*** - Drugs For Ulcers And Stomach Acid | | |
| <i>sodium bicarbonate oral powder</i> | Exclusion | |
| *Anthelmintics* - Drugs For Infections | | |
| *Anthelmintics*** - Drugs For Parasites | | |
| <i>albendazole oral tablet 200 mg</i> | Tier 1 | |
| ALBENZA ORAL TABLET 200 MG | Exclusion | |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i> | Tier 2 | |
| BILTRICIDE ORAL TABLET 600 MG | Exclusion | |
| EMVERM ORAL TABLET CHEWABLE 100 MG | Tier 3 | |
| <i>ivermectin oral tablet 3 mg</i> | Tier 1 | QL |
| <i>praziquantel oral tablet 600 mg</i> | Tier 1 | |
| STROMEKTOL ORAL TABLET 3 MG | Exclusion | QL |
| *Antianginal Agents* - Drugs For The Heart | | |
| *Antianginals-Other*** - Drugs For Angina | | |
| ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG | Exclusion | |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG | Exclusion | |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i> | Tier 1 | |
| *Nitrates*** - Drugs For Angina | | |
| DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG | Tier 3 | |
| GONITRO SUBLINGUAL PACKET 400 MCG | Tier 3 | |
| ISORDIL TITRADOSE TABLET 40 MG ORAL | Exclusion | Drug Not Covered |
| ISORDIL TITRADOSE TABLET 5 MG ORAL | Exclusion | |
| <i>isosorbide dinitrate tablet 10 mg oral</i> | Tier 1 | |
| <i>isosorbide dinitrate tablet 20 mg oral</i> | Tier 1 | |
| <i>isosorbide dinitrate tablet 30 mg oral</i> | Tier 1 | |
| <i>isosorbide dinitrate tablet 40 mg oral</i> | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>isosorbide dinitrate tablet 5 mg oral</i> | Tier 1 | |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | Tier 1 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | Tier 1 | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | Tier 3 | |
| NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL | Exclusion | |
| NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL | Exclusion | |
| NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL | Tier 3 | |
| NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL | Exclusion | |
| NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL | Exclusion | |
| NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL | Tier 3 | |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> | Tier 1 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | Tier 1 | |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i> | Tier 1 | |
| NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY | Exclusion | |
| NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY | Exclusion | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG | Exclusion | |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Antianxiety Agents* - Drugs For The Nervous System | | |
| *Antianxiety Agents - Misc.*** - Drugs For Anxiety | | |
| <i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i> | Tier 1 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>meprobamate oral tablet 200 mg, 400 mg</i> | Exclusion | |
| VISTARIL ORAL CAPSULE 25 MG, 50 MG | Exclusion | |
| *Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i> | Tier 1 | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 3 | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i> | Tier 1 | |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG | Exclusion | |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | Tier 1 | |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | Tier 1 | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML | Tier 1 | |
| <i>diazepam oral concentrate 5 mg/ml</i> | Tier 1 | |
| <i>diazepam oral solution 5 mg/5ml</i> | Tier 1 | |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | Tier 1 | |
| <i>lorazepam oral concentrate 2 mg/ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG | Exclusion | |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | Tier 1 | |
| TRANXENE-T ORAL TABLET 7.5 MG | Exclusion | |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG | Exclusion | |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | Exclusion | |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG | Exclusion | |
| *Antiarrhythmics* - Drugs For The Heart | | |
| *Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms | | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | Tier 1 | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG | Tier 3 | |
| NORPACE ORAL CAPSULE 100 MG, 150 MG | Tier 3 | |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i> | Tier 1 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | Tier 1 | |
| *Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms | | |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i> | Tier 1 | |
| *Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms | | |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | Tier 1 | |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | Tier 1 | |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | Tier 1 | |
| RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms | | |
| <i>amiodarone hcl tablet 100 mg oral</i> | Tier 1 | |
| <i>amiodarone hcl tablet 200 mg oral</i> | Tier 1 | |
| <i>amiodarone hcl tablet 400 mg oral</i> | Exclusion | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | Tier 1 | |
| MULTAQ ORAL TABLET 400 MG | Tier 2 | |
| PACERONE TABLET 100 MG ORAL | Tier 1 | |
| PACERONE TABLET 200 MG ORAL | Tier 1 | |
| PACERONE TABLET 400 MG ORAL | Exclusion | |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | Exclusion | |
| *Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs | | |
| *5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd | | |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i> | Tier 1 | |
| ZYFLO ORAL TABLET 600 MG | Tier 3 | |
| *Adrenergic Combinations*** - Drugs For Asthma/Copd | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | Exclusion | QL |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | Tier 2 | QL |
| AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | Exclusion | QL |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT | Exclusion | QL |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT | Exclusion | QL |

| Drug | Tier | Notes |
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| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT | Exclusion | QL |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT | Tier 2 | QL |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | Tier 2 | QL |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT | Exclusion | QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | Tier 2 | QL |
| BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | Tier 1 | QL |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | Tier 2 | QL |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> | Tier 1 | QL |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | Tier 2 | QL |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT | Exclusion | QL |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT | Tier 2 | QL |
| <i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i> | Exclusion | QL |
| <i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i> | Exclusion | QL |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i> | Tier 1 | QL |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | Tier 1 | |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | Tier 2 | QL |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | Exclusion | QL |

| Drug | Tier | Notes |
|--|-------------|---------------|
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | Tier 2 | QL |
| UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG | Exclusion | QL |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | Tier 1 | QL |
| *Anti-IgE Monoclonal Antibodies*** - Drugs For Asthma/Copd | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 2 | PA; Specialty |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 2 | PA; Specialty |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | Tier 2 | PA; Specialty |
| *Anti-Inflammatory Agents*** - Drugs For Asthma/Copd | | |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | Tier 1 | |
| *Beta Adrenergics*** - Drugs For Asthma/Copd | | |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Exclusion | QL |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Tier 1 | QL |
| <i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i> | Tier 1 | |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> | Tier 3 | |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> | Tier 1 | |
| <i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i> | Tier 1 | |
| <i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i> | Tier 1 | |
| <i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>albuterol sulfate oral syrup 2 mg/5ml</i> | Tier 1 | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | Tier 1 | |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i> | Tier 1 | |
| BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML | Exclusion | |
| <i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i> | Exclusion | |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | Tier 1 | |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i> | Exclusion | QL |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML | Exclusion | |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | Exclusion | QL |
| PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | Exclusion | QL |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | Exclusion | QL |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | Exclusion | QL |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | Tier 2 | QL |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | Tier 2 | QL |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i> | Tier 1 | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | Exclusion | QL |
| XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML | Exclusion | |
| XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT | Exclusion | QL |
| XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | Tier 3 | QL |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | Tier 2 | QL |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 1 | |
| LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML | Exclusion | QL |
| LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML | Exclusion | QL |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG | Exclusion | QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | Tier 2 | QL |
| <i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i> | Tier 1 | QL |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | Exclusion | QL |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML | Exclusion | QL |
| *Interleukin-5 Antagonists (Ilg1 Kappa)*** - Drugs For Asthma/Copd | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | Tier 2 | PA; Specialty |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML | Tier 2 | PA; Specialty |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | Tier 2 | PA; Specialty |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML | Tier 2 | PA; Specialty |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Interleukin-5 Antagonists (Igg4 Kappa)*** - Drugs For Asthma/Copd | | |
| CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML | Exclusion | PA; Specialty |
| *Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd | | |
| ACCOLATE ORAL TABLET 10 MG, 20 MG | Exclusion | |
| montelukast sodium oral packet 4 mg | Tier 1 | |
| montelukast sodium oral tablet 10 mg | Tier 1 | |
| montelukast sodium oral tablet chewable 4 mg, 5 mg | Tier 1 | |
| SINGULAIR ORAL PACKET 4 MG | Exclusion | |
| SINGULAIR ORAL TABLET 10 MG | Exclusion | |
| SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG | Exclusion | |
| zafirlukast oral tablet 10 mg, 20 mg | Tier 1 | |
| *Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd | | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | Exclusion | |
| roflumilast oral tablet 250 mcg, 500 mcg | Tier 1 | |
| *Steroid Inhalants*** - Drugs For Asthma/Copd | | |
| ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT | Exclusion | QL |
| ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT | Exclusion | QL |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | Tier 2 | QL |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | Tier 2 | QL |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | Tier 2 | QL |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | Tier 2 | QL |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | Tier 2 | QL |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> | Tier 1 | QL |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT | Exclusion | QL |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT | Exclusion | QL |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i> | Exclusion | QL |
| <i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i> | Exclusion | QL |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT | Exclusion | QL |
| PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML | Exclusion | QL |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT | Tier 2 | QL |
| *Thymic Stromal Lymphopoietin (Tslp) Antagonists*** - Drugs For Asthma/Copd | | |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML | Tier 2 | PA; Specialty; QL |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML | Tier 2 | PA; Specialty; QL |
| *Xanthines*** - Drugs For Asthma/Copd | | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML | Tier 1 | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | Tier 3 | |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>theophylline er tablet extended release 12 hour 100 mg oral</i> | Tier 3 | |
| <i>theophylline er tablet extended release 12 hour 200 mg oral</i> | Tier 3 | |
| <i>theophylline er tablet extended release 12 hour 300 mg oral</i> | Tier 1 | |
| <i>theophylline er tablet extended release 12 hour 450 mg oral</i> | Tier 1 | |
| <i>theophylline oral elixir 80 mg/15ml</i> | Tier 1 | |
| <i>theophylline oral solution 80 mg/15ml</i> | Tier 1 | |
| *Anticoagulants* - Drugs For The Blood | | |
| *Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots | | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | Tier 1 | |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 1 | |
| *Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | Tier 2 | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | Tier 2 | |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | Exclusion | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | Tier 2 | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | Tier 2 | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | Tier 2 | |
| *Heparins And Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots | | |
| BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML | Exclusion | |
| <i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i> | Tier 1 | |
| <i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i> | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i> | Exclusion | |
| <i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i> | Tier 1 | |
| <i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i> | Exclusion | |
| <i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i> | Tier 1 | |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | Tier 1 | |
| <i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i> | Exclusion | |
| <i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i> | Tier 1 | |
| <i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i> | Tier 1 | |
| <i>heparin sodium (porcine) pf solution 5000 unit/ml injection</i> | Tier 3 | |
| *Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots | | |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i> | Tier 1 | |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | Tier 1 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | Tier 3 | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | Tier 3 | |
| LOVENOX INJECTION SOLUTION 300 MG/3ML | Exclusion | |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots | | |
| ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML | Exclusion | |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | Tier 1 | |
| *Thrombin Inhibitors - Selective Direct & Reversible*** - Drugs To Prevent Blood Clots | | |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i> | Tier 1 | |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | Exclusion | |
| PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG | Exclusion | |
| *Anticonvulsants* - Drugs For The Nervous System | | |
| *Ampa Glutamate Receptor Antagonists*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | Tier 3 | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 3 | |
| *Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | Tier 1 | |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG | Exclusion | |
| DIASTAT PEDIATRIC RECTAL GEL 2.5 MG | Tier 2 | |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
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| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG | Exclusion | |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | Tier 3 | QL |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | Tier 3 | QL |
| ONFI ORAL SUSPENSION 2.5 MG/ML | Exclusion | |
| ONFI ORAL TABLET 10 MG, 20 MG | Exclusion | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | Tier 3 | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | Tier 3 | |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML | Tier 3 | |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML | Tier 3 | |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | Tier 3 | |
| *Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG | Tier 2 | |
| BANZEL ORAL SUSPENSION 40 MG/ML | Exclusion | |
| BANZEL ORAL TABLET 200 MG, 400 MG | Exclusion | |
| BRIVIACT ORAL SOLUTION 10 MG/ML | Tier 3 | |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | Tier 3 | |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> | Tier 1 | |
| <i>carbamazepine oral suspension 100 mg/5ml</i> | Tier 1 | |
| <i>carbamazepine oral tablet 200 mg</i> | Tier 1 | |
| <i>carbamazepine oral tablet chewable 100 mg</i> | Tier 1 | |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | Tier 3 | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | Tier 3 | PA |
| DIACOMIT ORAL PACKET 250 MG, 500 MG | Tier 3 | PA |

| Drug | Tier | Notes |
|---|-------------|---------------|
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG | Exclusion | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | Tier 2 | PA; Specialty |
| EPITOL ORAL TABLET 200 MG | Tier 1 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | Exclusion | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | Tier 3 | PA; Specialty |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | Tier 1 | QL |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i> | Tier 1 | QL |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Tier 1 | QL |
| KEPPRA ORAL SOLUTION 100 MG/ML | Exclusion | |
| KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG | Exclusion | |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG | Exclusion | |
| <i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i> | Tier 1 | |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 1 | |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG | Exclusion | |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG | Exclusion | |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | Exclusion | |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG | Exclusion | |
| LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG | Exclusion | |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG | Tier 3 | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG | Exclusion | |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>lamotrigine kit 21 x 25 mg & 7 x 50 mg oral</i> | Exclusion | |
| <i>lamotrigine kit 25 & 50 & 100 mg oral</i> | Tier 1 | |
| <i>lamotrigine kit 42 x 50 mg & 14x100 mg oral</i> | Exclusion | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> | Tier 1 | |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> | Exclusion | |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i> | Tier 1 | |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i> | Tier 1 | |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i> | Tier 1 | |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> | Tier 1 | |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i> | Tier 1 | |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | Exclusion | QL |
| LYRICA ORAL SOLUTION 20 MG/ML | Exclusion | QL |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG | Exclusion | |
| MYSOLINE ORAL TABLET 250 MG, 50 MG | Tier 3 | |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG | Exclusion | QL |
| NEURONTIN ORAL SOLUTION 250 MG/5ML | Exclusion | QL |
| NEURONTIN ORAL TABLET 600 MG, 800 MG | Exclusion | QL |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> | Tier 1 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | Tier 1 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG | Tier 3 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 1 | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>pregabalin oral solution 20 mg/ml</i> | Tier 1 | QL |
| <i>primidone tablet 125 mg oral</i> | Tier 3 | |
| <i>primidone tablet 250 mg oral</i> | Tier 1 | |
| <i>primidone tablet 50 mg oral</i> | Tier 1 | |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Exclusion | |
| ROWEEPRA ORAL TABLET 500 MG | Tier 1 | |
| <i>rufinamide oral suspension 40 mg/ml</i> | Tier 1 | |
| <i>rufinamide oral tablet 200 mg, 400 mg</i> | Tier 1 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG | Tier 3 | |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | Tier 1 | |
| SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG | Tier 1 | |
| SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG | Tier 1 | |
| SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG | Tier 1 | |
| TEGRETOL ORAL SUSPENSION 100 MG/5ML | Tier 3 | |
| TEGRETOL ORAL TABLET 200 MG | Tier 3 | |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG | Tier 3 | |
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | Exclusion | |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG | Exclusion | |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> | Tier 1 | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| TRILEPTAL ORAL SUSPENSION 300 MG/5ML | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|---------------|
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG | Exclusion | |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG | Exclusion | |
| VIMPAT ORAL SOLUTION 10 MG/ML | Exclusion | |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Exclusion | |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | Exclusion | |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | Exclusion | |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | Tier 3 | PA |
| *Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>felbamate oral suspension 600 mg/5ml</i> | Tier 1 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | Tier 1 | |
| FELBATOL ORAL SUSPENSION 600 MG/5ML | Exclusion | |
| FELBATOL ORAL TABLET 400 MG, 600 MG | Exclusion | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG | Tier 3 | |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | Tier 3 | |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Tier 3 | |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | Tier 3 | |
| *Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG | Exclusion | |
| SABRIL ORAL PACKET 500 MG | Exclusion | PA; Specialty |
| SABRIL ORAL TABLET 500 MG | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|---|--------|---------------|
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | Tier 1 | |
| <i>vigabatrin oral packet 500 mg</i> | Tier 1 | PA; Specialty |
| <i>vigabatrin oral tablet 500 mg</i> | Tier 1 | PA; Specialty |
| VIGADRONE ORAL PACKET 500 MG | Tier 1 | PA; Specialty |
| VIGADRONE ORAL TABLET 500 MG | Tier 1 | PA; Specialty |
| VIGPODER ORAL PACKET 500 MG | Tier 1 | PA; Specialty |
| *Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| DILANTIN CAPSULE 100 MG ORAL | Tier 3 | |
| DILANTIN CAPSULE 30 MG ORAL | Tier 2 | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG | Tier 3 | |
| DILANTIN ORAL SUSPENSION 125 MG/5ML | Tier 3 | |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5ML | Tier 3 | |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | Tier 1 | |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG | Tier 1 | |
| <i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i> | Tier 1 | |
| <i>phenytoin oral tablet chewable 50 mg</i> | Tier 1 | |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| *Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| CELONTIN ORAL CAPSULE 300 MG | Tier 3 | |
| <i>ethosuximide oral capsule 250 mg</i> | Tier 1 | |
| <i>ethosuximide oral solution 250 mg/5ml</i> | Tier 1 | |
| <i>methsuximide oral capsule 300 mg</i> | Tier 1 | |
| ZARONTIN ORAL CAPSULE 250 MG | Tier 3 | |
| ZARONTIN ORAL SOLUTION 250 MG/5ML | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG | Exclusion | |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG | Exclusion | |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG | Exclusion | |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> | Tier 1 | |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> | Tier 1 | |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | Tier 1 | |
| <i>valproic acid oral capsule 250 mg</i> | Tier 1 | |
| <i>valproic acid oral solution 250 mg/5ml</i> | Tier 1 | |
| *Antidepressants* - Drugs For The Nervous System | | |
| *Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression | | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | Tier 1 | |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> | Tier 1 | |
| REMERON ORAL TABLET 15 MG, 30 MG | Exclusion | |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG | Exclusion | |
| *Antidepressant - Miscellaneous Combinations*** - Drugs For Depression | | |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | Exclusion | |
| *Antidepressants - Misc.*** - Drugs For Depression | | |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|------------------|
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | Tier 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i> | Tier 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i> | Tier 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i> | Exclusion | Drug Not Covered |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | Tier 1 | |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG | Exclusion | Drug Not Covered |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG | Exclusion | |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG | Exclusion | |
| *Gaba Receptor Modulator - Neuroactive Steroid*** - Drugs For Depression | | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG | Tier 3 | PA; Specialty |
| *Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | Tier 3 | |
| MARPLAN ORAL TABLET 10 MG | Tier 3 | |
| NARDIL ORAL TABLET 15 MG | Tier 3 | |
| PARNATE ORAL TABLET 10 MG | Exclusion | |
| <i>phenelzine sulfate oral tablet 15 mg</i> | Tier 1 | |
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | Tier 1 | |
| *N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists*** - Drugs For Depression | | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | Exclusion | PA |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | Exclusion | PA |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Selective Serotonin Reuptake Inhibitors (Ssris)*** - Drugs For Depression | | |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG | Exclusion | |
| <i>citalopram hydrobromide oral capsule 30 mg</i> | Exclusion | Drug Not Covered |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | Tier 1 | |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i> | Tier 1 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> | Tier 1 | |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i> | Tier 1 | |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i> | Tier 1 | |
| <i>fluoxetine hcl tablet 10 mg oral</i> | Tier 1 | |
| <i>fluoxetine hcl tablet 20 mg oral</i> | Tier 1 | |
| <i>fluoxetine hcl tablet 60 mg oral</i> | Tier 1 | |
| <i>fluoxetine hcl tablet 60 mg oral</i> | Exclusion | |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i> | Tier 1 | |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG | Exclusion | |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | Tier 1 | |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i> | Tier 1 | |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG | Exclusion | |
| PAXIL ORAL SUSPENSION 10 MG/5ML | Exclusion | |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | Exclusion | |
| PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG | Exclusion | |
| <i>sertraline hcl oral capsule 150 mg, 200 mg</i> | Exclusion | Drug Not Covered |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> | Tier 1 | |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML | Exclusion | |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | |
| *Serotonin Modulators*** - Drugs For Depression | | |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | Exclusion | |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | Tier 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 3 | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | Exclusion | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | Tier 3 | |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | |
| *Serotonin-Norepinephrine Reuptake Inhibitors (SnrIs)*** - Drugs For Depression | | |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG | Exclusion | QL |
| <i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i> | Tier 1 | |
| <i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i> | Tier 3 | |
| <i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i> | Tier 1 | |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG | Exclusion | Drug Not Covered; QL |

| Drug | Tier | Notes |
|---|-------------|------------------|
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i> | Tier 1 | QL |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG | Exclusion | |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | Tier 3 | |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | Tier 3 | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | Exclusion | |
| <i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i> | Exclusion | Drug Not Covered |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | Tier 1 | |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i> | Exclusion | Drug Not Covered |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | Tier 1 | |
| *Tricyclic Agents*** - Drugs For Depression | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | Exclusion | |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG | Exclusion | |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | Tier 1 | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | Tier 1 | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i> | Tier 1 | |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG | Exclusion | |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| *Antidiabetics* - Hormones | | |
| *Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL |
| GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | QL |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL |
| PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | QL |
| *Antidiabetic - Amylin Analogs*** - Drugs For Diabetes | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | Exclusion | QL |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | Exclusion | QL |
| *Biguanides*** - Drugs For Diabetes | | |
| FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG | Exclusion | Drug Not Covered; QL |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG | Exclusion | Drug Not Covered; QL |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i> | Exclusion | Drug Not Covered; QL |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i> | Exclusion | Drug Not Covered; QL |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i> | Tier 1 | QL |
| <i>metformin hcl oral solution 500 mg/5ml</i> | Tier 1 | QL |
| <i>metformin hcl tablet 1000 mg oral</i> | Tier 1 | QL |
| <i>metformin hcl tablet 500 mg oral</i> | Tier 1 | QL |
| <i>metformin hcl tablet 625 mg oral</i> | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|---|-----------|-------|
| <i>metformin hcl tablet 850 mg oral</i> | Tier 1 | QL |
| RIOMET ORAL SOLUTION 500 MG/5ML | Exclusion | QL |
| *Diabetic Other*** - Drugs For Diabetes | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | Tier 2 | |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | Tier 2 | |
| <i>diazoxide oral suspension 50 mg/ml</i> | Tier 1 | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | Tier 3 | |
| <i>glucagon emergency injection solution reconstituted 1 mg/ml</i> | Tier 2 | |
| <i>glucagon emergency kit 1 mg injection</i> | Tier 1 | |
| <i>glucagon emergency kit 1 mg injection</i> | Exclusion | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | Tier 2 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | Tier 2 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | Tier 2 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML | Tier 2 | |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | Exclusion | |
| ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS | Tier 2 | QL |
| ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS | Tier 2 | |
| ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS | Tier 2 | QL |
| ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS | Tier 2 | |
| *Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes | | |
| <i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i> | Exclusion | QL |

| Drug | Tier | Notes |
|---|-----------|-------|
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 2 | QL |
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG | Exclusion | QL |
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG | Exclusion | QL |
| <i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i> | Tier 1 | QL |
| <i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> | Exclusion | |
| TRADJENTA ORAL TABLET 5 MG | Exclusion | QL |
| <i>zituvio oral tablet 100 mg, 25 mg, 50 mg</i> | Exclusion | |
| *Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes | | |
| <i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i> | Exclusion | QL |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | Tier 2 | QL |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG | Tier 2 | QL |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | Exclusion | QL |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | Exclusion | QL |
| KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG | Exclusion | QL |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG | Exclusion | QL |
| <i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i> | Tier 1 | QL |
| *Dopamine Receptor Agonists - Ergot Derivatives*** - Drugs For Diabetes | | |
| CYCLOSET ORAL TABLET 0.8 MG | Tier 3 | QL |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Dpp-4 Inhibitor-Thiazolidinedione Combinations*** - Drugs For Diabetes | | |
| alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg | Exclusion | QL |
| OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG | Exclusion | QL |
| *Human Insulin*** - Drugs For Diabetes | | |
| ADMELOG INJECTION SOLUTION 100 UNIT/ML | Exclusion | |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | Exclusion | |
| APIDRA INJECTION SOLUTION 100 UNIT/ML | Exclusion | |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| FIASP INJECTION SOLUTION 100 UNIT/ML | Tier 2 | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 2 | |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 2 | |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML | Exclusion | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Exclusion | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | Exclusion | |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML | Exclusion | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | Exclusion | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | Exclusion | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Exclusion | |
| HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Exclusion | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Exclusion | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Exclusion | |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | Exclusion | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 2 | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | Tier 2 | |
| <i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i> | Exclusion | |
| <i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i> | Exclusion | |
| <i>insulin aspart injection solution 100 unit/ml</i> | Exclusion | |
| <i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i> | Exclusion | |
| <i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i> | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i> | Exclusion | |
| <i>insulin degludec subcutaneous solution 100 unit/ml</i> | Exclusion | |
| <i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i> | Exclusion | |
| <i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml, 300 unit/ml</i> | Exclusion | |
| <i>insulin glargine subcutaneous solution 100 unit/ml</i> | Exclusion | |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> | Exclusion | |
| <i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i> | Exclusion | |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i> | Exclusion | |
| <i>insulin lispro injection solution 100 unit/ml</i> | Exclusion | |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i> | Exclusion | |
| <i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i> | Exclusion | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML | Exclusion | |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Exclusion | |
| LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 2 | |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 2 | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 2 | |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 2 | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 2 | |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | Tier 2 | |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML | Tier 2 | |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 2 | |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML | Tier 2 | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 2 | |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 2 | |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 2 | |

| Drug | Tier | Notes |
|---|-----------|--------|
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 2 | |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML | Tier 2 | |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | Exclusion | |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML | Exclusion | |
| SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Exclusion | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 2 | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 2 | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Tier 2 | |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | |
| <i>*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)*** - Drugs For Diabetes</i> | | |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | Tier 2 | PA; QL |
| <i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes</i> | | |
| ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML | Exclusion | PA; QL |
| ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML | Exclusion | PA; QL |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML | Tier 2 | PA; QL |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG | Tier 2 | |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML | Tier 2 | PA; QL |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML | Tier 2 | PA; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML | Tier 2 | PA; QL |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML | Tier 2 | PA; QL |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | Tier 2 | PA; QL |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | Tier 2 | PA; QL |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | Tier 2 | PA; QL |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | Exclusion | PA; QL |
| *Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | Tier 2 | QL |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | Tier 2 | QL |
| *Meglitinide Analogues*** - Drugs For Diabetes | | |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | Tier 1 | QL |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | QL |
| STARLIX ORAL TABLET 120 MG, 60 MG | Exclusion | QL |
| *Progesterone Receptor Antagonists*** - Drugs For Diabetes | | |
| KORLYM ORAL TABLET 300 MG | Exclusion | PA; Specialty; QL |
| <i>mifepristone oral tablet 300 mg</i> | Tier 1 | PA; Specialty; QL |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** - Drugs For Diabetes | | |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG | Tier 2 | QL |
| *Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | Tier 2 | QL |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG | Tier 3 | QL |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG | Exclusion | QL |
| *Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes | | |
| <i>bexagliflozin oral tablet 20 mg</i> | Exclusion | QL |
| BRENZAVVY ORAL TABLET 20 MG | Exclusion | QL |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> | Exclusion | QL |
| FARXIGA ORAL TABLET 10 MG, 5 MG | Tier 2 | QL |
| INVOKANA ORAL TABLET 100 MG, 300 MG | Exclusion | QL |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 2 | QL |
| STEGLATRO ORAL TABLET 15 MG, 5 MG | Exclusion | QL |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes | | |
| <i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i> | Exclusion | QL |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | Exclusion | QL |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | Exclusion | QL |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG | Exclusion | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | Tier 2 | QL |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG | Tier 2 | QL |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG | Tier 2 | QL |
| *Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes | | |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | QL |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | QL |
| *Sulfonylureas*** - Drugs For Diabetes | | |
| AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG | Exclusion | QL |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | QL |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL |
| <i>glipizide tablet 10 mg oral</i> | Tier 1 | QL |
| <i>glipizide tablet 2.5 mg oral</i> | Exclusion | QL |
| <i>glipizide tablet 5 mg oral</i> | Tier 1 | QL |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL |
| GLUCOTROL ORAL TABLET 10 MG, 5 MG | Exclusion | QL |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG | Exclusion | QL |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | Tier 1 | QL |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL |
| GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG | Exclusion | QL |
| <i>tolbutamide oral tablet 500 mg</i> | Tier 3 | QL |

| Drug | Tier | Notes |
|--|-----------|------------------|
| *Sulfonylurea-Thiazolidinedione Combinations*** - Drugs For Diabetes | | |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG | Exclusion | QL |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | Tier 1 | QL |
| *Thiazolidinedione-Biguanide Combinations*** - Drugs For Diabetes | | |
| ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG | Exclusion | QL |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i> | Tier 1 | QL |
| *Thiazolidinediones*** - Drugs For Diabetes | | |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG | Exclusion | QL |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> | Tier 1 | QL |
| *Antidiarrheal/Probiotic Agents* - Drugs For The Stomach | | |
| *Antidiarrheal - Chloride Channel Antagonists*** - Drugs For Diarrhea | | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG | Tier 3 | QL |
| *Antiperistaltic Agents*** - Drugs For Diarrhea | | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i> | Tier 3 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Tier 1 | |
| LOMOTIL ORAL TABLET 2.5-0.025 MG | Exclusion | |
| <i>loperamide hcl oral capsule 2 mg</i> | Tier 1 | |
| MOTOFEN ORAL TABLET 1-0.025 MG | Exclusion | Drug Not Covered |
| <i>opium oral tincture 10 mg/ml (1%)</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning | | |
| *Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning | | |
| CHEMET ORAL CAPSULE 100 MG | Tier 2 | |
| <i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i> | Tier 1 | PA; Specialty |
| <i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i> | Tier 1 | PA; Specialty |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | Tier 1 | PA; Specialty |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i> | Tier 1 | PA; Specialty |
| <i>deferiprone oral tablet 1000 mg, 500 mg</i> | Tier 1 | PA; Specialty |
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG | Exclusion | PA; Specialty |
| FERRIPROX ORAL SOLUTION 100 MG/ML | Tier 3 | PA; Specialty |
| FERRIPROX ORAL TABLET 1000 MG, 500 MG | Exclusion | PA; Specialty |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG | Tier 3 | PA; Specialty |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | Exclusion | PA; Specialty |
| JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG | Exclusion | PA; Specialty |
| *Antidotes And Specific Antagonists*** - Drugs For Overdose Or Poisoning | | |
| <i>methylene blue intravenous solution 1 %</i> | Exclusion | |
| <i>physostigmine salicylate injection solution 1 mg/ml</i> | Exclusion | |
| *Opioid Antagonists*** - Drugs For Overdose Or Poisoning | | |
| EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML | Exclusion | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | Tier 2 | |
| <i>nalmefene hcl injection solution 1 mg/ml</i> | Exclusion | |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|---------------|
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i> | Tier 1 | |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i> | Tier 1 | |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i> | Tier 1 | |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i> | Tier 3 | |
| <i>naltrexone hcl oral tablet 50 mg</i> | Tier 1 | |
| NARCAN NASAL LIQUID 4 MG/0.1ML | Exclusion | |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML | Exclusion | |
| REXTOVY NASAL LIQUID 4 MG/0.25ML | Tier 3 | QL |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | Tier 3 | Specialty; QL |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML | Tier 3 | |
| *Antiemetics* - Drugs For The Stomach | | |
| *5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea | | |
| ANZEMET ORAL TABLET 50 MG | Tier 3 | QL |
| <i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i> | Tier 1 | |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 1 | QL |
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | Tier 1 | QL |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> | Tier 1 | QL |
| <i>ondansetron hcl solution 4 mg/2ml injection</i> | Exclusion | |
| <i>ondansetron hcl solution 4 mg/2ml injection</i> | Tier 1 | |
| <i>ondansetron hcl solution 40 mg/20ml injection</i> | Tier 1 | |
| <i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i> | Tier 1 | |
| <i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i> | Tier 2 | |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | Tier 1 | QL |
| <i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i> | Tier 1 | |
| <i>palonosetron hcl solution 0.25 mg/2ml intravenous</i> | Tier 3 | |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| <i>palonosetron hcl solution 0.25 mg/5ml intravenous</i> | Tier 1 | |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR | Tier 3 | |
| SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML | Exclusion | |
| ZOFRAN ORAL TABLET 4 MG, 8 MG | Exclusion | QL |
| ZUPLENZ ORAL FILM 4 MG, 8 MG | Exclusion | Drug Not Covered; QL |
| *Antiemetic Combinations*** - Drugs For Vomiting And Nausea | | |
| AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML | Tier 3 | QL |
| AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML | Tier 3 | QL |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG | Tier 3 | QL |
| AKYNZEO ORAL CAPSULE 300-0.5 MG | Exclusion | QL |
| BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG | Tier 3 | |
| DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG | Exclusion | |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i> | Tier 1 | |
| *Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea | | |
| ANTIVERT ORAL TABLET 50 MG | Exclusion | Drug Not Covered |
| ANTIVERT ORAL TABLET CHEWABLE 25 MG | Exclusion | Drug Not Covered |
| <i>dimenhydrinate injection solution 50 mg/ml</i> | Tier 3 | |
| <i>meclizine hcl oral tablet chewable 25 mg</i> | Exclusion | Drug Not Covered |
| <i>meclizine hcl tablet 12.5 mg oral (rx)</i> | Tier 1 | |
| <i>meclizine hcl tablet 25 mg oral (rx)</i> | Tier 1 | |
| <i>meclizine hcl tablet 50 mg oral</i> | Exclusion | Drug Not Covered |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> | Tier 1 | |
| TIGAN ORAL CAPSULE 300 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS | Exclusion | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS | Exclusion | |
| <i>trimethobenzamide hcl oral capsule 300 mg</i> | Tier 1 | |
| *Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea | | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG | Exclusion | QL |
| SYNDROS ORAL SOLUTION 5 MG/ML | Tier 3 | |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea | | |
| <i>aprepitant oral 80 & 125 mg</i> | Tier 1 | QL |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i> | Tier 1 | QL |
| CINVANTI INTRAVENOUS EMULSION 130 MG/18ML | Exclusion | |
| EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | Tier 3 | QL |
| EMEND ORAL CAPSULE 40 MG, 80 MG | Exclusion | QL |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML | Tier 2 | QL |
| EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG | Exclusion | QL |
| <i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i> | Tier 1 | QL |
| <i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i> | Tier 2 | QL |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG | Tier 2 | QL |
| *Antifungals* - Drugs For Infections | | |
| *Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)*** - Antibiotics | | |
| BREXAFEMME ORAL TABLET 150 MG | Exclusion | QL |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Antifungals*** - Drugs For Fungus | | |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG | Exclusion | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | Tier 1 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | Tier 1 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | Tier 1 | |
| <i>nystatin oral tablet 500000 unit</i> | Tier 1 | |
| <i>terbinafine hcl oral tablet 250 mg</i> | Tier 1 | |
| *Imidazoles*** - Drugs For Fungus | | |
| <i>ketoconazole oral tablet 200 mg</i> | Tier 1 | |
| *Tetrazoles*** - Drugs For Fungus | | |
| VIVJOA ORAL CAPSULE THERAPY PACK 150 MG | Exclusion | |
| *Triazoles*** - Drugs For Fungus | | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | Tier 3 | |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML | Exclusion | |
| DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Exclusion | |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i> | Tier 1 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 1 | |
| <i>itraconazole oral capsule 100 mg</i> | Tier 1 | QL |
| <i>itraconazole oral solution 10 mg/ml</i> | Tier 1 | |
| NOXAFIL ORAL PACKET 300 MG | Tier 2 | |
| NOXAFIL ORAL SUSPENSION 40 MG/ML | Tier 2 | |
| NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG | Exclusion | |
| <i>posaconazole oral suspension 40 mg/ml</i> | Tier 1 | |
| <i>posaconazole oral tablet delayed release 100 mg</i> | Tier 1 | |
| SPORANOX ORAL CAPSULE 100 MG | Exclusion | QL |
| SPORANOX ORAL SOLUTION 10 MG/ML | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| SPORANOX PULSEPAK ORAL CAPSULE 100 MG | Exclusion | QL |
| <i>tolsura oral capsule 65 mg</i> | Exclusion | Drug Not Covered |
| VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML | Exclusion | |
| VFEND ORAL TABLET 200 MG, 50 MG | Exclusion | |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> | Tier 1 | |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | Tier 1 | |
| *Antihistamines* - Drugs For The Lungs | | |
| *Antihistamines - Alkylamines*** - Drugs For Allergies | | |
| <i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i> | Tier 3 | |
| RYCLORA ORAL SOLUTION 2 MG/5ML | Tier 3 | |
| *Antihistamines - Ethanolamines*** - Drugs For Allergies | | |
| <i>carbinoxamine maleate solution 4 mg/5ml oral</i> | Tier 3 | |
| <i>carbinoxamine maleate solution 4 mg/5ml oral</i> | Tier 1 | |
| <i>carbinoxamine maleate tablet 4 mg oral</i> | Tier 1 | |
| <i>carbinoxamine maleate tablet 6 mg oral</i> | Tier 3 | |
| <i>carbinoxamine maleate tablet 6 mg oral</i> | Tier 1 | |
| <i>clemastine fumarate oral syrup 0.67 mg/5ml</i> | Exclusion | Drug Not Covered |
| <i>clemastine fumarate oral tablet 2.68 mg</i> | Tier 1 | |
| <i>diphen oral elixir 12.5 mg/5ml</i> | Tier 1 | |
| <i>di-phen oral elixir 12.5 mg/5ml</i> | Tier 1 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Tier 1 | |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i> | Tier 1 | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML | Exclusion | Drug Not Covered |
| RYVENT ORAL TABLET 6 MG | Tier 3 | |
| *Antihistamines - Non-Sedating*** - Drugs For Allergies | | |
| <i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i> | Tier 1 | |
| CLARINEX ORAL TABLET 5 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| <i>desloratadine oral tablet 5 mg</i> | Tier 1 | |
| <i>desloratadine tablet dispersible 2.5 mg oral</i> | Tier 3 | |
| <i>desloratadine tablet dispersible 2.5 mg oral</i> | Tier 1 | |
| <i>desloratadine tablet dispersible 5 mg oral</i> | Tier 3 | |
| <i>desloratadine tablet dispersible 5 mg oral</i> | Tier 1 | |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i> | Tier 1 | |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | Tier 1 | |
| QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML | Exclusion | |
| *Antihistamines - Phenothiazines*** - Drugs For Allergies | | |
| PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML | Tier 3 | |
| <i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i> | Tier 1 | |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i> | Tier 1 | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | Tier 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG | Tier 1 | |
| *Antihistamines - Piperidines*** - Drugs For Allergies | | |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i> | Tier 1 | |
| <i>cyproheptadine hcl oral tablet 4 mg</i> | Tier 1 | |
| *Antihyperlipidemics* - Drugs For The Heart | | |
| *Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** - Drugs For Cholesterol | | |
| NEXLIZET ORAL TABLET 180-10 MG | Tier 2 | PA |
| *Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** - Drugs For Cholesterol | | |
| NEXLETOL ORAL TABLET 180 MG | Tier 2 | PA |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Antihyperlipidemics - Misc.*** - Drugs For Cholesterol | | |
| <i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i> | Tier 1 | |
| LOVAZA ORAL CAPSULE 1 GM | Exclusion | |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> | Exclusion | |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM | Tier 2 | |
| *Bile Acid Sequestrants*** - Drugs For Cholesterol | | |
| <i>cholestyramine light oral packet 4 gm</i> | Exclusion | |
| <i>cholestyramine light oral powder 4 gm/dose</i> | Tier 1 | |
| <i>cholestyramine oral packet 4 gm</i> | Exclusion | |
| <i>cholestyramine oral powder 4 gm/dose</i> | Tier 1 | |
| <i>colesevelam hcl oral packet 3.75 gm</i> | Exclusion | |
| <i>colesevelam hcl oral tablet 625 mg</i> | Tier 1 | |
| COLESTID FLAVORED ORAL GRANULES 5 GM | Exclusion | |
| COLESTID FLAVORED ORAL PACKET 5 GM | Exclusion | |
| COLESTID ORAL GRANULES 5 GM | Exclusion | |
| COLESTID ORAL PACKET 5 GM | Exclusion | |
| COLESTID ORAL TABLET 1 GM | Exclusion | |
| <i>colestipol hcl oral granules 5 gm</i> | Tier 1 | |
| <i>colestipol hcl oral packet 5 gm</i> | Tier 1 | |
| <i>colestipol hcl oral tablet 1 gm</i> | Tier 1 | |
| PREVALITE ORAL PACKET 4 GM | Exclusion | |
| PREVALITE ORAL POWDER 4 GM/DOSE | Tier 1 | |
| QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE | Exclusion | |
| QUESTRAN ORAL PACKET 4 GM | Exclusion | |
| QUESTRAN ORAL POWDER 4 GM/DOSE | Exclusion | |
| WELCHOL ORAL PACKET 3.75 GM | Exclusion | |
| WELCHOL ORAL TABLET 625 MG | Exclusion | |
| *Fibric Acid Derivatives*** - Drugs For Cholesterol | | |
| ANTARA ORAL CAPSULE 30 MG, 90 MG | Tier 3 | |
| <i>fenofibrate capsule 134 mg oral</i> | Tier 1 | |
| <i>fenofibrate capsule 150 mg oral</i> | Tier 1 | |
| <i>fenofibrate capsule 200 mg oral</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|------------------|
| <i>fenofibrate capsule 50 mg oral</i> | Tier 3 | |
| <i>fenofibrate capsule 67 mg oral</i> | Tier 1 | |
| <i>fenofibrate micronized capsule 130 mg oral</i> | Tier 1 | |
| <i>fenofibrate micronized capsule 134 mg oral</i> | Tier 1 | |
| <i>fenofibrate micronized capsule 200 mg oral</i> | Tier 1 | |
| <i>fenofibrate micronized capsule 30 mg oral</i> | Tier 3 | |
| <i>fenofibrate micronized capsule 43 mg oral</i> | Tier 1 | |
| <i>fenofibrate micronized capsule 67 mg oral</i> | Tier 1 | |
| <i>fenofibrate micronized capsule 90 mg oral</i> | Tier 3 | |
| <i>fenofibrate tablet 120 mg oral</i> | Exclusion | Drug Not Covered |
| <i>fenofibrate tablet 145 mg oral</i> | Tier 1 | |
| <i>fenofibrate tablet 160 mg oral</i> | Tier 1 | |
| <i>fenofibrate tablet 40 mg oral</i> | Exclusion | Drug Not Covered |
| <i>fenofibrate tablet 48 mg oral</i> | Tier 1 | |
| <i>fenofibrate tablet 54 mg oral</i> | Tier 1 | |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i> | Tier 1 | |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> | Tier 3 | |
| FENOGLIDE ORAL TABLET 120 MG, 40 MG | Exclusion | Drug Not Covered |
| FIBRICOR ORAL TABLET 105 MG, 35 MG | Tier 3 | |
| <i>gemfibrozil oral tablet 600 mg</i> | Tier 1 | |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | Tier 2 | |
| LOPID ORAL TABLET 600 MG | Exclusion | |
| TRICOR ORAL TABLET 145 MG, 48 MG | Exclusion | |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG | Exclusion | |
| *Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG | Tier 3 | |
| ATORVALIQ ORAL SUSPENSION 20 MG/5ML | Exclusion | |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | Exclusion | |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|------------------|
| <i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i> | Exclusion | Drug Not Covered |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> | Tier 1 | |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i> | Tier 1 | |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG | Exclusion | |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | Exclusion | |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | Exclusion | |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | |
| PRAVACHOL ORAL TABLET 20 MG, 40 MG | Exclusion | |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | Tier 1 | |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | Exclusion | |
| ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG | Exclusion | |
| <i>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol</i> | | |
| <i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i> | Tier 3 | |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | Tier 1 | |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG | Tier 3 | |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG | Exclusion | |
| <i>*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol</i> | | |
| <i>ezetimibe oral tablet 10 mg</i> | Tier 1 | |
| ZETIA ORAL TABLET 10 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Microsomal Triglyceride Transfer Protein Inhibitors*** - Drugs For Cholesterol | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | Tier 3 | PA; Specialty |
| *Nicotinic Acid Derivatives*** - Drugs For Cholesterol | | |
| <i>niacin (antihyperlipidemic) tablet 500 mg oral</i> | Tier 1 | |
| <i>niacin (antihyperlipidemic) tablet 500 mg oral</i> | Tier 3 | |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | Tier 1 | |
| NIACOR ORAL TABLET 500 MG | Tier 3 | |
| NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG | Exclusion | |
| *Pcsk9 Inhibitors*** - Drugs For Cholesterol | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML | Exclusion | PA; QL |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | Tier 2 | PA; QL |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | Tier 2 | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | Tier 2 | PA; QL |
| *Small Interfering Rna (Sirna) Pcsk9 Inhibitors*** - Drugs For Cholesterol | | |
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML | Exclusion | PA; QL |
| *Antihypertensives* - Drugs For The Heart | | |
| *Ace Inhibitor & Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure | | |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG | Tier 3 | |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | Exclusion | |
| <i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Exclusion | |
| *Ace Inhibitors & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure | | |
| ACCURETIC TABLET 10-12.5 MG ORAL | Exclusion | |
| ACCURETIC TABLET 20-12.5 MG ORAL | Exclusion | |
| ACCURETIC TABLET 20-25 MG ORAL | Tier 3 | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | Tier 1 | |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | Tier 3 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | Tier 1 | |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | Tier 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | Exclusion | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| VASERETIC ORAL TABLET 10-25 MG | Exclusion | |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | Exclusion | |
| *Ace Inhibitors*** - Drugs For High Blood Pressure | | |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | Exclusion | |
| ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG | Exclusion | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>enalapril maleate oral solution 1 mg/ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|---------------|
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | |
| EPANED ORAL SOLUTION 1 MG/ML | Exclusion | |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 1 | |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | Exclusion | |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i> | Tier 1 | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | Tier 1 | |
| PRINIVIL ORAL TABLET 10 MG, 20 MG | Exclusion | |
| QBRELIS ORAL SOLUTION 1 MG/ML | Tier 3 | |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | Exclusion | |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG | Exclusion | |
| *Agents For Pheochromocytoma*** - Drugs For High Blood Pressure | | |
| DEMSEER ORAL CAPSULE 250 MG | Exclusion | PA; Specialty |
| DIBENZYLIN ORAL CAPSULE 10 MG | Exclusion | PA; Specialty |
| <i>metyrosine oral capsule 250 mg</i> | Tier 1 | PA; Specialty |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i> | Tier 1 | PA; Specialty |
| *Angiotensin II Receptor Antag & Ca Channel Blocker Comb*** - Drugs For High Blood Pressure | | |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG | Exclusion | |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | Tier 1 | |
| TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG | Exclusion | |
| *Angiotensin li Receptor Antag & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure | | |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG | Exclusion | |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | Exclusion | |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG | Exclusion | |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | Tier 1 | |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG | Exclusion | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | Exclusion | |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG | Exclusion | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | Tier 1 | |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 1 | |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG | Exclusion | |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | Tier 1 | |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | Exclusion | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1 | |
| *Angiotensin li Receptor Antagonists*** - Drugs For High Blood Pressure | | |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | Exclusion | |
| AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG | Exclusion | |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | Tier 1 | |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG | Exclusion | |
| EDARBI ORAL TABLET 40 MG, 80 MG | Exclusion | |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | Tier 1 | |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG | Exclusion | |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> | Tier 1 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>valsartan oral solution 4 mg/ml</i> | Tier 1 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | Tier 1 | |
| *Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides*** - Drugs For High Blood Pressure | | |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | Tier 1 | |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG | Exclusion | |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | Tier 1 | |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG | Exclusion | |
| *Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure | | |
| CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR | Exclusion | |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR | Exclusion | |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR | Exclusion | |
| <i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i> | Exclusion | Drug Not Covered |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | Tier 1 | |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | Tier 1 | |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>methyldopa tablet 250 mg oral</i> | Tier 3 | |
| <i>methyldopa tablet 250 mg oral</i> | Tier 1 | |
| <i>methyldopa tablet 500 mg oral</i> | Tier 3 | |
| <i>methyldopa tablet 500 mg oral</i> | Tier 1 | |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG | Exclusion | Drug Not Covered |
| *Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure | | |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG | Exclusion | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | |
| MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG | Exclusion | |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 1 | |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| *Antihypertensives - Misc.*** - Drugs For High Blood Pressure | | |
| VECAMYL ORAL TABLET 2.5 MG | Tier 3 | PA; Specialty |
| *Beta Blocker & Diuretic Combinations*** - Drugs For High Blood Pressure | | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | |
| DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG | Exclusion | Drug Not Covered |
| LOPRESSOR HCT ORAL TABLET 50-25 MG | Exclusion | |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | Tier 1 | |
| TENORETIC 100 ORAL TABLET 100-25 MG | Exclusion | |
| TENORETIC 50 ORAL TABLET 50-25 MG | Exclusion | |
| ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG | Exclusion | |
| *Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb*** - Drugs For High Blood Pressure | | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | Tier 3 | |
| *Direct Renin Inhibitors*** - Drugs For High Blood Pressure | | |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> | Tier 1 | |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | Exclusion | |
| *Selective Aldosterone Receptor Antagonists (Saras)*** - Drugs For High Blood Pressure | | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| INSPRA ORAL TABLET 25 MG, 50 MG | Exclusion | |
| *Vasodilators*** - Drugs For High Blood Pressure | | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Tier 1 | |
| *Anti-Infective Agents - Misc.* - Drugs For Infections | | |
| *Anti-Infective Agents - Misc.*** - Drugs For Infections | | |
| AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML | Tier 3 | |
| FLAGYL ORAL CAPSULE 375 MG | Exclusion | |
| FLAGYL ORAL TABLET 500 MG | Exclusion | |
| IMPAVIDO ORAL CAPSULE 50 MG | Tier 2 | PA; Specialty; QL |
| LIKMEZ ORAL SUSPENSION 500 MG/5ML | Tier 3 | |
| <i>metronidazole oral capsule 375 mg</i> | Tier 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>metronidazole solution 500 mg/100ml intravenous</i> | Tier 1 | |
| <i>metronidazole solution 500 mg/100ml intravenous</i> | Tier 3 | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG | Exclusion | |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i> | Tier 1 | |
| PRIMSOL ORAL SOLUTION 50 MG/5ML | Tier 3 | |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>trimethoprim tablet 100 mg oral</i> | Exclusion | |
| <i>trimethoprim tablet 100 mg oral</i> | Tier 1 | |
| XIFAXAN TABLET 200 MG ORAL | Tier 3 | PA |
| XIFAXAN TABLET 550 MG ORAL | Tier 2 | PA |
| *Anti-Infective Misc. - Combinations*** - Antibiotics | | |
| BACTRIM DS ORAL TABLET 800-160 MG | Exclusion | |
| BACTRIM ORAL TABLET 400-80 MG | Exclusion | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | Tier 1 | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML | Tier 1 | |
| *Antiprotozoal Agents*** - Drugs For Parasites | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | Tier 2 | |
| ALINIA ORAL TABLET 500 MG | Exclusion | |
| <i>atovaquone oral suspension 750 mg/5ml</i> | Tier 1 | PA |

| Drug | Tier | Notes |
|--|-----------|-------|
| LAMPIT ORAL TABLET 120 MG, 30 MG | Tier 3 | |
| MEPRON ORAL SUSPENSION 750 MG/5ML | Exclusion | PA |
| <i>nitazoxanide oral tablet 500 mg</i> | Tier 1 | |
| *Glycopeptides*** - Antibiotics | | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML | Tier 3 | |
| VANCOGIN ORAL CAPSULE 125 MG, 250 MG | Exclusion | |
| <i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i> | Exclusion | |
| <i>vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous</i> | Exclusion | |
| <i>vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous</i> | Exclusion | |
| <i>vancomycin hcl in dextrose solution 1-5 gm/200ml-% intravenous</i> | Tier 3 | |
| <i>vancomycin hcl in dextrose solution 500-5 mg/100ml-% intravenous</i> | Tier 3 | |
| <i>vancomycin hcl in dextrose solution 750-5 mg/150ml-% intravenous</i> | Tier 3 | |
| <i>vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous</i> | Exclusion | |
| <i>vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous</i> | Tier 3 | |
| <i>vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous</i> | Exclusion | |
| <i>vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous</i> | Tier 3 | |
| <i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i> | Exclusion | |
| <i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i> | Tier 3 | |
| <i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i> | Tier 3 | |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i> | Tier 1 | |
| <i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i> | Tier 1 | |
| <i>vancomycin hcl solution reconstituted 1 gm intravenous</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|-------------------|
| <i>vancomycin hcl solution reconstituted 1.25 gm intravenous</i> | Tier 1 | |
| <i>vancomycin hcl solution reconstituted 1.25 gm intravenous</i> | Tier 3 | |
| <i>vancomycin hcl solution reconstituted 1.5 gm intravenous</i> | Tier 1 | |
| <i>vancomycin hcl solution reconstituted 10 gm intravenous</i> | Tier 1 | |
| <i>vancomycin hcl solution reconstituted 100 gm intravenous</i> | Tier 2 | |
| <i>vancomycin hcl solution reconstituted 250 mg intravenous</i> | Tier 3 | |
| <i>vancomycin hcl solution reconstituted 5 gm intravenous</i> | Tier 1 | |
| <i>vancomycin hcl solution reconstituted 500 mg intravenous</i> | Tier 1 | |
| <i>vancomycin hcl solution reconstituted 750 mg intravenous</i> | Tier 1 | |
| <i>vancomycin hcl solution reconstituted 750 mg intravenous</i> | Tier 2 | |
| *Leprostics*** - Antibiotics | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 1 | |
| *Lincosamides*** - Antibiotics | | |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG | Exclusion | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML | Exclusion | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | Tier 1 | |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | Tier 1 | |
| *Monobactams*** - Antibiotics | | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | Tier 3 | PA; Specialty; QL |
| *Oxazolidinones*** - Antibiotics | | |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i> | Tier 1 | |
| <i>linezolid oral tablet 600 mg</i> | Tier 1 | |
| SIVEXTRO ORAL TABLET 200 MG | Tier 3 | QL |

| Drug | Tier | Notes |
|--|-----------|-------|
| ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | Exclusion | |
| ZYVOX ORAL TABLET 600 MG | Exclusion | |
| *Pleuromutilins*** - Antibiotics | | |
| XENLETA INTRAVENOUS SOLUTION 150 MG/15ML | Tier 3 | QL |
| XENLETA ORAL TABLET 600 MG | Tier 3 | QL |
| *Urinary Anti-Infectives*** - Antibiotics | | |
| <i>fosfomycin tromethamine oral packet 3 gm</i> | Tier 1 | |
| HIPREX ORAL TABLET 1 GM | Exclusion | |
| MACROBID ORAL CAPSULE 100 MG | Exclusion | |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG | Exclusion | |
| <i>methenamine hippurate oral tablet 1 gm</i> | Tier 1 | |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i> | Exclusion | |
| MONUROL ORAL PACKET 3 GM | Exclusion | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | Tier 1 | |
| <i>nitrofurantoin suspension 25 mg/5ml oral</i> | Tier 1 | |
| <i>nitrofurantoin suspension 50 mg/5ml oral</i> | Tier 3 | |
| *Urinary Antiseptic-Antispasmodic &/Or Analgesics*** - Drugs For Infections | | |
| PHOSPHASAL ORAL TABLET 81.6 MG | Tier 1 | |
| URELLE ORAL TABLET 81 MG | Tier 1 | |
| <i>urin ds oral tablet 81.6 mg</i> | Tier 1 | |
| <i>uro-458 oral tablet 81 mg</i> | Tier 1 | |
| UROGESIC-BLUE ORAL TABLET 81.6 MG | Tier 3 | |
| <i>uro-mp oral capsule 118 mg</i> | Tier 1 | |
| UTIRA-C ORAL TABLET 81.6 MG | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Antimalarials* - Drugs For Infections | | |
| *Antimalarial Combinations*** - Drugs For Parasites | | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> | Tier 1 | |
| COARTEM ORAL TABLET 20-120 MG | Tier 3 | |
| MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG | Exclusion | |
| *Antimalarials*** - Drugs For Parasites | | |
| ARAKODA ORAL TABLET 100 MG | Tier 3 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| DARAPRIM ORAL TABLET 25 MG | Exclusion | PA; Specialty |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i> | Tier 1 | |
| KRINTAFEL ORAL TABLET 150 MG | Tier 3 | |
| <i>mefloquine hcl oral tablet 250 mg</i> | Tier 1 | |
| PLAQUENIL ORAL TABLET 200 MG | Exclusion | |
| <i>primaquine phosphate tablet 26.3 (15 base) mg oral</i> | Exclusion | |
| <i>primaquine phosphate tablet 26.3 (15 base) mg oral</i> | Tier 1 | |
| <i>pyrimethamine oral tablet 25 mg</i> | Tier 1 | PA; Specialty |
| QUALAQUIN ORAL CAPSULE 324 MG | Exclusion | |
| <i>quinine sulfate oral capsule 324 mg</i> | Tier 1 | |
| SOVUNA ORAL TABLET 200 MG, 300 MG | Exclusion | |
| *Antimyasthenic/Cholinergic Agents* - Drugs For Nerves And Muscles | | |
| *Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles | | |
| FIRDAPSE ORAL TABLET 10 MG | Tier 3 | PA; Specialty |
| <i>guanidine hcl oral tablet 125 mg</i> | Tier 3 | |
| MESTINON ORAL SOLUTION 60 MG/5ML | Exclusion | |
| MESTINON ORAL TABLET 60 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|---------------|
| MESTINON ORAL TABLET EXTENDED RELEASE 180 MG | Exclusion | |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i> | Tier 1 | |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i> | Tier 1 | |
| <i>pyridostigmine bromide tablet 30 mg oral</i> | Tier 3 | |
| <i>pyridostigmine bromide tablet 60 mg oral</i> | Tier 1 | |
| *Antimycobacterial Agents* - Drugs For Infections | | |
| *Antimycobacterial Agents*** - Antibiotics | | |
| <i>cycloserine oral capsule 250 mg</i> | Tier 1 | |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | Tier 1 | |
| <i>isoniazid oral syrup 50 mg/5ml</i> | Tier 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 1 | |
| MYAMBUTOL ORAL TABLET 400 MG | Exclusion | |
| MYCOBUTIN ORAL CAPSULE 150 MG | Exclusion | |
| PASER ORAL PACKET 4 GM | Tier 3 | |
| <i>pretomanid oral tablet 200 mg</i> | Tier 3 | QL |
| PRIFTIN ORAL TABLET 150 MG | Tier 2 | |
| <i>pyrazinamide oral tablet 500 mg</i> | Tier 1 | |
| <i>rifabutin oral capsule 150 mg</i> | Tier 1 | |
| RIFADIN ORAL CAPSULE 150 MG, 300 MG | Exclusion | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | Tier 3 | PA; Specialty |
| TRECTOR ORAL TABLET 250 MG | Tier 3 | |
| *Antineoplastics And Adjunctive Therapies* - Drugs For Cancer | | |
| *Alkylating Agents*** - Drugs For Cancer | | |
| MYLERAN ORAL TABLET 2 MG | Tier 2 | PA; Specialty |
| *Androgen Biosynthesis Inhibitors*** - Drugs For Cancer | | |
| <i>abiraterone acetate oral tablet 250 mg, 500 mg</i> | Tier 1 | PA; Specialty |
| YONSA ORAL TABLET 125 MG | Tier 2 | PA; Specialty |
| ZYTIGA ORAL TABLET 250 MG, 500 MG | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Antiadrenals*** - Drugs For Cancer | | |
| LYSODREN ORAL TABLET 500 MG | Tier 2 | PA; Specialty |
| *Antiandrogens*** - Drugs For Cancer | | |
| <i>bicalutamide oral tablet 50 mg</i> | Tier 1 | |
| CASODEX ORAL TABLET 50 MG | Exclusion | |
| ERLEADA ORAL TABLET 240 MG, 60 MG | Tier 2 | PA; Specialty |
| EULEXIN ORAL CAPSULE 125 MG | Tier 3 | |
| <i>flutamide oral capsule 125 mg</i> | Tier 1 | |
| NILANDRON ORAL TABLET 150 MG | Exclusion | PA; Specialty |
| <i>nilutamide oral tablet 150 mg</i> | Tier 1 | PA; Specialty |
| NUBEQA ORAL TABLET 300 MG | Tier 2 | PA; Specialty |
| XTANDI ORAL CAPSULE 40 MG | Tier 2 | PA; Specialty |
| XTANDI ORAL TABLET 40 MG, 80 MG | Tier 2 | PA; Specialty |
| *Antiestrogens*** - Drugs For Cancer | | |
| FARESTON ORAL TABLET 60 MG | Exclusion | |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | Tier 2 | |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>toremifene citrate oral tablet 60 mg</i> | Tier 1 | |
| *Antimetabolites*** - Drugs For Cancer | | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | Tier 1 | PA; Specialty |
| JYLAMVO ORAL SOLUTION 2 MG/ML | Tier 3 | |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 1 | |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i> | Tier 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | |
| ONUREG ORAL TABLET 200 MG, 300 MG | Tier 3 | PA; Specialty |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | Tier 2 | |
| TABLOID ORAL TABLET 40 MG | Tier 2 | PA; Specialty |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|---------------|
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 3 | |
| XELODA ORAL TABLET 150 MG, 500 MG | Exclusion | PA; Specialty |
| *Antineoplastic - Akt Inhibitors*** - Drugs For Cancer | | |
| TRUQAP ORAL TABLET 160 MG, 200 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Alk Inhibitors*** - Drugs For Cancer | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 2 | PA; Specialty |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | Tier 2 | PA; Specialty |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | Tier 2 | PA; Specialty |
| LORBRENA ORAL TABLET 100 MG, 25 MG | Tier 3 | PA; Specialty |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | Tier 2 | PA; Specialty |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG | Tier 2 | PA; Specialty |
| ZYKADIA ORAL TABLET 150 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Anti-Cd20 Antibodies*** - Drugs For Cancer | | |
| RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Tier 3 | PA; Specialty |
| RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Tier 3 | PA; Specialty |
| RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Exclusion | PA; Specialty |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | Exclusion | PA; Specialty |
| *Antineoplastic - Anti-Ctla-4 Antibodies*** - Drugs For Cancer | | |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML | Tier 3 | PA; Specialty |
| *Antineoplastic - Anti-Her2 Agents*** - Drugs For Cancer | | |
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Antineoplastic - Anti-Pd-1 Antibodies*** - Drugs For Cancer | | |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML | Tier 3 | PA; Specialty |
| *Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 2 | PA; Specialty |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer | | |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | Tier 2 | PA; Specialty |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | Tier 2 | PA; Specialty |
| GLEEVEC ORAL TABLET 100 MG, 400 MG | Exclusion | PA; Specialty |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | Tier 2 | PA; Specialty |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i> | Tier 1 | PA; Specialty |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG | Tier 3 | PA; Specialty |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | Tier 2 | PA; Specialty |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer | | |
| BRAFTOVI ORAL CAPSULE 75 MG | Tier 3 | PA; Specialty |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | Tier 3 | PA; Specialty |
| OJEMDA ORAL TABLET 100 MG | Tier 3 | PA; Specialty |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 2 | PA; Specialty |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | Tier 2 | PA; Specialty |
| ZELBORAF ORAL TABLET 240 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Btk Inhibitors*** - Drugs For Cancer | | |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 2 | PA; Specialty |
| CALQUENCE ORAL CAPSULE 100 MG | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| CALQUENCE ORAL TABLET 100 MG | Tier 2 | PA; Specialty |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 2 | PA; Specialty |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | Tier 2 | PA; Specialty |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | Tier 2 | PA; Specialty |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer | | |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i> | Tier 1 | PA; Specialty |
| EXKIVITY ORAL CAPSULE 40 MG | Tier 3 | PA; Specialty |
| <i>gefitinib oral tablet 250 mg</i> | Tier 1 | PA; Specialty |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | Tier 2 | PA; Specialty |
| IRESSA ORAL TABLET 250 MG | Tier 2 | PA; Specialty |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | Tier 2 | PA; Specialty |
| TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG | Exclusion | PA; Specialty |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Fgfr Kinase Inhibitors*** - Drugs For Cancer | | |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | Tier 3 | PA; Specialty |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 3 | PA; Specialty |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 3 | PA; Specialty |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 3 | PA; Specialty |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Gamma Secretase Inhibitors*** - Drugs For Cancer | | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG | Tier 3 | PA; Specialty |
| ERIVEDGE ORAL CAPSULE 150 MG | Tier 2 | PA; Specialty |
| ODOMZO ORAL CAPSULE 200 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Hif-2-Alpha Inhibitors*** - Drugs For Cancer | | |
| WELIREG ORAL TABLET 40 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer | | |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Hormonal And Related Agent Combinations*** - Drugs For Cancer | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | Exclusion | PA; Specialty |
| *Antineoplastic - Immunomodulators*** - Drugs For Cancer | | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Kras Inhibitors*** - Drugs For Cancer | | |
| KRAZATI ORAL TABLET 200 MG | Tier 3 | PA; Specialty |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Mek Inhibitors*** - Drugs For Cancer | | |
| COTELLIC ORAL TABLET 20 MG | Tier 2 | PA; Specialty |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | Tier 3 | PA; Specialty |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | Tier 2 | PA; Specialty |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | Tier 2 | PA; Specialty |
| MEKTOVI ORAL TABLET 15 MG | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Antineoplastic - Met Inhibitors*** - Drugs For Cancer | | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | Tier 2 | PA; Specialty |
| TEPMETKO ORAL TABLET 225 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Methyltransferase Inhibitors*** - Drugs For Cancer | | |
| TAZVERIK ORAL TABLET 200 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer | | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG | Exclusion | PA; Specialty |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | Exclusion | PA; Specialty |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Tier 1 | PA; Specialty |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> | Tier 1 | PA; Specialty |
| *Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer | | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | Tier 2 | PA; Specialty |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | Tier 2 | PA; Specialty |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | Tier 2 | PA; Specialty |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | Tier 2 | PA; Specialty |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | Tier 2 | PA; Specialty |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | Tier 3 | PA; Specialty |
| <i>lapatinib ditosylate oral tablet 250 mg</i> | Tier 1 | PA; Specialty |
| NERLYNX ORAL TABLET 40 MG | Tier 3 | PA; Specialty |
| NEXAVAR ORAL TABLET 200 MG | Exclusion | PA; Specialty |
| <i>pazopanib hcl oral tablet 200 mg</i> | Tier 1 | PA; Specialty |
| QINLOCK ORAL TABLET 50 MG | Tier 3 | PA; Specialty |
| RYDAPT ORAL CAPSULE 25 MG | Tier 2 | PA; Specialty |
| <i>sorafenib tosylate oral tablet 200 mg</i> | Tier 1 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| STIVARGA ORAL TABLET 40 MG | Tier 2 | PA; Specialty |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 | PA; Specialty |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | Exclusion | PA; Specialty |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | Tier 3 | PA; Specialty; QL |
| TYKERB ORAL TABLET 250 MG | Exclusion | PA; Specialty |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | Tier 3 | PA; Specialty |
| VOTRIENT ORAL TABLET 200 MG | Exclusion | PA; Specialty |
| XOSPATA ORAL TABLET 40 MG | Tier 3 | PA; Specialty |
| *Antineoplastic - Pdgfr-Alpha Inhibitors*** - Drugs For Cancer | | |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Proteasome Inhibitors*** - Drugs For Cancer | | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Ret Inhibitors*** - Drugs For Cancer | | |
| GAVRETO ORAL CAPSULE 100 MG | Tier 3 | PA; Specialty |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG | Tier 2 | PA; Specialty |
| *Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** - Drugs For Cancer | | |
| AUGTYRO ORAL CAPSULE 40 MG | Tier 3 | PA; Specialty |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | Tier 2 | PA; Specialty |
| ROZLYTREK ORAL PACKET 50 MG | Tier 2 | PA; Specialty |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | Tier 2 | PA; Specialty |
| VITRAKVI ORAL SOLUTION 20 MG/ML | Tier 2 | PA; Specialty |
| *Antineoplastic - Xpo1 Inhibitors*** - Drugs For Cancer | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | Tier 3 | PA; Specialty |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Tier 3 | PA; Specialty |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier 3 | PA; Specialty |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 3 | PA; Specialty |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | Tier 3 | PA; Specialty |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 3 | PA; Specialty |
| *Antineoplastic Combinations*** - Drugs For Cancer | | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML | Exclusion | PA; Specialty |
| INQOVI ORAL TABLET 35-100 MG | Tier 3 | PA; Specialty |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | Tier 2 | PA; Specialty |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | Tier 2 | PA; Specialty |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | Tier 2 | PA; Specialty |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | Tier 2 | PA; Specialty |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML | Tier 3 | PA; Specialty |
| *Antineoplastics - Photoactivated Agents*** - Drugs For Cancer | | |
| UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML | Tier 3 | PA; Specialty |
| *Antineoplastics Misc.*** - Drugs For Cancer | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | Tier 2 | PA; Specialty |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | Tier 3 | PA; Specialty |
| HYDREA ORAL CAPSULE 500 MG | Exclusion | |
| <i>hydroxyurea oral capsule 500 mg</i> | Tier 1 | |
| INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | Tier 2 | PA; Specialty |
| MATULANE ORAL CAPSULE 50 MG | Tier 2 | PA; Specialty |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | Tier 2 | PA; Specialty |
| *Aromatase Inhibitors*** - Drugs For Cancer | | |
| <i>anastrozole oral tablet 1 mg</i> | Tier 1 | |
| ARIMIDEX ORAL TABLET 1 MG | Exclusion | |
| AROMASIN ORAL TABLET 25 MG | Exclusion | |
| <i>exemestane oral tablet 25 mg</i> | Tier 1 | |
| FEMARA ORAL TABLET 2.5 MG | Exclusion | |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 1 | |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 2 | PA; Specialty |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 2 | PA; Specialty |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | Tier 2 | PA; Specialty |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 2 | PA; Specialty |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 2 | PA; Specialty |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 2 | PA; Specialty |
| *Estrogen Receptor Antagonist*** - Drugs For Cancer | | |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML | Tier 3 | PA; Specialty |
| <i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i> | Tier 1 | PA; Specialty |
| <i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i> | Tier 2 | PA; Specialty |
| *Estrogens-Antineoplastic*** - Drugs For Cancer | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer | | |
| <i>leucovorin calcium tablet 10 mg oral</i> | Exclusion | |
| <i>leucovorin calcium tablet 15 mg oral</i> | Tier 1 | |
| <i>leucovorin calcium tablet 25 mg oral</i> | Tier 1 | |
| <i>leucovorin calcium tablet 5 mg oral</i> | Tier 1 | |
| *Gonadotropin Releasing Hormone (Gnrh) Antagonists*** - Drugs For Cancer | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL | Tier 3 | PA; Specialty |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | Tier 3 | PA; Specialty |
| ORGOVYX ORAL TABLET 120 MG | Tier 3 | PA; Specialty; QL |
| *Imidazotetrazines*** - Drugs For Cancer | | |
| TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG | Exclusion | PA; Specialty |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | Tier 1 | PA; Specialty |
| *Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** - Drugs For Cancer | | |
| REZLIDHIA ORAL CAPSULE 150 MG | Tier 3 | PA; Specialty |
| TIBSOVO ORAL TABLET 250 MG | Tier 3 | PA; Specialty |
| *Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** - Drugs For Cancer | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | Tier 3 | PA; Specialty |
| *Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer | | |
| INREBIC ORAL CAPSULE 100 MG | Tier 3 | PA; Specialty |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 2 | PA; Specialty |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | Tier 3 | PA; Specialty |
| VONJO ORAL CAPSULE 100 MG | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Lhrh Analogs*** - Drugs For Cancer | | |
| CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG | Exclusion | PA; Specialty |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | Tier 2 | PA; Specialty; QL |
| <i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i> | Tier 2 | PA; Specialty; QL |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | Tier 1 | PA; Specialty; QL |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | Tier 2 | PA; Specialty; QL |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG | Tier 2 | PA; Specialty; QL |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | Tier 2 | PA; Specialty; QL |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 2 | PA; Specialty; QL |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | Tier 3 | PA; Specialty |
| VANTAS SUBCUTANEOUS KIT 50 MG | Tier 3 | PA; Specialty |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | Tier 3 | PA; Specialty |
| *Mitotic Inhibitors*** - Drugs For Cancer | | |
| <i>etoposide oral capsule 50 mg</i> | Tier 2 | PA; Specialty |
| *Nitrogen Mustards And Related Analogues*** - Drugs For Cancer | | |
| ALKERAN ORAL TABLET 2 MG | Exclusion | PA; Specialty |
| <i>cyclophosphamide capsule 25 mg oral</i> | Tier 1 | |
| <i>cyclophosphamide capsule 25 mg oral</i> | Exclusion | |
| <i>cyclophosphamide capsule 50 mg oral</i> | Tier 1 | |
| <i>cyclophosphamide capsule 50 mg oral</i> | Exclusion | |
| <i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i> | Tier 1 | PA; Specialty |
| <i>cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml</i> | Tier 3 | PA; Specialty |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|--------|---------------|
| LEUKERAN ORAL TABLET 2 MG | Tier 2 | PA; Specialty |
| <i>melfalan oral tablet 2 mg</i> | Tier 1 | PA; Specialty |
| *Nitrosoureas*** - Drugs For Cancer | | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | Tier 2 | PA; Specialty |
| *Ornithine Decarboxylase (Odc) Inhibitors*** - Drugs For Cancer | | |
| IWILFIN ORAL TABLET 192 MG | Tier 3 | PA; Specialty |
| *Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | Tier 3 | PA; Specialty |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier 2 | PA; Specialty |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | Tier 2 | PA; Specialty |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | Tier 2 | PA; Specialty |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 2 | PA; Specialty |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer | | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | Tier 2 | PA; Specialty |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | Tier 2 | PA; Specialty |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 2 | PA; Specialty |
| ZEJULA ORAL CAPSULE 100 MG | Tier 2 | PA; Specialty |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | Tier 2 | PA; Specialty |
| *Progestins-Antineoplastic*** - Drugs For Cancer | | |
| <i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i> | Tier 1 | PA; Specialty |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i> | Tier 1 | |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Retinoids*** - Drugs For Cancer | | |
| tretinoin oral capsule 10 mg | Tier 1 | PA; Specialty |
| *Selective Estrogen Receptor Degraders*** - Drugs For Cancer | | |
| ORSERDU ORAL TABLET 345 MG, 86 MG | Tier 3 | PA; Specialty |
| *Selective Retinoid X Receptor Agonists*** - Drugs For Cancer | | |
| bexarotene oral capsule 75 mg | Tier 1 | PA; Specialty |
| TARGRETIN ORAL CAPSULE 75 MG | Exclusion | PA; Specialty |
| *Topoisomerase I Inhibitors*** - Drugs For Cancer | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 2 | PA; Specialty |
| *Urinary Tract Protective Agents*** - Drugs For Cancer | | |
| MESNEX ORAL TABLET 400 MG | Tier 2 | PA |
| *Vascular Endothelial Growth Factor (Vegf) Inhibitors*** - Drugs For Cancer | | |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | Tier 3 | PA; Specialty |
| INLYTA ORAL TABLET 1 MG, 5 MG | Tier 2 | PA; Specialty |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 2 | PA; Specialty |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | Tier 2 | PA; Specialty |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | Tier 2 | PA; Specialty |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | Tier 2 | PA; Specialty |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | Tier 2 | PA; Specialty |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | Tier 2 | PA; Specialty |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 2 | PA; Specialty |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| *Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System | | |
| *Adenosine Receptor Antagonist*** - Drugs For Parkinson | | |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | Tier 3 | QL |
| *Antiparkinson Anticholinergics*** - Drugs For Parkinson | | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i> | Tier 1 | |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | Tier 1 | |
| *Antiparkinson Dopaminergics*** - Drugs For Parkinson | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 1 | |
| <i>amantadine hcl oral solution 50 mg/5ml</i> | Tier 1 | |
| <i>amantadine hcl oral tablet 100 mg</i> | Tier 1 | |
| <i>bromocriptine mesylate oral capsule 5 mg</i> | Tier 1 | |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> | Tier 1 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG | Exclusion | Drug Not Covered; QL |
| INBRIJA INHALATION CAPSULE 42 MG | Tier 2 | PA; Specialty; QL |
| OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG | Tier 3 | QL |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG | Tier 3 | QL |
| PARLODEL ORAL CAPSULE 5 MG | Exclusion | |
| PARLODEL ORAL TABLET 2.5 MG | Exclusion | |
| *Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson | | |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | Exclusion | |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> | Tier 1 | |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 1 | |
| <i>selegiline hcl oral tablet 5 mg</i> | Tier 1 | |
| XADAGO ORAL TABLET 100 MG, 50 MG | Tier 3 | |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG | Tier 3 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Central/Peripheral Comt Inhibitors*** - Drugs For Parkinson | | |
| TASMAR ORAL TABLET 100 MG | Exclusion | PA |
| <i>tolcapone oral tablet 100 mg</i> | Tier 1 | PA |
| *Decarboxylase Inhibitors*** - Drugs For Parkinson | | |
| <i>carbidopa oral tablet 25 mg</i> | Tier 1 | |
| LODOSYN ORAL TABLET 25 MG | Exclusion | |
| *Levodopa Combinations*** - Drugs For Parkinson | | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i> | Tier 3 | |
| <i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i> | Tier 3 | |
| <i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i> | Tier 3 | |
| <i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i> | Tier 1 | |
| DHIVY ORAL TABLET 25-100 MG | Exclusion | |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML | Tier 3 | PA |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|---------------|
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG | Exclusion | |
| STALEVO 100 TABLET 25-100-200 MG ORAL | Exclusion | |
| STALEVO 100 TABLET 25-100-200 MG ORAL | Tier 3 | |
| STALEVO 125 TABLET 31.25-125-200 MG ORAL | Exclusion | |
| STALEVO 125 TABLET 31.25-125-200 MG ORAL | Tier 3 | |
| STALEVO 150 TABLET 37.5-150-200 MG ORAL | Exclusion | |
| STALEVO 150 TABLET 37.5-150-200 MG ORAL | Tier 3 | |
| STALEVO 200 TABLET 50-200-200 MG ORAL | Exclusion | |
| STALEVO 200 TABLET 50-200-200 MG ORAL | Tier 3 | |
| STALEVO 50 TABLET 12.5-50-200 MG ORAL | Exclusion | |
| STALEVO 50 TABLET 12.5-50-200 MG ORAL | Tier 3 | |
| STALEVO 75 TABLET 18.75-75-200 MG ORAL | Exclusion | |
| STALEVO 75 TABLET 18.75-75-200 MG ORAL | Tier 3 | |
| *Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML | Tier 3 | PA; Specialty |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i> | Tier 1 | PA; Specialty |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 2 | |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG | Exclusion | |
| MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | Tier 3 | |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | Tier 1 | |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | Tier 1 | |
| REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG | Exclusion | |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | Tier 1 | |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | Tier 1 | |
| *Peripheral Comt Inhibitors*** - Drugs For Parkinson | | |
| COMTAN ORAL TABLET 200 MG | Exclusion | |
| <i>entacapone oral tablet 200 mg</i> | Tier 1 | |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | Tier 3 | QL |
| *Antipsychotics/Antimanic Agents* - Drugs For The Nervous System | | |
| *Antimanic Agents*** - Drugs For Severe Mental Disorders | | |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | Tier 1 | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | Tier 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 1 | |
| <i>lithium oral solution 8 meq/5ml</i> | Tier 1 | |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG | Tier 3 | |
| *Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders | | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | Exclusion | QL |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | Tier 3 | |

| Drug | Tier | Notes |
|--|-----------|---------------|
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG | Tier 3 | |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG | Exclusion | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG | Exclusion | |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| NUPLAZID ORAL CAPSULE 34 MG | Tier 3 | PA; Specialty |
| NUPLAZID ORAL TABLET 10 MG | Tier 3 | PA; Specialty |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 3 | |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | Tier 3 | |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i> | Tier 1 | |
| *Benzisoxazoles*** - Drugs For Severe Mental Disorders | | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 3 | |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | Tier 3 | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML | Exclusion | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG | Exclusion | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML | Exclusion | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | Exclusion | |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i> | Tier 1 | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | Tier 2 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG | Exclusion | |
| RISPERDAL ORAL SOLUTION 1 MG/ML | Exclusion | |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Exclusion | |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 | |
| <i>risperidone oral solution 1 mg/ml</i> | Tier 1 | |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG | Exclusion | |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML | Exclusion | |
| *Butyrophenones*** - Drugs For Severe Mental Disorders | | |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML | Tier 3 | |
| HALDOL INJECTION SOLUTION 5 MG/ML | Tier 3 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | Tier 1 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | Tier 1 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | Tier 1 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 1 | |
| *Dibenzodiazepines*** - Drugs For Severe Mental Disorders | | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>clozapine tablet dispersible 100 mg oral</i> | Tier 1 | |
| <i>clozapine tablet dispersible 12.5 mg oral</i> | Tier 1 | |
| <i>clozapine tablet dispersible 150 mg oral</i> | Tier 1 | |
| <i>clozapine tablet dispersible 150 mg oral</i> | Tier 3 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| <i>clozapine tablet dispersible 200 mg oral</i> | Tier 1 | |
| <i>clozapine tablet dispersible 25 mg oral</i> | Tier 1 | |
| CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | Exclusion | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | Tier 3 | |
| *Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders | | |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG | Exclusion | |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | Tier 3 | QL |
| *Dibenzothiazepines*** - Drugs For Severe Mental Disorders | | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 | |
| <i>quetiapine fumarate tablet 100 mg oral</i> | Tier 1 | |
| <i>quetiapine fumarate tablet 150 mg oral</i> | Exclusion | |
| <i>quetiapine fumarate tablet 200 mg oral</i> | Tier 1 | |
| <i>quetiapine fumarate tablet 25 mg oral</i> | Tier 1 | |
| <i>quetiapine fumarate tablet 300 mg oral</i> | Tier 1 | |
| <i>quetiapine fumarate tablet 400 mg oral</i> | Tier 1 | |
| <i>quetiapine fumarate tablet 50 mg oral</i> | Tier 1 | |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG | Exclusion | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | Exclusion | |
| *Dibenzoxazepines*** - Drugs For Severe Mental Disorders | | |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG | Exclusion | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Dihydroindolones*** - Drugs For Severe Mental Disorders | | |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i> | Tier 3 | |
| *Phenothiazines*** - Drugs For Severe Mental Disorders | | |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i> | Tier 1 | |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>chlorpromazine hcl solution 25 mg/ml injection</i> | Tier 1 | |
| <i>chlorpromazine hcl solution 50 mg/2ml injection</i> | Tier 1 | |
| <i>chlorpromazine hcl solution 50 mg/2ml injection</i> | Tier 2 | |
| COMPRO RECTAL SUPPOSITORY 25 MG | Tier 1 | |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | Tier 1 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | Tier 2 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | Tier 3 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | Tier 3 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>prochlorperazine edisylate solution 10 mg/2ml injection</i> | Tier 1 | |
| <i>prochlorperazine edisylate solution 50 mg/10ml injection</i> | Tier 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 1 | |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Exclusion | |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| *Quinolinone Derivatives*** - Drugs For Severe Mental Disorders | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML | Tier 2 | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | Tier 2 | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | Tier 2 | |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Exclusion | Drug Not Covered |
| ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Exclusion | Drug Not Covered |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Exclusion | Drug Not Covered |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Exclusion | |
| <i>aripiprazole oral solution 1 mg/ml</i> | Tier 1 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i> | Tier 1 | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | Tier 2 | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML | Tier 2 | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 2 | |
| *Thienbenzodiazepines*** - Drugs For Severe Mental Disorders | | |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i> | Tier 1 | |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1 | |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | Tier 1 | |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG | Tier 3 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG | Exclusion | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG | Tier 3 | |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG | Exclusion | |
| *Thioxanthenes*** - Drugs For Severe Mental Disorders | | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| *Antiseptics & Disinfectants* - Antiseptics And Disinfectants | | |
| *Antiseptics & Disinfectants*** - Antiseptics And Disinfectants | | |
| <i>formaldehyde external solution 10 %, 37 %</i> | Exclusion | |
| <i>glutaraldehyde external solution 25 %</i> | Exclusion | |
| <i>hydrogen peroxide solution 30 %</i> | Exclusion | |
| *Chlorine Antiseptics*** - Antiseptics And Disinfectants | | |
| <i>benzalkonium chloride external solution</i> | Exclusion | |
| <i>chlorhexidine gluconate solution 20 %</i> | Exclusion | |
| *Iodine Antiseptics*** - Antiseptics And Disinfectants | | |
| <i>iodine tincture external tincture 2 %</i> | Exclusion | |
| IODOFLEX EXTERNAL PAD 0.9 % | Exclusion | |
| <i>lugols strong iodine external solution 5-10 %</i> | Exclusion | |
| *Antivirals* - Drugs For Infections | | |
| *Antiretroviral Combinations*** - Drugs For Viral Infections | | |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> | Tier 1 | QL |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | Tier 1 | QL |
| ATRIPLA ORAL TABLET 600-200-300 MG | Exclusion | QL |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | Tier 2 | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML | Tier 3 | PA |
| CIMDUO ORAL TABLET 300-300 MG | Tier 2 | QL |
| COMBIVIR ORAL TABLET 150-300 MG | Exclusion | QL |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 3 | QL |
| DELSTRIGO ORAL TABLET 100-300-300 MG | Tier 2 | QL |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | Tier 2 | QL |
| DOVATO ORAL TABLET 50-300 MG | Tier 2 | QL |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i> | Tier 1 | QL |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i> | Tier 1 | QL |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | Tier 1 | QL |
| EPZICOM ORAL TABLET 600-300 MG | Exclusion | QL |
| EVOTAZ ORAL TABLET 300-150 MG | Tier 2 | QL |
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 2 | QL |
| JULUCA ORAL TABLET 50-25 MG | Tier 2 | QL |
| KALETRA ORAL SOLUTION 400-100 MG/5ML | Exclusion | |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG | Exclusion | QL |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | Tier 1 | QL |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> | Tier 1 | |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> | Tier 1 | QL |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 2 | QL |
| PREZCOBIX ORAL TABLET 800-150 MG | Tier 2 | QL |
| STRIBILD ORAL TABLET 150-150-200-300 MG | Tier 3 | QL |
| SYMFI LO ORAL TABLET 400-300-300 MG | Exclusion | QL |
| SYMFI ORAL TABLET 600-300-300 MG | Exclusion | QL |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | Tier 2 | QL |

| Drug | Tier | Notes |
|---|-----------|--------|
| TEMIXYS ORAL TABLET 300-300 MG | Tier 2 | QL |
| TRIUMEQ ORAL TABLET 600-50-300 MG | Tier 2 | QL |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | Tier 2 | QL |
| TRIZIVIR ORAL TABLET 300-150-300 MG | Tier 3 | QL |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | Exclusion | QL |
| *Antiretrovirals - Capsid Inhibitors*** - Drugs For Viral Infections | | |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG | Tier 3 | PA |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | Tier 3 | PA |
| *Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections | | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | Tier 1 | QL |
| SELZENTRY ORAL SOLUTION 20 MG/ML | Tier 3 | |
| SELZENTRY TABLET 150 MG ORAL | Exclusion | QL |
| SELZENTRY TABLET 25 MG ORAL | Tier 3 | QL |
| SELZENTRY TABLET 300 MG ORAL | Exclusion | QL |
| SELZENTRY TABLET 75 MG ORAL | Tier 3 | QL |
| *Antiretrovirals - Fusion Inhibitors*** - Drugs For Viral Infections | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | Tier 3 | QL |
| *Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | Tier 3 | PA; QL |
| *Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections | | |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML | Tier 3 | QL |

| Drug | Tier | Notes |
|--|-----------|-------|
| ISENTRESS HD ORAL TABLET 600 MG | Tier 2 | QL |
| ISENTRESS ORAL PACKET 100 MG | Tier 2 | QL |
| ISENTRESS ORAL TABLET 400 MG | Tier 2 | QL |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG | Tier 2 | QL |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | Tier 2 | QL |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | Tier 2 | QL |
| *Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 3 | QL |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i> | Tier 1 | QL |
| CRIXIVAN ORAL CAPSULE 400 MG | Tier 3 | QL |
| <i>darunavir oral tablet 600 mg, 800 mg</i> | Tier 1 | QL |
| <i>fosamprenavir calcium oral tablet 700 mg</i> | Tier 1 | QL |
| INVIRASE ORAL TABLET 500 MG | Tier 3 | QL |
| LEXIVA ORAL SUSPENSION 50 MG/ML | Tier 3 | |
| LEXIVA ORAL TABLET 700 MG | Exclusion | QL |
| NORVIR ORAL CAPSULE 100 MG | Exclusion | QL |
| NORVIR ORAL PACKET 100 MG | Tier 3 | |
| NORVIR ORAL SOLUTION 80 MG/ML | Tier 2 | |
| NORVIR ORAL TABLET 100 MG | Exclusion | QL |
| PREZISTA ORAL SUSPENSION 100 MG/ML | Tier 2 | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | Tier 2 | QL |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | Exclusion | QL |
| REYATAZ ORAL PACKET 50 MG | Tier 3 | QL |
| <i>ritonavir oral tablet 100 mg</i> | Tier 1 | QL |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | Tier 3 | QL |
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections | | |
| EDURANT ORAL TABLET 25 MG | Tier 3 | QL |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | Tier 1 | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>efavirenz oral tablet 600 mg</i> | Tier 1 | QL |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | Tier 1 | QL |
| INTELENCE TABLET 100 MG ORAL | Exclusion | QL |
| INTELENCE TABLET 200 MG ORAL | Exclusion | QL |
| INTELENCE TABLET 25 MG ORAL | Tier 2 | QL |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i> | Tier 1 | QL |
| <i>nevirapine oral suspension 50 mg/5ml</i> | Tier 1 | |
| <i>nevirapine oral tablet 200 mg</i> | Tier 1 | QL |
| PIFELTRO ORAL TABLET 100 MG | Tier 3 | QL |
| SUSTIVA ORAL CAPSULE 200 MG, 50 MG | Exclusion | QL |
| SUSTIVA ORAL TABLET 600 MG | Exclusion | QL |
| VIRAMUNE ORAL SUSPENSION 50 MG/5ML | Exclusion | |
| VIRAMUNE ORAL TABLET 200 MG | Exclusion | QL |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG | Exclusion | QL |
| *Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections | | |
| <i>abacavir sulfate oral solution 20 mg/ml</i> | Tier 1 | |
| <i>abacavir sulfate oral tablet 300 mg</i> | Tier 1 | QL |
| ZIAGEN ORAL SOLUTION 20 MG/ML | Exclusion | |
| ZIAGEN ORAL TABLET 300 MG | Exclusion | QL |
| *Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections | | |
| <i>emtricitabine oral capsule 200 mg</i> | Tier 1 | QL |
| EMTRIVA ORAL CAPSULE 200 MG | Exclusion | QL |
| EMTRIVA ORAL SOLUTION 10 MG/ML | Tier 3 | |
| EPIVIR ORAL SOLUTION 10 MG/ML | Exclusion | |
| EPIVIR ORAL TABLET 150 MG, 300 MG | Exclusion | QL |
| <i>lamivudine oral solution 10 mg/ml</i> | Tier 1 | |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | Tier 1 | QL |
| *Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections | | |
| RETROVIR ORAL CAPSULE 100 MG | Exclusion | QL |

| Drug | Tier | Notes |
|--|-----------|---------------|
| RETROVIR ORAL SYRUP 50 MG/5ML | Exclusion | |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | QL |
| <i>zidovudine oral capsule 100 mg</i> | Tier 1 | QL |
| <i>zidovudine oral syrup 50 mg/5ml</i> | Tier 1 | |
| <i>zidovudine oral tablet 300 mg</i> | Tier 1 | QL |
| *Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections | | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | Tier 1 | QL |
| VIREAD ORAL POWDER 40 MG/GM | Tier 2 | QL |
| VIREAD TABLET 150 MG ORAL | Tier 2 | QL |
| VIREAD TABLET 200 MG ORAL | Tier 2 | QL |
| VIREAD TABLET 250 MG ORAL | Tier 2 | QL |
| VIREAD TABLET 300 MG ORAL | Exclusion | QL |
| *Antiretrovirals Adjuvants*** - Drugs For Viral Infections | | |
| TYBOST ORAL TABLET 150 MG | Tier 3 | QL |
| *Antiviral Combinations*** - Drugs For Infections | | |
| PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL | Tier 3 | |
| PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL | Tier 3 | QL |
| PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL | Tier 3 | |
| PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL | Tier 3 | QL |
| *Cmv Agents*** - Drugs For Viral Infections | | |
| LIVTENCITY ORAL TABLET 200 MG | Tier 3 | PA; Specialty |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | Tier 3 | |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML | Exclusion | |
| VALCYTE ORAL TABLET 450 MG | Exclusion | |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| <i>valganciclovir hcl oral tablet 450 mg</i> | Tier 1 | |
| *Hepatitis B Agents*** - Drugs For Viral Infections | | |
| <i>adefovir dipivoxil oral tablet 10 mg</i> | Tier 1 | QL |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | Tier 2 | |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG | Exclusion | QL |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | Tier 1 | QL |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | Tier 3 | |
| EPIVIR HBV ORAL TABLET 100 MG | Exclusion | QL |
| HEPSERA ORAL TABLET 10 MG | Exclusion | QL |
| <i>lamivudine oral tablet 100 mg</i> | Tier 1 | QL |
| VEMLIDY ORAL TABLET 25 MG | Tier 2 | |
| *Hepatitis C Agent - Combinations*** - Drugs For Viral Infections | | |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG | Tier 2 | PA; Specialty; QL |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | Tier 2 | PA; Specialty; QL |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG | Tier 2 | PA; Specialty; QL |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | Tier 2 | PA; Specialty; QL |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> | Exclusion | PA; Specialty; QL |
| MAVYRET ORAL PACKET 50-20 MG | Tier 2 | PA; Specialty; QL |
| MAVYRET ORAL TABLET 100-40 MG | Tier 2 | PA; Specialty; QL |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> | Exclusion | PA; Specialty; QL |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 2 | PA; Specialty; QL |
| ZEPATIER ORAL TABLET 50-100 MG | Exclusion | PA; Specialty; QL |
| *Hepatitis C Agents*** - Drugs For Viral Infections | | |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML | Tier 2 | PA; Specialty |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 2 | PA; Specialty |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| <i>ribavirin oral capsule 200 mg</i> | Tier 1 | PA; Specialty |
| <i>ribavirin oral tablet 200 mg</i> | Tier 1 | PA; Specialty |
| SOVALDI ORAL PACKET 150 MG, 200 MG | Tier 2 | PA; Specialty; QL |
| SOVALDI ORAL TABLET 200 MG, 400 MG | Tier 2 | PA; Specialty; QL |
| *Herpes Agents - Purine Analogues*** - Drugs For Viral Infections | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 1 | |
| <i>acyclovir oral suspension 200 mg/5ml</i> | Tier 1 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 1 | |
| SITAVIG BUCCAL TABLET 50 MG | Exclusion | Drug Not Covered |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i> | Tier 1 | |
| VALTREX ORAL TABLET 1 GM, 500 MG | Exclusion | |
| ZOVIRAX ORAL SUSPENSION 200 MG/5ML | Exclusion | |
| *Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections | | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 1 | |
| *Influenza Agents*** - Drugs For Viral Infections | | |
| <i>rimantadine hcl oral tablet 100 mg</i> | Exclusion | |
| *Misc. Antivirals*** - Drugs For Viral Infections | | |
| LAGEVRIO ORAL CAPSULE 200 MG | Tier 3 | QL |
| TEMBEXA ORAL SUSPENSION 10 MG/ML | Tier 3 | |
| TEMBEXA ORAL TABLET 100 MG | Tier 3 | |
| TPOXX ORAL CAPSULE 200 MG | Tier 2 | PA |
| *Neuraminidase Inhibitors*** - Drugs For Viral Infections | | |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i> | Tier 1 | QL |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> | Tier 1 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Tier 3 | QL |

| Drug | Tier | Notes |
|---|-----------|------------------|
| TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG | Exclusion | QL |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | Exclusion | |
| *Pa Endonuclease Inhibitors*** - Drugs For Viral Infections | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | Tier 3 | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | Tier 3 | |
| *Beta Blockers* - Drugs For The Heart | | |
| *Alpha-Beta Blockers*** - Drugs For High Blood Pressure | | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG | Exclusion | |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG | Exclusion | |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| *Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure | | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | Tier 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | Exclusion | |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG | Exclusion | Drug Not Covered |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG | Exclusion | |
| *Beta Blockers Non-Selective*** - Drugs For High Blood Pressure | | |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG | Exclusion | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | Exclusion | |
| CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG | Exclusion | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 2 | |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG | Exclusion | |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG | Exclusion | Drug Not Covered |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG | Exclusion | Drug Not Covered |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | Tier 1 | |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| <i>propranolol hcl solution 20 mg/5ml oral</i> | Tier 1 | |
| <i>propranolol hcl solution 40 mg/5ml oral</i> | Tier 2 | |
| SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> | Tier 1 | |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | Tier 3 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | |
| *Calcium Channel Blockers* - Drugs For The Heart | | |
| *Calcium Channel Blocker-Nsaid Combinations*** - Drugs For High Blood Pressure | | |
| CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG | Exclusion | Drug Not Covered |
| *Calcium Channel Blockers*** - Drugs For High Blood Pressure | | |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG | Exclusion | |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | Exclusion | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Exclusion | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | Exclusion | |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | Tier 1 | |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG | Exclusion | Drug Not Covered |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | Tier 1 | |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|------------------|
| <i>diltiazem hcl er tablet extended release 24 hour 120 mg oral</i> | Tier 1 | |
| <i>diltiazem hcl er tablet extended release 24 hour 180 mg oral</i> | Exclusion | |
| <i>diltiazem hcl er tablet extended release 24 hour 240 mg oral</i> | Exclusion | |
| <i>diltiazem hcl er tablet extended release 24 hour 300 mg oral</i> | Exclusion | |
| <i>diltiazem hcl er tablet extended release 24 hour 360 mg oral</i> | Exclusion | |
| <i>diltiazem hcl er tablet extended release 24 hour 420 mg oral</i> | Exclusion | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | Tier 1 | |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | Exclusion | |
| KATERZIA ORAL SUSPENSION 1 MG/ML | Exclusion | Drug Not Covered |
| <i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i> | Exclusion | Drug Not Covered |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Exclusion | |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i> | Exclusion | |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | |
| <i>nisoldipine er tablet extended release 24 hour 17 mg oral</i> | Tier 1 | |
| <i>nisoldipine er tablet extended release 24 hour 20 mg oral</i> | Exclusion | |
| <i>nisoldipine er tablet extended release 24 hour 25.5 mg oral</i> | Exclusion | |
| <i>nisoldipine er tablet extended release 24 hour 30 mg oral</i> | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|------------------|
| <i>nisoldipine er tablet extended release 24 hour 34 mg oral</i> | Tier 1 | |
| <i>nisoldipine er tablet extended release 24 hour 40 mg oral</i> | Exclusion | |
| <i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i> | Tier 1 | |
| NORLIQVA ORAL SOLUTION 1 MG/ML | Exclusion | Drug Not Covered |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG | Exclusion | |
| NYMALIZE ORAL SOLUTION 6 MG/ML | Tier 3 | |
| PROCARDIA ORAL CAPSULE 10 MG | Exclusion | |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG | Exclusion | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | Exclusion | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | Tier 1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 1 | |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Exclusion | |
| <i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i> | Exclusion | |
| <i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i> | Tier 1 | |
| <i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i> | Tier 1 | |
| <i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i> | Exclusion | |
| <i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i> | Tier 1 | |
| <i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i> | Exclusion | |
| <i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i> | Exclusion | |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG | Exclusion | |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | Exclusion | |
| *Cardiotonics* - Drugs For The Heart | | |
| *Cardiac Glycosides*** - Drugs For The Heart | | |
| DIGITEK ORAL TABLET 125 MCG, 250 MCG | Tier 1 | |
| DIGOX ORAL TABLET 125 MCG, 250 MCG | Tier 1 | |
| <i>digoxin oral solution 0.05 mg/ml</i> | Tier 1 | |
| <i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i> | Tier 1 | |
| LANOXIN TABLET 125 MCG ORAL | Tier 3 | |
| LANOXIN TABLET 250 MCG ORAL | Tier 1 | |
| LANOXIN TABLET 62.5 MCG ORAL | Tier 3 | |
| *Cardiovascular Agents - Misc.* - Drugs For The Heart | | |
| *Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** - Drugs For Cholesterol | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | Tier 1 | |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | Exclusion | |
| *Cardiac Myosin Inhibitors*** - Drugs For The Heart | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | Tier 3 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Cardiovascular Anti-Inflammatory/Immune Modulators*** - Drugs For The Heart | | |
| LODOCO ORAL TABLET 0.5 MG | Exclusion | PA |
| *Cardiovascular Sglt2 Inhibitors** - Drugs For The Heart | | |
| INPEFA ORAL TABLET 200 MG, 400 MG | Exclusion | QL |
| *Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb*** - Drugs For High Blood Pressure | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 2 | QL |
| *Nitrate & Vasodilator Combinations*** - Drugs For High Blood Pressure | | |
| BIDIL ORAL TABLET 20-37.5 MG | Exclusion | |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | Tier 1 | |
| *Pde Inhibitor-Endothelin Receptor Antagonist Combinations*** - Drugs For Cholesterol | | |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG | Exclusion | PA; Specialty; QL |
| *Peripheral Vasodilators*** - Drugs For High Blood Pressure | | |
| isoxsuprine hcl oral tablet 10 mg, 20 mg | Exclusion | |
| *Prostaglandin - Impotence Agents*** - Drugs For The Heart | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | Tier 3 | QL |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG | Tier 3 | QL |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | Tier 3 | QL |
| MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG | Tier 3 | QL |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Prostaglandin Vasodilators*** - Drugs For High Blood Pressure | | |
| <i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i> | Tier 1 | PA; Specialty |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG | Tier 3 | PA; Specialty |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | Tier 3 | PA; Specialty; QL |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | Tier 3 | PA; Specialty; QL |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 | Tier 3 | PA; Specialty; QL |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | Tier 3 | PA; Specialty; QL |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | Tier 3 | PA; Specialty |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i> | Tier 1 | PA; Specialty |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG | Exclusion | PA; Specialty; QL |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG | Exclusion | PA; Specialty; QL |
| TYVASO INHALATION SOLUTION 0.6 MG/ML | Tier 3 | PA; Specialty; QL |
| TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML | Tier 3 | PA; Specialty; QL |
| TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML | Tier 3 | PA; Specialty; QL |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG | Tier 3 | PA; Specialty |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML | Tier 3 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For High Blood Pressure | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 3 | PA; Specialty; QL |
| *Pulmonary Hypertension - Activin Signaling Inhibitor*** - Drugs For The Heart | | |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | Tier 2 | PA; Specialty |
| *Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure | | |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 1 | PA; Specialty; QL |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 1 | PA; Specialty; QL |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | Exclusion | PA; Specialty; QL |
| OPSUMIT ORAL TABLET 10 MG | Tier 2 | PA; Specialty; QL |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | Exclusion | PA; Specialty; QL |
| TRACLEER ORAL TABLET SOLUBLE 32 MG | Tier 2 | PA; Specialty; QL |
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure | | |
| ADCIRCA ORAL TABLET 20 MG | Exclusion | PA; Specialty; QL |
| ALYQ ORAL TABLET 20 MG | Tier 1 | PA; Specialty; QL |
| LIQREV ORAL SUSPENSION 10 MG/ML | Exclusion | PA; Specialty |
| REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML | Exclusion | PA; Specialty |
| REVATIO ORAL TABLET 20 MG | Exclusion | PA; Specialty; QL |
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i> | Tier 1 | PA; Specialty |
| <i>sildenafil citrate oral tablet 20 mg</i> | Tier 1 | PA; Specialty; QL |
| <i>tadalafil (pah) oral tablet 20 mg</i> | Tier 1 | PA; Specialty; QL |
| TADLIQ ORAL SUSPENSION 20 MG/5ML | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For High Blood Pressure | | |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 2 | PA; Specialty; QL |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG | Tier 2 | PA; Specialty; QL |
| *Selective Cgmp Phosphodiesterase Type 5 Inhibitors*** - Drugs For The Heart | | |
| CIALIS TABLET 10 MG ORAL | Exclusion | QL |
| CIALIS TABLET 2.5 MG ORAL | Exclusion | PA; QL |
| CIALIS TABLET 20 MG ORAL | Exclusion | QL |
| CIALIS TABLET 5 MG ORAL | Exclusion | PA; QL |
| LEVITRA ORAL TABLET 10 MG, 20 MG | Exclusion | QL |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL |
| STAXYN ORAL TABLET DISPERSIBLE 10 MG | Exclusion | QL |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG | Tier 3 | QL |
| <i>tadalafil tablet 10 mg oral</i> | Tier 1 | QL |
| <i>tadalafil tablet 2.5 mg oral</i> | Tier 1 | PA; QL |
| <i>tadalafil tablet 20 mg oral</i> | Tier 1 | QL |
| <i>tadalafil tablet 5 mg oral</i> | Tier 1 | PA; QL |
| <i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | QL |
| <i>vardenafil hcl oral tablet dispersible 10 mg</i> | Tier 1 | QL |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | QL |
| *Sinus Node Inhibitors** - Drugs For High Blood Pressure | | |
| CORLANOR ORAL SOLUTION 5 MG/5ML | Tier 2 | QL |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | Tier 2 | QL |
| *Transthyretin Stabilizers*** - Drugs For The Heart | | |
| VYNDAMAX ORAL CAPSULE 61 MG | Tier 2 | PA; Specialty; QL |
| VYNDAQEL ORAL CAPSULE 20 MG | Tier 2 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For Angina | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 2 | PA |
| *Cephalosporins* - Drugs For Infections | | |
| *Cephalosporins - 1St Generation*** - Antibiotics | | |
| <i>cefadroxil oral capsule 500 mg</i> | Tier 1 | |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | Tier 1 | |
| <i>cefadroxil oral tablet 1 gm</i> | Tier 1 | |
| <i>cefazolin in sodium chloride intravenous solution 2-0.9 gm/100ml-%, 3-0.9 gm/100ml-%</i> | Exclusion | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | Tier 3 | |
| KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG | Exclusion | |
| *Cephalosporins - 2Nd Generation*** - Antibiotics | | |
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i> | Tier 3 | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i> | Tier 3 | |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Cephalosporins - 3Rd Generation*** - Antibiotics | | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 1 | |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>cefixime oral capsule 400 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | Tier 1 | |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | Tier 1 | |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i> | Tier 1 | |
| SUPRAX ORAL CAPSULE 400 MG | Exclusion | |
| SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG | Tier 2 | |
| SUPRAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL | Exclusion | |
| SUPRAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL | Exclusion | |
| SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL | Tier 2 | |
| TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML | Exclusion | |
| *Contraceptives* - Drugs For Women | | |
| <i>*Biphasic Contraceptives - Oral*** - Birth Control Pills</i> | | |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i> | Tier 1 | |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG | Tier 2 | |
| MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Exclusion | |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i> | Tier 1 | |
| VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Combination Contraceptives - Oral*** - Birth Control Pills | | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> | Tier 1 | |
| APRI ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| AYUNA ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) | Exclusion | |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG | Tier 1 | |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG | Exclusion | |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | Tier 1 | |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 1 | |
| CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| CHATEAL ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| CYRED ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| DASETTA 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| DELYLA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i> | Tier 1 | |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i> | Tier 1 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | Tier 1 | |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | Tier 1 | |
| EMOQUETTE ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | Tier 1 | |
| FALMINA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 1 | |
| GEMMILY ORAL CAPSULE 1-20 MG-MCG(24) | Tier 1 | |
| GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | Exclusion | |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | |
| HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| JASMIEL ORAL TABLET 3-0.02 MG | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21) | Tier 1 | |
| JULEBER ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | |
| KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | Tier 1 | |
| KALLIGA ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| KELNOR 1/50 ORAL TABLET 1-50 MG-MCG | Tier 1 | |
| KURVELO ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | Tier 1 | |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| <i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i> | Tier 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i> | Tier 1 | |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| LILLOW ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| LORYNA ORAL TABLET 3-0.02 MG | Tier 1 | |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | Tier 1 | |
| LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG | Tier 1 | |
| LUTERA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> | Tier 1 | |
| MERZEE ORAL CAPSULE 1-20 MG-MCG(24) | Tier 1 | |
| MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 1 | |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| MILI ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Exclusion | |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG | Tier 3 | |
| NIKKI ORAL TABLET 3-0.02 MG | Tier 1 | |
| <i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Tier 1 | |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i> | Tier 1 | |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Tier 1 | |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i> | Tier 1 | |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | Tier 1 | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| NYLIA 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| NYMYO ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| OCELLA ORAL TABLET 3-0.03 MG | Tier 1 | |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | Tier 1 | |
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG | Tier 1 | |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG | Exclusion | |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| SYEDA ORAL TABLET 3-0.03 MG | Tier 1 | |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG | Tier 1 | |
| TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24) | Tier 1 | |
| TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) | Exclusion | |
| TURQOZ ORAL TABLET 0.3-30 MG-MCG | Tier 1 | |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG | Tier 1 | |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | Tier 1 | |
| VESTURA ORAL TABLET 3-0.02 MG | Tier 1 | |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | Tier 1 | |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | |
| WERA ORAL TABLET 0.5-35 MG-MCG | Tier 1 | |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | Tier 1 | |
| YASMIN 28 ORAL TABLET 3-0.03 MG | Exclusion | |
| YAZ ORAL TABLET 3-0.02 MG | Exclusion | |
| ZARAH ORAL TABLET 3-0.03 MG | Tier 1 | |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | |
| ZUMANDIMINE ORAL TABLET 3-0.03 MG | Tier 1 | |
| *Combination Contraceptives - Transdermal*** - Birth Control Pills | | |
| <i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i> | Tier 1 | |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR | Tier 3 | |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | Tier 1 | |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | Tier 1 | |
| *Combination Contraceptives - Vaginal*** - Birth Control Pills | | |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR | Tier 3 | QL |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24HR | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| ENILLORING VAGINAL RING 0.12-0.015 MG/24HR | Tier 1 | |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i> | Tier 1 | |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24HR | Tier 1 | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR | Exclusion | |
| *Continuous Contraceptives - Oral*** - Birth Control Pills | | |
| AMETHYST ORAL TABLET 90-20 MCG | Tier 1 | |
| DOLISHALE ORAL TABLET 90-20 MCG | Tier 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> | Tier 1 | |
| *Copper Contraceptives - IUD*** - Birth Control Pills | | |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | Tier 3 | |
| *Emergency Contraceptives*** - Birth Control Pills | | |
| AFTERA ORAL TABLET 1.5 MG | Tier 1 | |
| AFTERPILL ORAL TABLET 1.5 MG | Tier 1 | |
| CURAE ORAL TABLET 1.5 MG | Tier 1 | |
| ECONTRA EZ ORAL TABLET 1.5 MG | Tier 1 | |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG | Tier 1 | |
| ELLA ORAL TABLET 30 MG | Tier 2 | |
| HER STYLE ORAL TABLET 1.5 MG | Tier 1 | |
| <i>levonorgestrel oral tablet 1.5 mg</i> | Tier 1 | |
| MY CHOICE ORAL TABLET 1.5 MG | Tier 1 | |
| MY WAY ORAL TABLET 1.5 MG | Tier 1 | |
| NEW DAY ORAL TABLET 1.5 MG | Tier 1 | |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG | Tier 1 | |
| OPTION 2 ORAL TABLET 1.5 MG | Tier 1 | |
| REACT ORAL TABLET 1.5 MG | Tier 1 | |
| TAKE ACTION ORAL TABLET 1.5 MG | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Extended-Cycle Contraceptives - Oral*** - Birth Control Pills | | |
| AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG | Tier 1 | |
| ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG | Tier 1 | |
| CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG | Tier 1 | |
| CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG | Tier 1 | |
| DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG | Tier 1 | |
| FAYOSIM ORAL TABLET 42-21-21-7 DAYS | Tier 1 | |
| ICLEVIA ORAL TABLET 0.15-0.03 MG | Tier 1 | |
| INTROVALE ORAL TABLET 0.15-0.03 MG | Tier 1 | |
| JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG | Tier 1 | |
| JOLESSA ORAL TABLET 0.15-0.03 MG | Tier 1 | |
| <i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i> | Tier 1 | |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i> | Tier 1 | |
| LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG | Tier 1 | |
| LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG | Exclusion | |
| QUARTETTE ORAL TABLET 42-21-21-7 DAYS | Exclusion | |
| RIVELSA ORAL TABLET 42-21-21-7 DAYS | Tier 1 | |
| SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG | Exclusion | |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | Tier 1 | |
| SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG | Tier 1 | |
| *Four Phase Contraceptives - Oral*** - Birth Control Pills | | |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Progestin Contraceptives - Implants*** - Birth Control Pills | | |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG | Tier 3 | |
| *Progestin Contraceptives - Injectable*** - Birth Control Pills | | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | Exclusion | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML | Exclusion | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | Tier 3 | |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i> | Tier 1 | |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | Tier 1 | |
| *Progestin Contraceptives - IUD*** - Birth Control Pills | | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG | Tier 2 | |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | Tier 3 | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY | Tier 2 | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG | Tier 2 | |
| *Progestin Contraceptives - Oral*** - Birth Control Pills | | |
| CAMILA ORAL TABLET 0.35 MG | Tier 1 | |
| DEBLITANE ORAL TABLET 0.35 MG | Tier 1 | |
| EMZAHH ORAL TABLET 0.35 MG | Tier 1 | |
| ERRIN ORAL TABLET 0.35 MG | Tier 1 | |
| HEATHER ORAL TABLET 0.35 MG | Tier 1 | |
| INCASSIA ORAL TABLET 0.35 MG | Tier 1 | |
| JENCYCLA ORAL TABLET 0.35 MG | Tier 1 | |
| LYLEQ ORAL TABLET 0.35 MG | Tier 1 | |
| LYZA ORAL TABLET 0.35 MG | Tier 1 | |
| NORA-BE ORAL TABLET 0.35 MG | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| <i>norethindrone oral tablet 0.35 mg</i> | Tier 1 | |
| NORLYDA ORAL TABLET 0.35 MG | Tier 1 | |
| NORLYROC ORAL TABLET 0.35 MG | Tier 1 | |
| ORTHO MICRONOR ORAL TABLET 0.35 MG | Exclusion | |
| SHAROBEL ORAL TABLET 0.35 MG | Tier 1 | |
| SLYND ORAL TABLET 4 MG | Tier 3 | |
| TULANA ORAL TABLET 0.35 MG | Tier 1 | |
| *Triphasic Contraceptives - Oral*** - Birth Control Pills | | |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | Tier 1 | |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | |
| CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG | Tier 1 | |
| CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | |
| DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | |
| ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG | Tier 1 | |
| ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Exclusion | |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | |
| LEVONEST ORAL TABLET 50-30/75-40/125-30 MCG | Tier 1 | |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | Tier 1 | |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> | Tier 1 | |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i> | Tier 1 | |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | |
| PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|---------------|
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 1 | |
| TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 1 | |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG | Tier 1 | |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG | Tier 1 | |
| *Corticosteroids* - Hormones | | |
| *Glucocorticosteroids*** - Drugs For Inflammation | | |
| AGAMREE ORAL SUSPENSION 40 MG/ML | Tier 3 | PA; Specialty |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG | Tier 3 | PA |

| Drug | Tier | Notes |
|---|-------------|------------------|
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i> | Tier 1 | |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | Tier 1 | |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG | Exclusion | |
| <i>cortisone acetate oral tablet 25 mg</i> | Tier 3 | |
| DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG | Tier 1 | |
| <i>deflazacort oral suspension 22.75 mg/ml</i> | Tier 1 | PA; Specialty |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> | Tier 1 | PA; Specialty |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML | Tier 3 | |
| <i>dexabliss oral tablet therapy pack 1.5 mg (39)</i> | Exclusion | Drug Not Covered |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 3 | |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i> | Tier 1 | |
| <i>dexamethasone oral solution 0.5 mg/5ml</i> | Tier 3 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 | |
| <i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i> | Exclusion | Drug Not Covered |
| <i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i> | Tier 1 | |
| <i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i> | Exclusion | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i> | Tier 1 | |
| <i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i> | Tier 1 | |
| DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG | Exclusion | Drug Not Covered |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | Exclusion | PA; Specialty |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | Exclusion | PA; Specialty |
| ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|------------------|
| EOHILIA ORAL SUSPENSION 2 MG/10ML | Exclusion | PA; Specialty |
| HEMADY ORAL TABLET 20 MG | Exclusion | Drug Not Covered |
| HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) | Exclusion | Drug Not Covered |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | |
| KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML | Tier 3 | |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML | Tier 3 | |
| MEDROL ORAL TABLET THERAPY PACK 4 MG | Exclusion | |
| MEDROL TABLET 16 MG ORAL | Exclusion | |
| MEDROL TABLET 2 MG ORAL | Tier 3 | |
| MEDROL TABLET 32 MG ORAL | Exclusion | |
| MEDROL TABLET 4 MG ORAL | Exclusion | |
| MEDROL TABLET 8 MG ORAL | Exclusion | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | Tier 1 | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i> | Tier 1 | |
| <i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i> | Tier 1 | |
| MILLIPRED ORAL TABLET 5 MG | Exclusion | Drug Not Covered |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG | Tier 3 | |
| ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG | Exclusion | Drug Not Covered |
| PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML | Exclusion | |
| <i>prednisolone oral solution 15 mg/5ml</i> | Tier 1 | |
| <i>prednisolone oral tablet 5 mg</i> | Exclusion | Drug Not Covered |
| <i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i> | Tier 1 | |
| <i>prednisolone sodium phosphate solution 10 mg/5ml oral</i> | Exclusion | Drug Not Covered |
| <i>prednisolone sodium phosphate solution 15 mg/5ml oral</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| <i>prednisolone sodium phosphate solution 20 mg/5ml oral</i> | Tier 1 | |
| <i>prednisolone sodium phosphate solution 25 mg/5ml oral</i> | Tier 1 | |
| <i>prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral</i> | Tier 1 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | Exclusion | |
| <i>prednisone oral solution 5 mg/5ml</i> | Tier 1 | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | Tier 1 | |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | Tier 1 | |
| RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG | Exclusion | Drug Not Covered |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG | Tier 3 | |
| SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG | Tier 3 | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG | Tier 3 | |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) | Exclusion | Drug Not Covered |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) | Exclusion | Drug Not Covered |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) | Exclusion | Drug Not Covered |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG | Exclusion | PA; Specialty; QL |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | Tier 1 | |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG | Exclusion | |
| <i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i> | Exclusion | Drug Not Covered |
| *Mineralocorticoids*** - Drugs For Inflammation | | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Steroid Combinations*** - Drugs For Inflammation | | |
| <i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i> | Tier 1 | |
| CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION | Tier 3 | |
| CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION | Exclusion | |
| *Cough/Cold/Allergy* - Drugs For The Lungs | | |
| *Antitussive - Nonnarcotic*** - Drugs For Allergies | | |
| <i>benzonatate capsule 100 mg oral</i> | Tier 1 | |
| <i>benzonatate capsule 150 mg oral</i> | Exclusion | Drug Not Covered |
| <i>benzonatate capsule 200 mg oral</i> | Tier 1 | |
| TESSALON PERLES ORAL CAPSULE 100 MG | Exclusion | |
| *Antitussive - Opioid*** - Drugs For Cough And Cold | | |
| HYCODAN ORAL SOLUTION 5-1.5 MG/5ML | Exclusion | |
| HYCODAN ORAL TABLET 5-1.5 MG | Exclusion | |
| <i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i> | Tier 1 | |
| <i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i> | Tier 1 | |
| <i>hydromet oral solution 5-1.5 mg/5ml</i> | Tier 1 | |
| *Antitussive-Expectorant*** - Drugs For Cough And Cold | | |
| <i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i> | Tier 1 | |
| *Decongestant & Antihistamine*** - Drugs For Cough And Cold | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG | Tier 3 | |
| <i>promethazine vc oral syrup 6.25-5 mg/5ml</i> | Tier 1 | |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Iodine Expectorants*** - Drugs For Cough And Cold | | |
| SSKI ORAL SOLUTION 1 GM/ML | Tier 3 | |
| *Misc. Respiratory Inhalants*** - Drugs For Allergies | | |
| HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION | Tier 3 | |
| HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION | Exclusion | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | Tier 1 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % | Tier 1 | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | Tier 1 | |
| *Mucolytics*** - Drugs For The Lungs | | |
| acetylcysteine inhalation solution 10 %, 20 % | Tier 1 | |
| *Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold | | |
| promethazine-dm oral syrup 6.25-15 mg/5ml | Tier 1 | |
| *Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold | | |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5ML | Tier 1 | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | Tier 1 | |
| *Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold | | |
| hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml | Tier 1 | |
| promethazine-codeine oral solution 6.25-10 mg/5ml | Tier 1 | |
| promethazine-codeine oral syrup 6.25-10 mg/5ml | Tier 1 | |
| TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|---|-------------|--------------|
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG | Tier 3 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML | Tier 3 | |
| *Opioid Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold | | |
| <i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i> | Tier 1 | |
| <i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i> | Tier 1 | |
| *Dermatologicals* - Drugs For The Skin | | |
| *Acne Antibiotics*** - Drugs For The Skin | | |
| ACZONE EXTERNAL GEL 5 %, 7.5 % | Exclusion | |
| AMZEEQ EXTERNAL FOAM 4 % | Tier 3 | |
| CLEOCIN-T EXTERNAL LOTION 1 % | Exclusion | |
| CLINDACIN ETZ EXTERNAL SWAB 1 % | Tier 1 | |
| CLINDACIN EXTERNAL FOAM 1 % | Tier 1 | |
| CLINDACIN-P EXTERNAL SWAB 1 % | Tier 1 | |
| CLINDAGEL EXTERNAL GEL 1 % | Exclusion | |
| <i>clindamycin phosphate external foam 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate external gel 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate external lotion 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate external solution 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate external swab 1 %</i> | Tier 1 | |
| <i>dapsone external gel 5 %, 7.5 %</i> | Tier 1 | |
| <i>ery external pad 2 %</i> | Tier 1 | |
| ERYGEL EXTERNAL GEL 2 % | Exclusion | |
| <i>erythromycin external gel 2 %</i> | Tier 1 | |
| <i>erythromycin external solution 2 %</i> | Tier 1 | |
| EVOCLIN EXTERNAL FOAM 1 % | Exclusion | |
| KLARON EXTERNAL LOTION 10 % | Exclusion | |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| *Acne Combinations*** - Drugs For The Skin | | |
| ACANYA EXTERNAL GEL 1.2-2.5 % | Exclusion | |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i> | Tier 1 | |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5 % external</i> | Exclusion | |
| BENZAFLIN EXTERNAL GEL 1-5 % | Exclusion | |
| BENZAFLIN WITH PUMP EXTERNAL GEL 1-5 % | Exclusion | |
| BENZAMYCIN EXTERNAL GEL 5-3 % | Exclusion | |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i> | Tier 1 | |
| CABTREO EXTERNAL GEL 0.15-3.1-1.2 % | Tier 3 | |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i> | Tier 1 | |
| <i>clindamycin-tretinoin external gel 1.2-0.025 %</i> | Exclusion | Drug Not Covered |
| EPIDUO EXTERNAL GEL 0.1-2.5 % | Exclusion | |
| EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % | Exclusion | |
| NEUAC EXTERNAL GEL 1.2-5 % | Tier 1 | |
| ONEXTON EXTERNAL GEL 1.2-3.75 % | Tier 2 | |
| <i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i> | Tier 1 | |
| <i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %</i> | Tier 1 | |
| <i>sulfacetamide sodium-sulfur external suspension 8-4 %</i> | Tier 1 | |
| <i>sulfamez wash external emulsion 10-1 %</i> | Exclusion | |
| TWYNEO EXTERNAL CREAM 0.1-3 % | Exclusion | |
| VELTIN EXTERNAL GEL 1.2-0.025 % | Exclusion | Drug Not Covered |
| ZIANA EXTERNAL GEL 1.2-0.025 % | Exclusion | Drug Not Covered |
| *Acne Products*** - Drugs For The Skin | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG | Exclusion | Drug Not Covered |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG | Exclusion | Drug Not Covered |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>adapalene external cream 0.1 %</i> | Tier 1 | |
| <i>adapalene external gel 0.1 %, 0.3 %</i> | Tier 1 | |
| <i>adapalene external pad 0.1 %</i> | Exclusion | Drug Not Covered |
| <i>adapalene external solution 0.1 %</i> | Tier 3 | |
| AKLIEF EXTERNAL CREAM 0.005 % | Tier 3 | |
| ALTRENO EXTERNAL LOTION 0.05 % | Tier 3 | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | Tier 1 | |
| ARAZLO EXTERNAL LOTION 0.045 % | Exclusion | |
| ATRALIN EXTERNAL GEL 0.05 % | Exclusion | |
| AVITA EXTERNAL CREAM 0.025 % | Tier 1 | |
| AVITA EXTERNAL GEL 0.025 % | Tier 1 | |
| AZELEX EXTERNAL CREAM 20 % | Tier 3 | |
| BENZAC AC WASH EXTERNAL LIQUID 5 % | Exclusion | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| DIFFERIN EXTERNAL CREAM 0.1 % | Exclusion | |
| DIFFERIN EXTERNAL GEL 0.3 % | Exclusion | |
| DIFFERIN EXTERNAL LOTION 0.1 % | Tier 3 | |
| EPSOLAY EXTERNAL CREAM 5 % | Exclusion | Drug Not Covered |
| FABIOR EXTERNAL FOAM 0.1 % | Exclusion | |
| <i>isotretinoin capsule 10 mg oral</i> | Exclusion | Drug Not Covered |
| <i>isotretinoin capsule 10 mg oral</i> | Tier 1 | |
| <i>isotretinoin capsule 20 mg oral</i> | Exclusion | Drug Not Covered |
| <i>isotretinoin capsule 20 mg oral</i> | Tier 1 | |
| <i>isotretinoin capsule 25 mg oral</i> | Exclusion | |
| <i>isotretinoin capsule 25 mg oral</i> | Exclusion | Drug Not Covered |
| <i>isotretinoin capsule 30 mg oral</i> | Exclusion | Drug Not Covered |
| <i>isotretinoin capsule 30 mg oral</i> | Tier 1 | |
| <i>isotretinoin capsule 35 mg oral</i> | Exclusion | |
| <i>isotretinoin capsule 35 mg oral</i> | Exclusion | Drug Not Covered |
| <i>isotretinoin capsule 40 mg oral</i> | Exclusion | Drug Not Covered |
| <i>isotretinoin capsule 40 mg oral</i> | Tier 1 | |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % | Exclusion | |
| RETIN-A EXTERNAL GEL 0.01 %, 0.025 % | Exclusion | |
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % | Exclusion | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % | Exclusion | |
| <i>tazarotene external foam 0.1 %</i> | Exclusion | |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> | Tier 1 | |
| <i>tretinoin gel 0.01 % external</i> | Tier 1 | |
| <i>tretinoin gel 0.025 % external</i> | Exclusion | |
| <i>tretinoin gel 0.05 % external</i> | Tier 1 | |
| <i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i> | Tier 1 | |
| <i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i> | Tier 1 | |
| WINLEVI EXTERNAL CREAM 1 % | Tier 3 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| *Agents For External Genital And Perianal Warts*** - Drugs For The Skin | | |
| VEREGEN EXTERNAL OINTMENT 15 % | Tier 3 | |
| *Agents For Facial Wrinkles - Retinoids*** - Drugs For The Skin | | |
| REFISSA EXTERNAL CREAM 0.05 % | Exclusion | |
| RENOVA EXTERNAL CREAM 0.02 % | Exclusion | |
| RENOVA PUMP EXTERNAL CREAM 0.02 % | Exclusion | |
| <i>tretinoin (emollient) external cream 0.05 %</i> | Exclusion | |
| *Alopecia Agents - Janus Kinus (Jak) Inhibitors*** - Drugs For The Skin | | |
| LITFULO ORAL CAPSULE 50 MG | Tier 3 | PA; Specialty; QL |
| *Antibiotic Steroid Combinations - Topical*** - Drugs For The Skin | | |
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Antibiotics - Topical*** - Drugs For The Skin | | |
| ALTABAX EXTERNAL OINTMENT 1 % | Tier 3 | |
| CENTANY EXTERNAL OINTMENT 2 % | Tier 1 | |
| <i>gentamicin sulfate external cream 0.1 %</i> | Tier 1 | |
| <i>gentamicin sulfate external ointment 0.1 %</i> | Tier 1 | |
| <i>mupirocin calcium external cream 2 %</i> | Tier 1 | |
| <i>mupirocin external ointment 2 %</i> | Tier 1 | |
| XEPI EXTERNAL CREAM 1 % | Tier 3 | |
| *Antifungals - Topical Combinations*** - Drugs For The Skin | | |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | Tier 1 | |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | Tier 1 | |
| <i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i> | Exclusion | Drug Not Covered |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | Tier 1 | |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | Tier 1 | |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 % | Exclusion | Drug Not Covered |
| *Antifungals - Topical*** - Drugs For The Skin | | |
| CICLODAN EXTERNAL SOLUTION 8 % | Tier 1 | |
| <i>ciclopirox external gel 0.77 %</i> | Tier 1 | |
| <i>ciclopirox external shampoo 1 %</i> | Tier 1 | |
| <i>ciclopirox external solution 8 %</i> | Tier 1 | |
| <i>ciclopirox olamine external cream 0.77 %</i> | Tier 1 | |
| <i>ciclopirox olamine external suspension 0.77 %</i> | Exclusion | |
| KLAYESTA EXTERNAL POWDER 100000 UNIT/GM | Tier 1 | |
| LOPROX EXTERNAL CREAM 0.77 % | Exclusion | |
| LOPROX EXTERNAL SHAMPOO 1 % | Exclusion | |
| LOPROX EXTERNAL SUSPENSION 0.77 % | Exclusion | |
| MENTAX EXTERNAL CREAM 1 % | Tier 3 | |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| <i>naftifine hcl cream 1 % external</i> | Tier 1 | |
| <i>naftifine hcl cream 2 % external</i> | Exclusion | |
| <i>naftifine hcl external gel 2 %</i> | Tier 1 | |
| NAFTIN EXTERNAL CREAM 2 % | Exclusion | |
| NAFTIN GEL 1 % EXTERNAL | Tier 3 | |
| NAFTIN GEL 2 % EXTERNAL | Exclusion | |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM | Tier 1 | |
| <i>nystatin external cream 100000 unit/gm</i> | Tier 1 | |
| <i>nystatin external ointment 100000 unit/gm</i> | Tier 1 | |
| <i>nystatin external powder 100000 unit/gm</i> | Tier 1 | |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | Tier 1 | |
| *Anti-Inflammatory Agents - Topical*** - Drugs For The Skin | | |
| <i>diclofenac epolamine patch 1.3 % external</i> | Tier 1 | |
| <i>diclofenac epolamine patch 1.3 % external</i> | Tier 3 | |
| <i>diclofenac sodium external gel 1 %</i> | Tier 1 | QL |
| <i>diclofenac sodium solution 1.5 % external</i> | Exclusion | Drug Not Covered; QL |
| <i>diclofenac sodium solution 2 % external</i> | Exclusion | Drug Not Covered |
| FLECTOR EXTERNAL PATCH 1.3 % | Tier 3 | |
| LICART EXTERNAL PATCH 24 HOUR 1.3 % | Exclusion | Drug Not Covered |
| PENNSAID EXTERNAL SOLUTION 2 % | Exclusion | Drug Not Covered |
| VOLTAREN EXTERNAL GEL 1 % | Exclusion | QL |
| *Antineoplastic Alkylating Agents - Topical*** - Drugs For The Skin | | |
| VALCHLOR EXTERNAL GEL 0.016 % | Tier 2 | PA; Specialty; QL |
| *Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin | | |
| CARAC EXTERNAL CREAM 0.5 % | Exclusion | Drug Not Covered |
| EFUDEX EXTERNAL CREAM 5 % | Exclusion | |
| FLUOROPLEX EXTERNAL CREAM 1 % | Tier 3 | |
| <i>fluorouracil cream 0.5 % external</i> | Exclusion | Drug Not Covered |
| <i>fluorouracil cream 5 % external</i> | Tier 1 | |
| <i>fluorouracil external solution 2 %, 5 %</i> | Tier 1 | |
| TOLAK EXTERNAL CREAM 4 % | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| *Antineoplastic Or Premalignant Lesions - Topical Misc.*** - Drugs For The Skin | | |
| PICATO EXTERNAL GEL 0.015 %, 0.05 % | Exclusion | |
| *Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** - Drugs For The Skin | | |
| diclofenac sodium external gel 3 % | Tier 1 | PA; QL |
| *Antineoplastic Retinoids - Topical*** - Drugs For The Skin | | |
| PANRETIN EXTERNAL GEL 0.1 % | Tier 3 | |
| *Antipruritics - Topical*** - Drugs For The Skin | | |
| doxepin hcl external cream 5 % | Exclusion | Drug Not Covered |
| PRUDOXIN EXTERNAL CREAM 5 % | Exclusion | Drug Not Covered |
| ZONALON EXTERNAL CREAM 5 % | Exclusion | Drug Not Covered |
| *Antipsoriatics - Systemic*** - Drugs For The Skin | | |
| acitretin oral capsule 10 mg, 17.5 mg, 25 mg | Tier 1 | QL |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML | Tier 3 | PA; Specialty |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | Tier 3 | PA; Specialty |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 2 | PA; Specialty |
| COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML | Tier 2 | PA; Specialty |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 2 | PA; Specialty |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 2 | PA; Specialty |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | Tier 2 | PA; Specialty |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Exclusion | PA; Specialty |
| <i>methoxsalen rapid oral capsule 10 mg</i> | Tier 1 | PA |
| OXSORALEN ULTRA ORAL CAPSULE 10 MG | Exclusion | PA |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML | Exclusion | PA; Specialty |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML | Tier 2 | PA; Specialty |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 2 | PA; Specialty |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 2 | PA; Specialty |
| SORIATANE ORAL CAPSULE 10 MG, 25 MG | Exclusion | QL |
| SOTYKTU ORAL TABLET 6 MG | Tier 3 | PA; Specialty; QL |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 3 | PA; Specialty |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Tier 2 | PA; Specialty |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | Tier 2 | PA; Specialty |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML | Exclusion | PA; Specialty |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | Exclusion | PA; Specialty |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML | Tier 2 | PA; Specialty |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Tier 2 | PA; Specialty |
| *Antipsoriatics*** - Drugs For The Skin | | |
| <i>calcipotriene external cream 0.005 %</i> | Tier 1 | |
| <i>calcipotriene external foam 0.005 %</i> | Exclusion | Drug Not Covered |
| <i>calcipotriene external ointment 0.005 %</i> | Tier 1 | |
| <i>calcipotriene external solution 0.005 %</i> | Tier 1 | |
| CALCITRENE EXTERNAL OINTMENT 0.005 % | Tier 1 | |
| <i>calcitriol ointment 3 mcg/gm external</i> | Tier 3 | |
| <i>calcitriol ointment 3 mcg/gm external</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| DOVONEX EXTERNAL CREAM 0.005 % | Exclusion | |
| SORILUX EXTERNAL FOAM 0.005 % | Exclusion | Drug Not Covered |
| <i>tazarotene external cream 0.1 %</i> | Tier 1 | |
| <i>tazarotene external gel 0.05 %, 0.1 %</i> | Tier 1 | |
| TAZORAC CREAM 0.05 % EXTERNAL | Tier 2 | |
| TAZORAC CREAM 0.1 % EXTERNAL | Exclusion | |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % | Exclusion | |
| VECTICAL EXTERNAL OINTMENT 3 MCG/GM | Tier 3 | |
| VTAMA EXTERNAL CREAM 1 % | Tier 3 | PA |
| ZORYVE EXTERNAL CREAM 0.3 % | Exclusion | PA |
| *Antiseborrheic Combinations*** - Drugs For The Skin | | |
| <i>sodium sulfacetamide-bakuchiol external liquid 10 %</i> | Exclusion | |
| *Antiseborrheic Products*** - Drugs For The Skin | | |
| <i>selenium sulfide external lotion 2.5 %</i> | Tier 1 | |
| <i>sodium sulfacetamide wash external liquid 10 %</i> | Tier 1 | |
| ZORYVE EXTERNAL FOAM 0.3 % | Exclusion | PA |
| *Antiviral Topical Combinations*** - Drugs For The Skin | | |
| XERESE EXTERNAL CREAM 5-1 % | Exclusion | Drug Not Covered |
| *Antivirals - Topical*** - Drugs For The Skin | | |
| <i>acyclovir external cream 5 %</i> | Tier 1 | |
| <i>acyclovir external ointment 5 %</i> | Tier 1 | |
| DENAVIR EXTERNAL CREAM 1 % | Exclusion | |
| <i>penciclovir external cream 1 %</i> | Tier 1 | |
| ZOVIRAX EXTERNAL CREAM 5 % | Exclusion | |
| ZOVIRAX EXTERNAL OINTMENT 5 % | Exclusion | |
| *Astringents*** - Drugs For The Skin | | |
| XERAC AC EXTERNAL SOLUTION 6.25 % | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** - Drugs For The Skin | | |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | Exclusion | PA; Specialty; QL |
| OPZELURA EXTERNAL CREAM 1.5 % | Exclusion | PA; QL |
| *Atopic Dermatitis - Monoclonal Antibodies*** - Drugs For The Skin | | |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 2 | PA; Specialty |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML | Tier 2 | PA; Specialty |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | Tier 2 | PA; Specialty |
| *Burn Products*** - Drugs For The Skin | | |
| SILVADENE EXTERNAL CREAM 1 % | Exclusion | |
| <i>silver sulfadiazine external cream 1 %</i> | Tier 1 | |
| SSD EXTERNAL CREAM 1 % | Tier 1 | |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM | Tier 3 | |
| *Corticosteroids - Topical*** - Drugs For The Skin | | |
| ALA SCALP EXTERNAL LOTION 2 % | Tier 1 | |
| <i>ala-cort external cream 1 %, 2.5 %</i> | Tier 1 | |
| <i>alclometasone dipropionate external cream 0.05 %</i> | Tier 1 | |
| <i>alclometasone dipropionate external ointment 0.05 %</i> | Tier 1 | |
| <i>amcinonide external cream 0.1 %</i> | Tier 3 | |
| <i>amcinonide external lotion 0.1 %</i> | Tier 3 | |
| <i>amcinonide external ointment 0.1 %</i> | Tier 1 | |
| APEXICON E EXTERNAL CREAM 0.05 % | Tier 3 | |
| BESER EXTERNAL LOTION 0.05 % | Tier 1 | |
| <i>betamethasone dipropionate aug external cream 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate aug external gel 0.05 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>betamethasone dipropionate aug external lotion 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate external cream 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate external lotion 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | Tier 1 | |
| <i>betamethasone valerate external cream 0.1 %</i> | Tier 1 | |
| <i>betamethasone valerate external foam 0.12 %</i> | Exclusion | Drug Not Covered |
| <i>betamethasone valerate external lotion 0.1 %</i> | Tier 1 | |
| <i>betamethasone valerate external ointment 0.1 %</i> | Tier 1 | |
| BRYHALI EXTERNAL LOTION 0.01 % | Exclusion | Drug Not Covered |
| CAPEX EXTERNAL SHAMPOO 0.01 % | Tier 3 | |
| <i>clobetasol prop emollient base external cream 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate e external cream 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate emulsion external foam 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external cream 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external foam 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external gel 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external liquid 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external lotion 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external ointment 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external shampoo 0.05 %</i> | Tier 1 | |
| <i>clobetasol propionate external solution 0.05 %</i> | Tier 1 | |
| CLOBEX EXTERNAL LOTION 0.05 % | Exclusion | |
| CLOBEX EXTERNAL SHAMPOO 0.05 % | Exclusion | |
| CLOBEX SPRAY EXTERNAL LIQUID 0.05 % | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>clocortolone pivalate external cream 0.1 %</i> | Tier 1 | |
| CLODAN EXTERNAL SHAMPOO 0.05 % | Tier 1 | |
| CLODERM EXTERNAL CREAM 0.1 % | Exclusion | |
| CORDRAN CREAM 0.025 % EXTERNAL | Tier 3 | |
| CORDRAN CREAM 0.05 % EXTERNAL | Exclusion | |
| CORDRAN EXTERNAL LOTION 0.05 % | Exclusion | |
| CORDRAN EXTERNAL OINTMENT 0.05 % | Tier 3 | |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM | Tier 3 | |
| CUTIVATE EXTERNAL LOTION 0.05 % | Exclusion | |
| DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % | Exclusion | |
| DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % | Exclusion | |
| DESONATE EXTERNAL GEL 0.05 % | Exclusion | |
| <i>desonide external cream 0.05 %</i> | Tier 1 | |
| <i>desonide external gel 0.05 %</i> | Tier 1 | |
| <i>desonide external lotion 0.05 %</i> | Tier 1 | |
| <i>desonide external ointment 0.05 %</i> | Tier 1 | |
| DESOWEN EXTERNAL CREAM 0.05 % | Exclusion | |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i> | Tier 1 | |
| <i>desoximetasone external gel 0.05 %</i> | Tier 1 | |
| <i>desoximetasone external liquid 0.25 %</i> | Tier 1 | |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i> | Tier 1 | |
| DESRX EXTERNAL GEL 0.05 % | Tier 1 | |
| <i>diflorasone diacetate external cream 0.05 %</i> | Exclusion | Drug Not Covered |
| <i>diflorasone diacetate external ointment 0.05 %</i> | Tier 1 | |
| DIPROLENE AF EXTERNAL CREAM 0.05 % | Exclusion | |
| DIPROLENE EXTERNAL OINTMENT 0.05 % | Exclusion | |
| <i>fluocinolone acetonide body external oil 0.01 %</i> | Tier 1 | |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | Tier 1 | |
| <i>fluocinolone acetonide external ointment 0.025 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>fluocinolone acetonide external solution 0.01 %</i> | Tier 1 | |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i> | Tier 1 | |
| <i>fluocinonide cream 0.05 % external</i> | Tier 1 | |
| <i>fluocinonide cream 0.1 % external</i> | Exclusion | Drug Not Covered |
| <i>fluocinonide emulsified base external cream 0.05 %</i> | Tier 1 | |
| <i>fluocinonide external gel 0.05 %</i> | Tier 1 | |
| <i>fluocinonide external ointment 0.05 %</i> | Tier 1 | |
| <i>fluocinonide external solution 0.05 %</i> | Tier 1 | |
| <i>flurandrenolide external cream 0.05 %</i> | Tier 1 | |
| <i>flurandrenolide external lotion 0.05 %</i> | Tier 1 | |
| <i>flurandrenolide external ointment 0.05 %</i> | Tier 1 | |
| <i>fluticasone propionate external cream 0.05 %</i> | Tier 1 | |
| <i>fluticasone propionate external lotion 0.05 %</i> | Tier 1 | |
| <i>fluticasone propionate external ointment 0.005 %</i> | Tier 1 | |
| <i>halcinonide external cream 0.1 %</i> | Tier 1 | |
| <i>halobetasol propionate external cream 0.05 %</i> | Tier 1 | |
| <i>halobetasol propionate external foam 0.05 %</i> | Exclusion | Drug Not Covered |
| <i>halobetasol propionate external ointment 0.05 %</i> | Tier 1 | |
| HALOG EXTERNAL CREAM 0.1 % | Exclusion | |
| HALOG EXTERNAL OINTMENT 0.1 % | Tier 3 | |
| HALOG EXTERNAL SOLUTION 0.1 % | Tier 3 | |
| <i>hydrocortisone butyr lipo base external cream 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone butyrate external cream 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone butyrate external lotion 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone external cream 1 %, 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone external lotion 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>hydrocortisone valerate external cream 0.2 %</i> | Tier 1 | |
| <i>hydrocortisone valerate external ointment 0.2 %</i> | Tier 1 | |
| IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) | Exclusion | Drug Not Covered |
| IMPOYZ EXTERNAL CREAM 0.025 % | Exclusion | Drug Not Covered |
| KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM | Exclusion | |
| LEXETTE EXTERNAL FOAM 0.05 % | Exclusion | Drug Not Covered |
| LOCOID EXTERNAL LOTION 0.1 % | Exclusion | |
| LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % | Exclusion | |
| LUXIQ EXTERNAL FOAM 0.12 % | Exclusion | Drug Not Covered |
| <i>mometasone furoate external cream 0.1 %</i> | Tier 1 | |
| <i>mometasone furoate external ointment 0.1 %</i> | Tier 1 | |
| <i>mometasone furoate external solution 0.1 %</i> | Tier 1 | |
| NOLIX EXTERNAL CREAM 0.05 % | Tier 1 | |
| NOLIX EXTERNAL LOTION 0.05 % | Tier 1 | |
| OLUX EXTERNAL FOAM 0.05 % | Exclusion | |
| OLUX-E EXTERNAL FOAM 0.05 % | Exclusion | |
| PANDEL EXTERNAL CREAM 0.1 % | Exclusion | Drug Not Covered |
| <i>prednicarbate external ointment 0.1 %</i> | Tier 1 | |
| SERNIVO EXTERNAL EMULSION 0.05 % | Exclusion | Drug Not Covered |
| SYNALAR EXTERNAL CREAM 0.025 % | Exclusion | |
| SYNALAR EXTERNAL OINTMENT 0.025 % | Exclusion | |
| SYNALAR EXTERNAL SOLUTION 0.01 % | Exclusion | |
| TEMOVATE EXTERNAL CREAM 0.05 % | Exclusion | |
| TEMOVATE EXTERNAL OINTMENT 0.05 % | Exclusion | |
| TEXACORT EXTERNAL SOLUTION 2.5 % | Tier 3 | |
| TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % | Exclusion | |
| TOPICORT EXTERNAL GEL 0.05 % | Exclusion | |
| TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % | Exclusion | |
| TOPICORT SPRAY EXTERNAL LIQUID 0.25 % | Exclusion | |
| TOVET EXTERNAL FOAM 0.05 % | Tier 1 | |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 | |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | Tier 1 | |
| <i>triamcinolone acetonide ointment 0.025 % external</i> | Tier 1 | |
| <i>triamcinolone acetonide ointment 0.05 % external</i> | Exclusion | Drug Not Covered |
| <i>triamcinolone acetonide ointment 0.1 % external</i> | Tier 1 | |
| <i>triamcinolone acetonide ointment 0.5 % external</i> | Tier 1 | |
| <i>triamcinolone in absorbase external ointment 0.05 %</i> | Exclusion | Drug Not Covered |
| TRIANEX EXTERNAL OINTMENT 0.05 % | Exclusion | Drug Not Covered |
| TRIDERM EXTERNAL CREAM 0.1 %, 0.5 % | Tier 1 | |
| TRITOCIN EXTERNAL OINTMENT 0.05 % | Exclusion | Drug Not Covered |
| ULTRAVATE EXTERNAL LOTION 0.05 % | Exclusion | Drug Not Covered |
| VANOS EXTERNAL CREAM 0.1 % | Exclusion | Drug Not Covered |
| VERDESO EXTERNAL FOAM 0.05 % | Tier 3 | |
| *Depigmenting Combinations*** - Drugs For The Skin | | |
| TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % | Exclusion | |
| *Emollient Combinations*** - Drugs For The Skin | | |
| <i>lactic acid e external cream 10-3500 %-unt/30gm</i> | Exclusion | |
| *Emollient/Keratolytic Agents*** - Drugs For The Skin | | |
| CEM-UREA EXTERNAL SOLUTION 45 % | Exclusion | |
| CEROVEL EXTERNAL LOTION 40 % | Exclusion | |
| HYDRO 40 EXTERNAL FOAM 40 % | Exclusion | |
| UMECTA MOUSSE EXTERNAL FOAM 40 % | Exclusion | |
| URAMAXIN EXTERNAL GEL 45 % | Exclusion | |
| <i>urea external cream 39 %, 40 %, 45 %, 47 %</i> | Exclusion | |
| <i>urea external lotion 40 %</i> | Exclusion | |
| <i>urea nail external gel 45 %</i> | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Emollient/Keratolytic Combinations*** - Drugs For The Skin | | |
| <i>urea hydrating external foam 35 %</i> | Exclusion | |
| *Emollients*** - Drugs For The Skin | | |
| <i>ammonium lactate external cream 12 %</i> | Tier 1 | |
| <i>ammonium lactate external lotion 12 %</i> | Tier 1 | |
| <i>lactic acid external lotion 10 %</i> | Exclusion | |
| *Enzymes - Topical*** - Drugs For The Skin | | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | Tier 3 | QL |
| *Glabellar Lines (Frown Lines) Agents*** - Drugs For The Skin | | |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT | Exclusion | |
| DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT | Exclusion | PA; Specialty |
| JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT | Exclusion | |
| *Imidazole-Related Antifungals - Topical*** - Drugs For The Skin | | |
| <i>clotrimazole external cream 1 %</i> | Tier 1 | |
| <i>clotrimazole external solution 1 %</i> | Tier 1 | |
| <i>econazole nitrate external cream 1 %</i> | Tier 1 | |
| ECOZA EXTERNAL FOAM 1 % | Tier 3 | |
| ERTACZO EXTERNAL CREAM 2 % | Exclusion | Drug Not Covered |
| EXELDERM EXTERNAL CREAM 1 % | Tier 3 | |
| EXELDERM EXTERNAL SOLUTION 1 % | Tier 3 | |
| EXTINA EXTERNAL FOAM 2 % | Exclusion | Drug Not Covered |
| JUBLIA EXTERNAL SOLUTION 10 % | Tier 2 | |
| <i>ketoconazole external cream 2 %</i> | Tier 1 | |
| <i>ketoconazole external foam 2 %</i> | Exclusion | Drug Not Covered |
| <i>ketoconazole external shampoo 2 %</i> | Tier 1 | |
| KETODAN EXTERNAL FOAM 2 % | Exclusion | Drug Not Covered |
| <i>luliconazole external cream 1 %</i> | Tier 3 | |
| LUZU EXTERNAL CREAM 1 % | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| <i>oxiconazole nitrate external cream 1 %</i> | Tier 1 | |
| OXISTAT EXTERNAL CREAM 1 % | Exclusion | |
| OXISTAT EXTERNAL LOTION 1 % | Tier 3 | |
| <i>sulconazole nitrate external cream 1 %</i> | Tier 3 | |
| <i>sulconazole nitrate external solution 1 %</i> | Tier 3 | |
| XOLEGEL EXTERNAL GEL 2 % | Exclusion | Drug Not Covered |
| *Immunomodulators | | |
| Imidazoquinolinamines - Topical*** - Drugs For The Skin | | |
| ALDARA EXTERNAL CREAM 5 % | Exclusion | |
| <i>imiquimod external cream 3.75 %, 5 %</i> | Tier 1 | |
| <i>imiquimod pump external cream 3.75 %</i> | Tier 1 | |
| ZYCLARA EXTERNAL CREAM 3.75 % | Exclusion | |
| ZYCLARA PUMP CREAM 2.5 % EXTERNAL | Tier 2 | |
| ZYCLARA PUMP CREAM 3.75 % EXTERNAL | Exclusion | |
| *Keratolytic/Antimitotic/Vesicant Agents*** - Drugs For The Skin | | |
| CONDYLOX EXTERNAL GEL 0.5 % | Exclusion | |
| <i>podofilox external gel 0.5 %</i> | Tier 1 | |
| <i>podofilox external solution 0.5 %</i> | Tier 1 | |
| *Liniments*** - Drugs For The Skin | | |
| <i>methyl salicylate external liquid</i> | Exclusion | |
| <i>turpentine external spirit</i> | Exclusion | |
| *Local Anesthetics - Topical*** - Drugs For The Skin | | |
| <i>dyclopro external solution 0.5 %</i> | Tier 3 | |
| <i>lidocaine external ointment 5 %</i> | Tier 1 | QL |
| <i>lidocaine external patch 5 %</i> | Tier 1 | QL |
| <i>lidocaine hcl external solution 4 %</i> | Tier 1 | QL |
| LIDOCAN EXTERNAL PATCH 5 % | Tier 1 | QL |
| LIDODERM EXTERNAL PATCH 5 % | Exclusion | QL |
| TRIDACAINE EXTERNAL PATCH 5 % | Tier 1 | QL |
| TRIDACAINE II EXTERNAL PATCH 5 % | Tier 1 | QL |
| ZTLIDO EXTERNAL PATCH 1.8 % | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|------------------|
| *Macrolide Immunosuppressants - Topical*** - Drugs For The Skin | | |
| ELIDEL EXTERNAL CREAM 1 % | Exclusion | |
| HYFTOR EXTERNAL GEL 0.2 % | Tier 3 | PA |
| <i>pimecrolimus external cream 1 %</i> | Tier 1 | |
| PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % | Exclusion | |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i> | Tier 1 | |
| *Microtubule Inhibitors - Topical*** - Drugs For The Skin | | |
| KLISYRI EXTERNAL OINTMENT 1 % | Tier 3 | |
| *Misc. Topical*** - Drugs For The Skin | | |
| <i>arnica flower tincture</i> | Exclusion | |
| <i>boric acid external granules</i> | Exclusion | |
| DRYSOL EXTERNAL SOLUTION 20 % | Exclusion | |
| QBREXZA EXTERNAL PAD 2.4 % | Tier 3 | |
| *Ornithine Decarboxylase (Odc) Inhibitors - Topical*** - Drugs For The Skin | | |
| VANIQA EXTERNAL CREAM 13.9 % | Exclusion | |
| *Oxaborole-Related Antifungals - Topical*** - Drugs For The Skin | | |
| KERYDIN EXTERNAL SOLUTION 5 % | Exclusion | Drug Not Covered |
| <i>tavaborole external solution 5 %</i> | Exclusion | Drug Not Covered |
| *Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin | | |
| EUCRISA EXTERNAL OINTMENT 2 % | Tier 2 | PA |
| *Photodynamic Therapy Agents - Topical*** - Drugs For The Skin | | |
| AMELUZ EXTERNAL GEL 10 % | Exclusion | |
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % | Exclusion | |
| *Prostaglandins - Topical*** - Drugs For The Skin | | |
| <i>bimatoprost external solution 0.03 %</i> | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| LATISSE EXTERNAL SOLUTION 0.03 % | Exclusion | |
| *Rosacea Agents*** - Drugs For The Skin | | |
| <i>azelaic acid external gel 15 %</i> | Tier 1 | |
| <i>brimonidine tartrate external gel 0.33 %</i> | Tier 1 | |
| <i>doxycycline oral capsule delayed release 40 mg</i> | Exclusion | Drug Not Covered |
| FINACEA EXTERNAL FOAM 15 % | Exclusion | |
| FINACEA EXTERNAL GEL 15 % | Exclusion | |
| <i>ivermectin external cream 1 %</i> | Tier 1 | |
| METROCREAM EXTERNAL CREAM 0.75 % | Exclusion | |
| METROGEL EXTERNAL GEL 1 % | Exclusion | |
| METROLOTION EXTERNAL LOTION 0.75 % | Exclusion | |
| <i>metronidazole external cream 0.75 %</i> | Tier 1 | |
| <i>metronidazole external gel 0.75 %, 1 %</i> | Tier 1 | |
| <i>metronidazole external lotion 0.75 %</i> | Exclusion | |
| MIRVASO EXTERNAL GEL 0.33 % | Exclusion | |
| NORITATE EXTERNAL CREAM 1 % | Exclusion | Drug Not Covered |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG | Exclusion | Drug Not Covered |
| RHOFADE EXTERNAL CREAM 1 % | Tier 3 | |
| ROSADAN EXTERNAL CREAM 0.75 % | Tier 1 | |
| ROSADAN EXTERNAL GEL 0.75 % | Tier 1 | |
| SOOLANTRA EXTERNAL CREAM 1 % | Exclusion | |
| ZILXI EXTERNAL FOAM 1.5 % | Tier 2 | |
| *Scabicides & Pediculicides*** - Drugs For The Skin | | |
| CROTAN EXTERNAL LOTION 10 % | Tier 1 | |
| ELIMITE EXTERNAL CREAM 5 % | Exclusion | |
| <i>ivermectin external lotion 0.5 %</i> | Tier 1 | |
| <i>lindane external shampoo 1 %</i> | Tier 1 | |
| <i>malathion external lotion 0.5 %</i> | Tier 1 | |
| NATROBA EXTERNAL SUSPENSION 0.9 % | Tier 3 | |
| OVIDE EXTERNAL LOTION 0.5 % | Exclusion | |
| <i>permethrin external cream 5 %</i> | Tier 1 | |
| SKLICE EXTERNAL LOTION 0.5 % | Exclusion | |
| <i>spinosad external suspension 0.9 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| *Skin Protectants*** - Drugs For The Skin | | |
| <i>benzoin compound external tincture</i> | Exclusion | |
| <i>benzoin external tincture</i> | Exclusion | |
| *Steroid-Local Anesthetic Combinations*** - Drugs For The Skin | | |
| CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML | Exclusion | |
| EPIFOAM EXTERNAL FOAM 1-1 % | Exclusion | |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i> | Exclusion | |
| PRAMOSONE EXTERNAL CREAM 1-1 %, 1-2.5 % | Exclusion | |
| PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % | Exclusion | |
| PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % | Exclusion | |
| *Tissue Replacements*** - Drugs For The Skin | | |
| AMNIOCORE HUMAN TISSUE EXTERNAL SHEET 9 CM X 20 CM | Exclusion | |
| TRANSCYTE EXTERNAL SHEET | Exclusion | |
| *Topical Anesthetic Combinations*** - Drugs For The Skin | | |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | Tier 1 | QL |
| <i>lidocaine-tetracaine external cream 7-7 %</i> | Exclusion | Drug Not Covered; QL |
| PLIAGLIS EXTERNAL CREAM 7-7 % | Exclusion | Drug Not Covered; QL |
| SYNERA EXTERNAL PATCH 70-70 MG | Exclusion | Drug Not Covered |
| *Topical Selective Retinoid X Receptor Agonists*** - Drugs For The Skin | | |
| <i>bexarotene external gel 1 %</i> | Tier 1 | PA; Specialty; QL |
| TARGRETIN EXTERNAL GEL 1 % | Exclusion | PA; Specialty; QL |
| *Topical Steroid Combinations*** - Drugs For The Skin | | |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|---------------|
| <i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i> | Tier 1 | |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % | Tier 3 | |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % | Tier 2 | |
| TACLONEX EXTERNAL OINTMENT 0.005-0.064 % | Exclusion | |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % | Exclusion | |
| WYNZORA EXTERNAL CREAM 0.005-0.064 % | Exclusion | |
| *Type II 5-Alpha Reductase Inhibitors*** - Drugs For The Skin | | |
| <i>finasteride oral tablet 1 mg</i> | Exclusion | |
| PROPECIA ORAL TABLET 1 MG | Exclusion | |
| *Wound Care - Growth Factor Agents*** - Drugs For The Skin | | |
| REGRANEX EXTERNAL GEL 0.01 % | Tier 3 | |
| *Wound Dressings*** - Drugs For The Skin | | |
| FILSUEVZ EXTERNAL GEL 10 % | Tier 3 | PA; Specialty |
| *Diagnostic Products* | | |
| *Diagnostic Drugs*** | | |
| ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG | Exclusion | |
| <i>d-xylose powder</i> | Exclusion | |
| METOPIRONE ORAL CAPSULE 250 MG | Exclusion | |
| PROVOCHOLINE INHALATION KIT | Tier 3 | |
| PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED 100 MG | Exclusion | |
| *Diagnostic Radiopharmaceuticals - Renal*** | | |
| <i>dmsa intravenous kit</i> | Tier 3 | |
| *Diagnostic Tests*** | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | Exclusion | QL |
| ACCU-CHEK GUIDE IN VITRO STRIP | Exclusion | QL |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | Exclusion | QL |
| ACCUTREND GLUCOSE IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|---|-------------|--------------|
| ADVANCE INTUITION TEST IN VITRO STRIP | Exclusion | QL |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP | Exclusion | QL |
| ADVOCATE REDI-CODE IN VITRO STRIP | Exclusion | QL |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP | Exclusion | QL |
| ADVOCATE TEST IN VITRO STRIP | Exclusion | QL |
| AGAMATRIX AMP TEST IN VITRO STRIP | Exclusion | QL |
| AGAMATRIX JAZZ TEST IN VITRO STRIP | Exclusion | QL |
| AGAMATRIX KEYNOTE TEST IN VITRO STRIP | Exclusion | QL |
| AGAMATRIX PRESTO TEST IN VITRO STRIP | Exclusion | QL |
| ASSURE 3 TEST IN VITRO STRIP | Exclusion | QL |
| ASSURE 4 TEST IN VITRO STRIP | Exclusion | QL |
| ASSURE II CHECK IN VITRO STRIP | Exclusion | QL |
| ASSURE II IN VITRO STRIP | Exclusion | QL |
| ASSURE PLATINUM IN VITRO STRIP | Exclusion | QL |
| ASSURE PRISM MULTI TEST IN VITRO STRIP | Exclusion | QL |
| ASSURE PRO TEST IN VITRO STRIP | Exclusion | QL |
| AT LAST TEST IN VITRO STRIP | Exclusion | QL |
| BIOSCANNER GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| BIOTEL CARE TEST STRIPS IN VITRO STRIP | Exclusion | QL |
| <i>blood glucose test in vitro strip</i> | Exclusion | QL |
| <i>blood glucose test strips 333 in vitro strip</i> | Exclusion | QL |
| BLULINK GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| CARESENS N GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| CARETOUCH TEST IN VITRO STRIP | Exclusion | QL |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP | Exclusion | QL |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP | Exclusion | QL |
| CLEVER CHEK TEST IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|---|-------------|--------------|
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP | Exclusion | QL |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP | Exclusion | QL |
| CLEVER CHOICE NO CODING IN VITRO STRIP | Exclusion | QL |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP | Exclusion | QL |
| CONTOUR NEXT TEST IN VITRO STRIP | Exclusion | QL |
| CONTOUR TEST IN VITRO STRIP | Exclusion | QL |
| COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP | Exclusion | QL |
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| <i>cvs glucose meter test strips in vitro strip</i> | Exclusion | QL |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| <i>diatrue plus test in vitro strip</i> | Exclusion | QL |
| DUO-CARE TEST IN VITRO STRIP | Exclusion | QL |
| EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| <i>easy plus ii glucose test in vitro strip</i> | Exclusion | QL |
| EASY STEP TEST IN VITRO STRIP | Exclusion | QL |
| <i>easy talk blood glucose test in vitro strip</i> | Exclusion | QL |
| <i>easy talk plus ii test strips in vitro strip</i> | Exclusion | QL |
| EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP | Exclusion | QL |
| EASY TOUCH TEST IN VITRO STRIP | Exclusion | QL |
| <i>easy trak blood glucose test in vitro strip</i> | Exclusion | QL |
| <i>easy trak ii glucose test in vitro strip</i> | Exclusion | QL |
| EASYGLUCO IN VITRO STRIP | Exclusion | QL |
| EASYGLUCO PLUS IN VITRO STRIP | Exclusion | QL |
| EASYMAX 15 TEST IN VITRO STRIP | Exclusion | QL |
| EASYMAX TEST IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|---|-------------|--------------|
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EASYPRO PLUS IN VITRO STRIP | Exclusion | QL |
| <i>element compact test in vitro strip</i> | Exclusion | QL |
| ELEMENT TEST IN VITRO STRIP | Exclusion | QL |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| <i>eq blood glucose test in vitro strip</i> | Exclusion | QL |
| EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EVENCARE G2 TEST IN VITRO STRIP | Exclusion | QL |
| EVENCARE G3 TEST IN VITRO STRIP | Exclusion | QL |
| EVENCARE MINI GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| EVOLUTION AUTOCODE IN VITRO STRIP | Exclusion | QL |
| EXACTECH R-S-G TEST IN VITRO STRIP | Exclusion | QL |
| EXACTECH TEST IN VITRO STRIP | Exclusion | QL |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP | Exclusion | QL |
| FORA 6 CONNECT IN VITRO STRIP | Exclusion | QL |
| FORA 6 CONNECT/GTEL TEST IN VITRO STRIP | Exclusion | QL |
| FORA BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA GD20 TEST IN VITRO STRIP | Exclusion | QL |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA TN'G ADVANCE PRO IN VITRO STRIP | Exclusion | QL |
| FORA TN'G/TN'G VOICE IN VITRO STRIP | Exclusion | QL |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| FORACARE GD40 TEST IN VITRO STRIP | Exclusion | QL |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP | Exclusion | QL |
| FORACARE TEST N GO TEST IN VITRO STRIP | Exclusion | QL |
| FORTISCARE G1 TEST STRIP IN VITRO STRIP | Exclusion | QL |
| FORTISCARE TEST IN VITRO STRIP | Exclusion | QL |
| FREESTYLE INSULINX TEST IN VITRO STRIP | Exclusion | QL |
| FREESTYLE LITE TEST IN VITRO STRIP | Exclusion | QL |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | Exclusion | QL |
| FREESTYLE TEST IN VITRO STRIP | Exclusion | QL |
| <i>ge100 blood glucose test in vitro strip</i> | Exclusion | QL |
| GENULTIMATE TEST IN VITRO STRIP | Exclusion | QL |
| <i>ght test in vitro strip</i> | Exclusion | QL |
| GLUCO PERFECT 3 TEST IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|---|-------------|--------------|
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP | Exclusion | QL |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP | Exclusion | QL |
| GLUCOCARD SHINE TEST IN VITRO STRIP | Exclusion | QL |
| GLUCOCARD VITAL TEST IN VITRO STRIP | Exclusion | QL |
| GLUCOCARD X-SENSOR IN VITRO STRIP | Exclusion | QL |
| GLUCOCOM TEST IN VITRO STRIP | Exclusion | QL |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| <i>glucose meter test in vitro strip</i> | Exclusion | QL |
| <i>gnp easy touch glucose test in vitro strip</i> | Exclusion | QL |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP | Exclusion | QL |
| GNP TRUETRACK SMART SYSTEM IN VITRO STRIP | Exclusion | QL |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP | Exclusion | QL |
| GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP | Exclusion | QL |
| <i>goodsense blood glucose in vitro strip</i> | Exclusion | QL |
| HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| IGLUCOSE TEST STRIPS IN VITRO STRIP | Exclusion | QL |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| INFINITY VOICE IN VITRO STRIP | Exclusion | QL |
| <i>kroger blood glucose test in vitro strip</i> | Exclusion | QL |
| KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| <i>kroger premium glucose test in vitro strip</i> | Exclusion | QL |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>kroger test in vitro strip</i> | Exclusion | QL |
| LIBERTY NEXT GENERATION TEST IN VITRO STRIP | Exclusion | QL |
| <i>liberty test in vitro strip</i> | Exclusion | QL |
| <i>meijer blood glucose test in vitro strip</i> | Exclusion | QL |
| <i>meijer essential glucose test in vitro strip</i> | Exclusion | QL |
| <i>meijer premium glucose test in vitro strip</i> | Exclusion | QL |
| MEIJER TRUETEST TEST IN VITRO STRIP | Exclusion | QL |
| MEIJER TRUETRACK TEST IN VITRO STRIP | Exclusion | QL |
| MICRODOT TEST IN VITRO STRIP | Exclusion | QL |
| MM BLULINK GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| MM EASY TOUCH GLUCOSE IN VITRO STRIP | Exclusion | QL |
| MYGLUCOHEALTH TEST IN VITRO STRIP | Exclusion | QL |
| NEUTEK 2TEK TEST IN VITRO STRIP | Exclusion | QL |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| <i>one drop test in vitro strip</i> | Exclusion | QL |
| ONETOUCH ULTRA IN VITRO STRIP | Tier 2 | QL |
| ONETOUCH ULTRA TEST IN VITRO STRIP | Tier 2 | QL |
| ONETOUCH VERIO IN VITRO STRIP | Tier 2 | QL |
| OPTIUM TEST IN VITRO STRIP | Exclusion | QL |
| OPTIUMEZ TEST IN VITRO STRIP | Exclusion | QL |
| OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| <i>ph strips in vitro diagnostic test</i> | Tier 3 | |
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP | Exclusion | QL |
| <i>pharmacist choice no coding in vitro strip</i> | Exclusion | QL |
| PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP | Exclusion | QL |
| POCKETCHEM EZ TEST IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|---|-------------|--------------|
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST | Exclusion | QL |
| PRECISION PCX IN VITRO STRIP | Exclusion | QL |
| PRECISION PCX PLUS TEST IN VITRO STRIP | Exclusion | QL |
| PRECISION POINT OF CARE TEST IN VITRO STRIP | Exclusion | QL |
| PRECISION QID TEST IN VITRO STRIP | Exclusion | QL |
| PRECISION SOF-TACT TEST IN VITRO STRIP | Exclusion | QL |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| <i>premium blood glucose test in vitro strip</i> | Exclusion | QL |
| <i>pro voice v8/v9 glucose in vitro strip</i> | Exclusion | QL |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP | Exclusion | QL |
| PTS PANELS EGLU TEST IN VITRO STRIP | Exclusion | QL |
| PTS PANELS GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| PTS PANELS LIPID PANEL+EGLU IN VITRO STRIP | Exclusion | QL |
| QUICKTEK TEST IN VITRO STRIP | Exclusion | QL |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP | Exclusion | QL |
| RELION PREMIER TEST IN VITRO STRIP | Exclusion | QL |
| RELION PRIME TEST IN VITRO STRIP | Exclusion | QL |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP | Exclusion | QL |
| RELION ULTIMA TEST IN VITRO STRIP | Exclusion | QL |
| REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| REXALL BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP | Exclusion | QL |
| RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| SMART SENSE PREMIUM TEST IN VITRO STRIP | Exclusion | QL |
| SMART SENSE VALUE TEST IN VITRO STRIP | Exclusion | QL |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| SOLUS V2 TEST IN VITRO STRIP | Exclusion | QL |
| SUPREME TEST IN VITRO STRIP | Exclusion | QL |
| SURE EDGE TEST IN VITRO STRIP | Exclusion | QL |
| SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP | Exclusion | QL |
| <i>tgt blood glucose test in vitro strip</i> | Exclusion | QL |
| <i>true focus blood glucose strip in vitro strip</i> | Exclusion | QL |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |
| TRUETEST TEST IN VITRO STRIP | Exclusion | QL |
| TRUETRACK TEST IN VITRO STRIP | Exclusion | QL |
| ULTRATRAK PRO TEST IN VITRO STRIP | Exclusion | QL |
| ULTRATRAK ULTIMATE TEST IN VITRO STRIP | Exclusion | QL |
| UNISTRIP1 GENERIC IN VITRO STRIP | Exclusion | QL |
| <i>verasens blood glucose test in vitro strip</i> | Exclusion | QL |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP | Exclusion | QL |
| VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP | Exclusion | QL |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Multiple Skin Tests*** | | |
| T.R.U.E. TEST EXTERNAL DIAGNOSTIC TEST | Exclusion | |
| *Radiographic Contrast Media - Barium*** | | |
| <i>barium sulfate powder</i> | Exclusion | |
| ENTERO VU ORAL SUSPENSION 24 % | Exclusion | |
| E-Z-DISK ORAL TABLET 700 MG | Exclusion | |
| E-Z-HD ORAL SUSPENSION RECONSTITUTED 98 % | Exclusion | |
| LIQUID E-Z-PAQUE ORAL SUSPENSION 60 % | Exclusion | |
| NEULUMEX ORAL SUSPENSION 0.1 % | Exclusion | |
| READI-CAT 2 ORAL SUSPENSION 2 % | Exclusion | |
| TAGITOL V ORAL SUSPENSION 40 % | Exclusion | |
| VARIBAR NECTAR ORAL SUSPENSION 40 % | Exclusion | |
| VARIBAR THIN LIQUID ORAL SUSPENSION RECONSTITUTED 40 % | Exclusion | |
| *Radiographic Contrast Media - Iodinated*** | | |
| GASTROGRAFIN ORAL SOLUTION 66-10 % | Exclusion | |
| OMNIPAQUE ORAL SOLUTION 12 MG/ML, 9 MG/ML | Exclusion | |
| *Dietary Products/Dietary Management Products* - Drugs For Nutrition | | |
| *Sweeteners*** - Drugs For Nutrition | | |
| <i>sodium saccharin granules</i> | Exclusion | |
| <i>sodium saccharin powder</i> | Exclusion | |
| *Digestive Aids* - Drugs For The Stomach | | |
| *Digestive Enzymes*** - Drugs For The Stomach | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | Tier 2 | |

| Drug | Tier | Notes |
|--|-----------|---------------|
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | Exclusion | |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT | Exclusion | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | Tier 3 | PA; Specialty |
| VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT | Exclusion | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | Tier 2 | |
| *Diuretics* - Drugs For The Heart | | |
| *Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | Tier 1 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | |
| <i>dichlorphenamide oral tablet 50 mg</i> | Tier 1 | PA; Specialty |
| KEVEYIS ORAL TABLET 50 MG | Exclusion | PA; Specialty |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| ORMALVI ORAL TABLET 50 MG | Tier 1 | PA; Specialty |
| *Diuretic Combinations*** - Drugs For High Blood Pressure | | |
| ALDACTAZIDE TABLET 25-25 MG ORAL | Exclusion | |
| ALDACTAZIDE TABLET 50-50 MG ORAL | Tier 3 | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | |
| DYAZIDE ORAL CAPSULE 37.5-25 MG | Exclusion | |
| MAXZIDE ORAL TABLET 75-50 MG | Exclusion | |
| MAXZIDE-25 ORAL TABLET 37.5-25 MG | Exclusion | |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | Tier 1 | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| *Loop Diuretics*** - Drugs For High Blood Pressure | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG | Exclusion | |
| EDECRIN ORAL TABLET 25 MG | Exclusion | |
| <i>ethacrynic acid oral tablet 25 mg</i> | Tier 1 | |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML | Exclusion | PA; QL |
| <i>furosemide in sodium chloride intravenous solution 100-0.9 mg/100ml-%</i> | Exclusion | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>furosemide solution 10 mg/ml oral</i> | Tier 1 | |
| <i>furosemide solution 8 mg/ml oral</i> | Tier 3 | |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG | Exclusion | |
| SOAAZ ORAL TABLET 20 MG, 40 MG, 60 MG | Exclusion | Drug Not Covered |
| <i>torsemide tablet 10 mg oral</i> | Tier 1 | |
| <i>torsemide tablet 100 mg oral</i> | Tier 1 | |
| <i>torsemide tablet 20 mg oral</i> | Tier 2 | |
| <i>torsemide tablet 20 mg oral</i> | Tier 1 | |
| <i>torsemide tablet 5 mg oral</i> | Tier 1 | |
| *Potassium Sparing Diuretics*** - Drugs For High Blood Pressure | | |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | |
| <i>amiloride hcl oral tablet 5 mg</i> | Tier 1 | |
| CAROSPIR ORAL SUSPENSION 25 MG/5ML | Exclusion | Drug Not Covered |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | Exclusion | |
| <i>spironolactone oral suspension 25 mg/5ml</i> | Exclusion | Drug Not Covered |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>triamterene oral capsule 100 mg, 50 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| *Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| DIURIL ORAL SUSPENSION 250 MG/5ML | Tier 3 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Tier 1 | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| THALITONE ORAL TABLET 15 MG | Tier 3 | |
| *Endocrine And Metabolic Agents - Misc.* - Hormones | | |
| *Abortifacient - Progesterone Receptor Antagonists*** - Drugs For Women | | |
| MIFEPREX ORAL TABLET 200 MG | Exclusion | |
| <i>mifepristone oral tablet 200 mg</i> | Exclusion | |
| *Adenosine Deaminase Scid Treatment - Agents*** - Drugs For Menopause And Bone Loss | | |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML | Tier 2 | PA; Specialty |
| *Bisphosphonates*** - Drugs For Menopause And Bone Loss | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | Exclusion | QL |
| <i>alendronate sodium oral solution 70 mg/75ml</i> | Tier 1 | QL |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i> | Tier 1 | QL |
| AELVIA ORAL TABLET DELAYED RELEASE 35 MG | Exclusion | QL |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG | Exclusion | Drug Not Covered; QL |
| BONIVA ORAL TABLET 150 MG | Exclusion | QL |
| FOSAMAX ORAL TABLET 70 MG | Exclusion | QL |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT | Exclusion | Drug Not Covered; QL |
| <i>ibandronate sodium intravenous solution 3 mg/3ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| <i>ibandronate sodium oral tablet 150 mg</i> | Tier 1 | QL |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML | Tier 3 | PA; Specialty; QL |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i> | Tier 1 | QL |
| <i>risedronate sodium oral tablet delayed release 35 mg</i> | Exclusion | QL |
| <i>zoledronic acid intravenous concentrate 4 mg/5ml</i> | Tier 1 | PA; Specialty |
| <i>zoledronic acid solution 4 mg/100ml intravenous</i> | Tier 3 | PA; Specialty |
| <i>zoledronic acid solution 5 mg/100ml intravenous</i> | Tier 1 | PA; Specialty; QL |
| *Calcimimetic Agents*** - Drugs For Menopause And Bone Loss | | |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG | Exclusion | QL |
| *Calcitonins*** - Drugs For Menopause And Bone Loss | | |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> | Tier 1 | QL |
| <i>calcitonin (salmon) nasal solution 200 unit/lact</i> | Tier 1 | QL |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | Exclusion | QL |
| *Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss | | |
| CARNITOR INTRAVENOUS SOLUTION 200 MG/ML | Tier 3 | |
| CARNITOR ORAL SOLUTION 1 GM/10ML | Exclusion | |
| CARNITOR ORAL TABLET 330 MG | Exclusion | |
| CARNITOR SF ORAL SOLUTION 1 GM/10ML | Exclusion | |
| <i>levocarnitine intravenous solution 200 mg/ml</i> | Tier 1 | |
| <i>levocarnitine oral solution 1 gm/10ml</i> | Tier 1 | |
| <i>levocarnitine oral tablet 330 mg</i> | Tier 1 | |
| <i>levocarnitine sf oral solution 1 gm/10ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** - Drugs For Menopause And Bone Loss | | |
| XPHOZAH ORAL TABLET 20 MG, 30 MG | Exclusion | PA |
| *Corticotropin*** - Hormones | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | Tier 3 | PA; Specialty |
| CORTROPHIN INJECTION GEL 80 UNIT/ML | Tier 3 | PA; Specialty |
| *Cortisol Synthesis Inhibitors*** - Hormones | | |
| ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG | Tier 3 | PA; Specialty; QL |
| RECORLEV ORAL TABLET 150 MG | Exclusion | PA; Specialty; QL |
| *Dopamine Receptor Agonists*** - Drugs For Women | | |
| cabergoline oral tablet 0.5 mg | Tier 1 | |
| *Fabry Disease - Agents*** - Drugs For Menopause And Bone Loss | | |
| ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML | Exclusion | PA; Specialty |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG | Tier 3 | PA; Specialty; QL |
| GALAFOLD ORAL CAPSULE 123 MG | Tier 3 | PA; Specialty; QL |
| *Gaa Deficiency Treatment - Agents*** - Drugs For Menopause And Bone Loss | | |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | Tier 3 | PA; Specialty |
| NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Exclusion | PA; Specialty |
| OPFOLDA ORAL CAPSULE 65 MG | Exclusion | PA; Specialty |
| POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG | Exclusion | PA; Specialty |
| *Gnrh/Lhrh Antagonists*** - Drugs For Women | | |
| cetorelix acetate subcutaneous kit 0.25 mg | Exclusion | PA; Specialty |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|--|-------------|---------------|
| FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML | Tier 1 | PA; Specialty |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i> | Exclusion | PA; Specialty |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i> | Tier 1 | PA; Specialty |
| ORILISSA ORAL TABLET 150 MG, 200 MG | Tier 2 | PA; QL |
| *Growth Hormone Receptor Antagonists*** - Drugs For Growth | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 3 | PA; Specialty |
| *Growth Hormone Releasing Hormones (Ghrh)*** - Drugs For Growth | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG | Tier 3 | QL |
| *Growth Hormones*** - Drugs For Growth | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | Tier 2 | PA; Specialty |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG | Tier 2 | PA; Specialty |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG | Exclusion | PA; Specialty |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG | Exclusion | PA; Specialty |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML | Exclusion | PA; Specialty |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | Tier 2 | PA; Specialty |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML | Exclusion | PA; Specialty |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|--|-------------|---------------|
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR 5 MG/2ML | Exclusion | PA; Specialty |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML | Tier 3 | PA; Specialty |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG | Tier 3 | PA; Specialty |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG | Exclusion | PA; Specialty |
| SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG | Exclusion | PA; Specialty |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | Exclusion | |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | Tier 2 | PA; Specialty |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | Tier 2 | PA; Specialty |
| ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG | Exclusion | PA; Specialty |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG | Exclusion | PA; Specialty |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG | Exclusion | PA; Specialty |
| <i>*Hereditary Orotic Aciduria Treatment - Agents** - Drugs For Menopause And Bone Loss</i> | | |
| XURIDEN ORAL PACKET 2 GM | Tier 3 | PA; Specialty |
| <i>*Hereditary Tyrosinemia Type 1 (Ht- 1) Treatment - Agents*** - Drugs For Menopause And Bone Loss</i> | | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 1 | PA; Specialty |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | Tier 2 | PA; Specialty |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG | Exclusion | PA; Specialty |
| ORFADIN ORAL SUSPENSION 4 MG/ML | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Homocystinuria Treatment - Agents*** - Drugs For Menopause And Bone Loss | | |
| <i>betaine oral powder</i> | Tier 1 | PA |
| CYSTADANE ORAL POWDER | Exclusion | PA |
| *Hyperammonemia Treatment - Agents*** - Drugs For Menopause And Bone Loss | | |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG | Exclusion | PA; Specialty |
| <i>carglumic acid oral tablet soluble 200 mg</i> | Tier 1 | PA; Specialty |
| *Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Tier 1 | |
| <i>calcitriol oral solution 1 mcg/ml</i> | Exclusion | |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | Exclusion | |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> | Exclusion | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | Tier 3 | |
| ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG | Exclusion | |
| ROCALTROL ORAL SOLUTION 1 MCG/ML | Exclusion | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | Exclusion | |
| *Hypophosphatasia (Hpp) Agents*** - Drugs For Menopause And Bone Loss | | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | Tier 2 | PA; Specialty |
| *Insulin-Like Growth Factors (Somatomedins)*** - Hormones | | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | Tier 2 | PA; Specialty |
| *Leptin Analogues*** - Hormones | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women | | |
| FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS | Exclusion | PA; Specialty |
| FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS | Exclusion | PA; Specialty; QL |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG | Tier 2 | PA; Specialty; QL |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | Tier 2 | PA; Specialty; QL |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 2 | PA; Specialty; QL |
| SUPPRELIN LA SUBCUTANEOUS KIT 50 MG | Tier 3 | PA; Specialty; QL |
| SYNAREL NASAL SOLUTION 2 MG/ML | Tier 3 | PA; Specialty |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG | Exclusion | PA; Specialty; QL |
| *Molybdenum Cofactor Deficiency (Mocd) - Agents*** - Drugs For Menopause And Bone Loss | | |
| NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG | Tier 3 | PA; Specialty |
| *Mucopolysaccharidosis li (Mps li) - Agents*** - Drugs For Menopause And Bone Loss | | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML | Tier 3 | PA; Specialty; QL |
| *Natriuretic Peptides*** - Drugs For Menopause And Bone Loss | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG | Tier 3 | PA; Specialty |
| *Neurokinin 3 (Nk3) Receptor Antagonists*** - Hormones | | |
| VEOZAH ORAL TABLET 45 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| *Non-Steroidal Mineralocorticoid Receptor Antagonists*** - Hormones | | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | Exclusion | PA; QL |
| *Ovulation Stimulants-Gonadotropins*** - Drugs For Women | | |
| <i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i> | Exclusion | PA; Specialty |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML | Tier 2 | PA; Specialty |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT | Exclusion | PA; Specialty |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML | Exclusion | PA; Specialty |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT | Exclusion | PA; Specialty |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT | Tier 3 | PA; Specialty |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT | Exclusion | PA; Specialty |
| OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML | Exclusion | PA; Specialty |
| PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR | Tier 2 | PA; Specialty |
| PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR | Tier 1 | PA; Specialty |
| *Ovulation Stimulants-Synthetic*** - Drugs For Women | | |
| CLOMID ORAL TABLET 50 MG | Tier 2 | PA |
| <i>clomiphene citrate oral tablet 50 mg</i> | Tier 1 | PA |
| *Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss | | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML | Exclusion | PA; Specialty; QL |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | Tier 3 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| <i>teriparatide (recombinant) solution pen-injector 600 mcg/2.4ml subcutaneous</i> | Tier 1 | PA; Specialty; QL |
| <i>teriparatide (recombinant) solution pen-injector 620 mcg/2.48ml subcutaneous</i> | Exclusion | PA; Specialty; QL |
| <i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i> | Tier 1 | PA; Specialty; QL |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | Tier 2 | PA; Specialty; QL |
| *Phenylketonuria Treatment - Agents*** - Drugs For Menopause And Bone Loss | | |
| JAVYGTOR ORAL PACKET 100 MG, 500 MG | Exclusion | PA; Specialty |
| JAVYGTOR ORAL TABLET 100 MG | Exclusion | PA; Specialty |
| KUVAN ORAL PACKET 100 MG, 500 MG | Exclusion | PA; Specialty |
| KUVAN ORAL TABLET 100 MG | Exclusion | PA; Specialty |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML | Tier 3 | PA; Specialty; QL |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i> | Tier 1 | PA; Specialty |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i> | Tier 1 | PA; Specialty |
| *Rank Ligand (Rankl) Inhibitors*** - Drugs For Menopause And Bone Loss | | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | Tier 2 | PA; Specialty |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | Tier 3 | PA; Specialty; QL |
| *Sclerostin Inhibitors*** - Drugs For Menopause And Bone Loss | | |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML | Exclusion | PA; Specialty |
| *Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss | | |
| EVISTA ORAL TABLET 60 MG | Exclusion | |
| OSPHENA ORAL TABLET 60 MG | Tier 3 | |
| <i>raloxifene hcl oral tablet 60 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Selective Vasopressin V2-Receptor Antagonists*** - Hormones | | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | Tier 3 | PA; Specialty; QL |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | Tier 3 | PA; Specialty; QL |
| SAMSCA ORAL TABLET 15 MG, 30 MG | Exclusion | PA; Specialty; QL |
| <i>tolvaptan tablet 15 mg oral</i> | Tier 1 | PA; Specialty; QL |
| <i>tolvaptan tablet 15 mg oral</i> | Tier 3 | PA; Specialty; QL |
| <i>tolvaptan tablet 30 mg oral</i> | Tier 1 | PA; Specialty; QL |
| *Somatostatic Agents*** - Drugs For Growth | | |
| BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML | Exclusion | PA; Specialty |
| <i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i> | Exclusion | PA; Specialty |
| <i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i> | Tier 1 | PA; Specialty |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG | Tier 3 | PA; Specialty |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 1 | PA; Specialty |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 2 | PA; Specialty |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | Exclusion | PA; Specialty |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG | Exclusion | PA; Specialty |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG | Exclusion | PA; Specialty |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | Tier 3 | PA; Specialty |
| SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS | Exclusion | PA; Specialty |
| SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|---------------|
| SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS | Tier 2 | PA; Specialty |
| *Urea Cycle Disorder - Agents*** - Drugs For Menopause And Bone Loss | | |
| BUPHENYL ORAL POWDER 3 GM/TSP | Exclusion | PA; Specialty |
| BUPHENYL ORAL TABLET 500 MG | Exclusion | PA; Specialty |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK | Exclusion | PA; Specialty |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK | Exclusion | PA; Specialty |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM | Exclusion | PA; Specialty |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM | Exclusion | PA; Specialty |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM | Exclusion | PA; Specialty |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM | Exclusion | PA; Specialty |
| PHEBURANE ORAL PELLETT 483 MG/GM | Tier 3 | PA; Specialty |
| RAVICTI ORAL LIQUID 1.1 GM/ML | Exclusion | PA; Specialty |
| <i>sodium phenylbutyrate oral powder 3 gml/tsp</i> | Tier 1 | PA; Specialty |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | Tier 1 | PA; Specialty |
| *V1a/V2-Arginine Vasopressin (Avp) Receptor Antagonists*** - Hormones | | |
| VAPRISOL INTRAVENOUS SOLUTION 20-5 MG/100ML-% | Tier 3 | |
| *Vasopressin*** - Hormones | | |
| DDAVP INJECTION SOLUTION 4 MCG/ML | Exclusion | |
| DDAVP NASAL SOLUTION 0.01 % | Exclusion | |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG | Exclusion | |
| DDAVP PF INJECTION SOLUTION 4 MCG/ML | Exclusion | |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | Tier 1 | |
| <i>desmopressin acetate injection solution 4 mcg/ml</i> | Tier 1 | |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| <i>desmopressin acetate pf injection solution 4 mcg/ml</i> | Tier 1 | |
| <i>desmopressin acetate spray nasal solution 0.01 %</i> | Tier 1 | |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG | Tier 3 | |
| STIMATE NASAL SOLUTION 1.5 MG/ML | Tier 2 | PA |
| <i>vasopressin intravenous solution 20 unit/ml</i> | Tier 1 | |
| VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML, 20 UNIT/ML | Tier 3 | |
| *X-Linked Hypophosphatemia (Xlh) Treatment - Agents*** - Drugs For Menopause And Bone Loss | | |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML | Tier 3 | PA; Specialty |
| *Estrogens* - Hormones | | |
| *Estrogen & Androgen*** - Drugs For Women | | |
| COVARYX HS ORAL TABLET 0.625-1.25 MG | Exclusion | |
| COVARYX ORAL TABLET 1.25-2.5 MG | Exclusion | |
| EEMT HS ORAL TABLET 0.625-1.25 MG | Exclusion | |
| EEMT ORAL TABLET 1.25-2.5 MG | Exclusion | |
| <i>est estrogens-methyltest ds oral tablet 1.25- 2.5 mg</i> | Exclusion | |
| <i>est estrogens-methyltest hs oral tablet 0.625- 1.25 mg</i> | Exclusion | |
| <i>est estrogens-methyltest oral tablet 0.625- 1.25 mg, 1.25-2.5 mg</i> | Exclusion | |
| *Estrogen & Progestin*** - Drugs For Women | | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | Exclusion | |
| AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG | Tier 1 | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5- 1 MG | Tier 3 | |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG | Exclusion | Drug Not Covered |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY | Tier 2 | |

| Drug | Tier | Notes |
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| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | Tier 3 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | Tier 1 | |
| FEMHRT ORAL TABLET 0.5-2.5 MG-MCG | Exclusion | |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG | Tier 1 | |
| JINTELI ORAL TABLET 1-5 MG-MCG | Tier 1 | |
| MIMVEY ORAL TABLET 1-0.5 MG | Tier 1 | |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | Tier 1 | |
| PREFEST ORAL TABLET 1/1-0.09 MG (15/15) | Tier 3 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | Tier 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 2 | |
| *Estrogen-Progestin-Gnrh Antagonist*** - Drugs For Woman | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | Tier 2 | PA |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG | Tier 2 | PA |
| *Estrogens*** - Drugs For Women | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 3 | |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Exclusion | |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML | Exclusion | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 3 | |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM | Exclusion | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) | Tier 3 | |
| ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG | Exclusion | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm</i> | Tier 1 | |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Tier 1 | |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Tier 1 | |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> | Tier 1 | |
| ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) | Exclusion | |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY | Tier 3 | |
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | Tier 3 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR | Tier 3 | |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Exclusion | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | Tier 2 | |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Exclusion | |
| *Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women | | |
| DUAVEE ORAL TABLET 0.45-20 MG | Tier 2 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Fluoroquinolones* - Drugs For Infections | | |
| <i>*Fluoroquinolones*** - Antibiotics</i> | | |
| BAXDELA ORAL TABLET 450 MG | Tier 3 | QL |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) | Tier 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | Exclusion | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i> | Tier 1 | |
| <i>levofloxacin oral solution 25 mg/ml</i> | Tier 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>moxifloxacin hcl oral tablet 400 mg</i> | Tier 1 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | Tier 1 | |
| *Gastrointestinal Agents - Misc.* - Drugs For The Stomach | | |
| <i>*5-Ht4 Receptor Agonists*** - Drugs For The Stomach</i> | | |
| MOTEGRITY TABLET 1 MG ORAL | Exclusion | QL |
| MOTEGRITY TABLET 2 MG ORAL | Exclusion | |
| <i>*Bile Acid Synthesis Disorder Agents*** - Drugs For The Stomach</i> | | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | Tier 3 | PA; Specialty |
| <i>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation</i> | | |
| TRULANCE ORAL TABLET 3 MG | Tier 2 | |
| <i>*Farnesoid X Receptor (Fxr) Agonists*** - Drugs For The Stomach</i> | | |
| OALIVA ORAL TABLET 10 MG, 5 MG | Tier 3 | PA; Specialty |
| <i>*Gallstone Solubilizing Agents*** - Drugs For The Stomach</i> | | |
| ACTIGALL ORAL CAPSULE 300 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|-------------------|
| CHENODAL ORAL TABLET 250 MG | Tier 2 | PA; Specialty |
| RELTONE ORAL CAPSULE 200 MG, 400 MG | Exclusion | Drug Not Covered |
| URSO 250 ORAL TABLET 250 MG | Exclusion | |
| URSO FORTE ORAL TABLET 500 MG | Exclusion | |
| <i>ursodiol capsule 200 mg oral</i> | Exclusion | Drug Not Covered |
| <i>ursodiol capsule 300 mg oral</i> | Tier 1 | |
| <i>ursodiol capsule 400 mg oral</i> | Exclusion | Drug Not Covered |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Gastrointestinal Antiallergy Agents*** - Drugs For The Stomach | | |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i> | Tier 1 | |
| GASTROCROM ORAL CONCENTRATE 100 MG/5ML | Exclusion | |
| *Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | Exclusion | QL |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | Tier 1 | QL |
| *Gastrointestinal Stimulants*** - Drugs For The Stomach | | |
| GIMOTI NASAL SOLUTION 15 MG/ACT | Exclusion | Drug Not Covered |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i> | Tier 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i> | Tier 3 | |
| REGLAN ORAL TABLET 10 MG, 5 MG | Exclusion | |
| *Glucagon-Like Peptide-2 (Glp-2) Analogs*** - Drugs For The Stomach | | |
| GATTEX SUBCUTANEOUS KIT 5 MG | Tier 3 | PA; Specialty; QL |
| *Hepatotropics - Thyroid Hormone Receptor-Beta Agonists*** - Drugs For The Stomach | | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | Tier 3 | PA; Specialty; QL |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| *Ibs Agent - 5-Ht4 Receptor Partial Agonists*** - Drugs For Irritable Bowel Syndrome | | |
| ZELNORM ORAL TABLET 6 MG | Exclusion | PA |
| *Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | Tier 2 | QL |
| *Ibs Agent - Mu-Opioid Receptor Agonists*** - Drugs For Irritable Bowel Syndrome | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG | Tier 2 | QL |
| *Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome | | |
| alose tron hcl oral tablet 0.5 mg, 1 mg | Tier 1 | |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG | Exclusion | |
| *Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** - Drugs For Irritable Bowel Syndrome | | |
| IBSRELA ORAL TABLET 50 MG | Exclusion | |
| *Ileal Bile Acid Transporter (Ibat) Inhibitors*** - Drugs For The Stomach | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG | Tier 3 | PA; Specialty; QL |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG | Tier 3 | PA; Specialty; QL |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML | Tier 3 | PA; Specialty |
| *Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM | Exclusion | |
| ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG | Exclusion | |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| AZULFIDINE ORAL TABLET 500 MG | Exclusion | |
| <i>balsalazide disodium oral capsule 750 mg</i> | Tier 1 | |
| CANASA RECTAL SUPPOSITORY 1000 MG | Exclusion | |
| COLAZAL ORAL CAPSULE 750 MG | Exclusion | |
| DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG | Exclusion | |
| DIPENTUM ORAL CAPSULE 250 MG | Tier 3 | |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM | Exclusion | |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> | Tier 1 | |
| <i>mesalamine er oral capsule extended release 500 mg</i> | Tier 1 | |
| <i>mesalamine oral capsule delayed release 400 mg</i> | Tier 1 | |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i> | Tier 1 | |
| <i>mesalamine rectal enema 4 gm</i> | Tier 1 | |
| <i>mesalamine rectal suppository 1000 mg</i> | Tier 1 | |
| <i>mesalamine-cleanser rectal kit 4 gm</i> | Tier 1 | |
| PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL | Tier 3 | |
| PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL | Exclusion | |
| ROWASA RECTAL KIT 4 GM | Tier 3 | |
| SFROWASA RECTAL ENEMA 4 GM/60ML | Tier 3 | |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> | Tier 1 | |
| *Integrin Receptor Antagonists*** - Drugs For Inflammatory Bowel Disease | | |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG | Exclusion | PA; Specialty |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease | | |
| OMVOH INTRAVENOUS SOLUTION 300 MG/15ML | Exclusion | PA; Specialty |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | Exclusion | PA; Specialty |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Exclusion | PA; Specialty |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML | Tier 2 | PA; Specialty; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML | Tier 2 | PA; Specialty; QL |
| STELARA INTRAVENOUS SOLUTION 130 MG/26ML | Tier 2 | PA; Specialty |
| *Intestinal Acidifiers*** - Drugs For The Stomach | | |
| <i>enulose oral solution 10 gm/15ml</i> | Tier 1 | |
| <i>generlac oral solution 10 gm/15ml</i> | Tier 1 | |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i> | Tier 1 | |
| *Live Fecal Microbiota (Human)** - Drugs For The Stomach | | |
| VOWST ORAL CAPSULE | Exclusion | PA; Specialty |
| *Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach | | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | Tier 2 | |
| RELISTOR ORAL TABLET 150 MG | Exclusion | PA |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | Exclusion | PA |
| SYMPROIC ORAL TABLET 0.2 MG | Tier 2 | |
| *Phosphate Binder Agents*** - Drugs For The Stomach | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) | Tier 3 | |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i> | Tier 1 | |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i> | Tier 1 | |
| <i>calcium acetate oral tablet 667 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| FOSRENOL ORAL PACKET 1000 MG, 750 MG | Tier 3 | |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | Exclusion | |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | Tier 1 | |
| PHOSLYRA ORAL SOLUTION 667 MG/5ML | Tier 3 | |
| RENAGEL ORAL TABLET 800 MG | Exclusion | |
| REVELA ORAL PACKET 0.8 GM, 2.4 GM | Exclusion | |
| REVELA ORAL TABLET 800 MG | Exclusion | |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i> | Tier 1 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> | Tier 1 | |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | Tier 1 | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | Tier 2 | |
| *Spingosine 1-Phosphate (S1p) Receptor Modulators (Gi)*** - Drugs For Irritable Bowel Syndrome | | |
| VELSIPITY ORAL TABLET 2 MG | Exclusion | PA; Specialty; QL |
| *Tryptophan Hydroxylase Inhibitors*** - Drugs For Diarrhea | | |
| XERMELO ORAL TABLET 250 MG | Tier 3 | PA; Specialty |
| *Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease | | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Tier 2 | PA; Specialty |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 3 | PA; Specialty |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML | Tier 3 | PA; Specialty |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | Exclusion | PA; Specialty |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Exclusion | PA; Specialty |
| <i>infliximab intravenous solution reconstituted 100 mg</i> | Exclusion | PA; Specialty |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|---------------|
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Tier 2 | PA; Specialty |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML | Exclusion | PA; Specialty |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML | Exclusion | PA; Specialty |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML | Exclusion | PA; Specialty |

***General Anesthetics* - Drugs For Pain And Fever**

Volatile Anesthetics - Drugs For Sedation**

| | | |
|--|-----------|--|
| <i>desflurane inhalation solution</i> | Exclusion | |
| FORANE INHALATION SOLUTION | Exclusion | |
| <i>isoflurane inhalation solution</i> | Exclusion | |
| <i>sevoflurane inhalation solution</i> | Exclusion | |
| SUPRANE INHALATION SOLUTION | Exclusion | |
| TERRELL INHALATION SOLUTION | Exclusion | |
| ULTANE INHALATION SOLUTION | Exclusion | |

***Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System**

5-Alpha Reductase Inhibitors - Drugs For The Prostate**

| | | |
|--|-----------|--|
| AVODART ORAL CAPSULE 0.5 MG | Exclusion | |
| <i>dutasteride oral capsule 0.5 mg</i> | Tier 1 | |
| <i>finasteride oral tablet 5 mg</i> | Tier 1 | |
| PROSCAR ORAL TABLET 5 MG | Exclusion | |

Alpha 1-Adrenoceptor Antagonists - Drugs For The Prostate**

| | | |
|--|-----------|--|
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> | Tier 1 | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | Tier 3 | |
| FLOMAX ORAL CAPSULE 0.4 MG | Exclusion | |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG | Exclusion | |
| <i>silodosin oral capsule 4 mg, 8 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|---------------|
| <i>tamsulosin hcl oral capsule 0.4 mg</i> | Tier 1 | |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG | Exclusion | |
| *Anti-Infective Genitourinary Irrigants*** - Drugs For The Urinary System | | |
| <i>neomycin-polymyxin b gu irrigation solution 40-200000</i> | Exclusion | |
| *Citrates*** - Drugs For Infections | | |
| <i>cytra k crystals oral packet 3300-1002 mg</i> | Exclusion | |
| <i>cytra-2 oral solution 500-334 mg/5ml</i> | Tier 1 | |
| ORACIT ORAL SOLUTION 490-640 MG/5ML | Exclusion | |
| <i>oral citrate oral solution 490-640 mg/5ml</i> | Exclusion | |
| <i>pot & sod cit-cit ac solution 550-500-334 mg/5ml oral</i> | Tier 1 | |
| <i>pot & sod cit-cit ac solution 550-500-334 mg/5ml oral</i> | Exclusion | |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | Tier 1 | |
| <i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i> | Exclusion | |
| <i>sod citrate-citric acid oral solution 500-334 mg/5ml</i> | Tier 1 | |
| <i>tricitrates oral solution 550-500-334 mg/5ml</i> | Exclusion | |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) | Exclusion | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) | Exclusion | |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) | Exclusion | |
| *Cystinosis Agents*** - Drugs For The Urinary System | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 2 | PA; Specialty |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG | Tier 3 | PA; Specialty |
| PROCYSBI ORAL PACKET 300 MG, 75 MG | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| *Genitourinary Irrigants*** - Drugs For The Urinary System | | |
| acetic acid irrigation solution 0.25 % | Exclusion | |
| glycine irrigation solution 1.5 % | Exclusion | |
| glycine urologic irrigation solution 1.5 % | Exclusion | |
| RENACIDIN IRRIGATION SOLUTION | Exclusion | |
| sodium chloride irrigation solution 0.9 % | Exclusion | |
| sorbitol irrigation solution 3 % | Exclusion | |
| sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml | Exclusion | |
| *Igan Agents - Endothelin & Angiotensin li Receptor Antag*** - Drugs For The Urinary System | | |
| FILSPARI ORAL TABLET 200 MG, 400 MG | Tier 3 | PA; Specialty |
| *Interstitial Cystitis Agents*** - Drugs For The Urinary System | | |
| ELMIRON ORAL CAPSULE 100 MG | Tier 3 | |
| RIMSO-50 INTRAVESICAL SOLUTION 50 % | Exclusion | |
| *Phosphates*** - Drugs For Infections | | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG | Tier 2 | |
| *Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate | | |
| dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg | Exclusion | |
| ENTADFI ORAL CAPSULE 5-5 MG | Exclusion | PA; Drug Not Covered |
| JALYN ORAL CAPSULE 0.5-0.4 MG | Exclusion | |
| *Small Interfering Ribonucleic Acid Agents (Sirna)*** - Drugs For The Urinary System | | |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML | Tier 3 | PA; Specialty |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|------------------|
| *Urinary Analgesics*** - Drugs For Infections | | |
| PHENAZO ORAL TABLET 200 MG | Tier 1 | |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i> | Tier 1 | |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG | Tier 3 | |
| *Urinary Stone Agents*** - Drugs For The Urinary System | | |
| LITHOSTAT ORAL TABLET 250 MG | Tier 3 | |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG | Exclusion | PA |
| THIOLA ORAL TABLET 100 MG | Exclusion | PA |
| <i>tiopronin oral tablet 100 mg</i> | Tier 1 | PA |
| <i>tiopronin oral tablet delayed release 100 mg, 300 mg</i> | Tier 1 | PA |
| *Gout Agents* - Drugs For Pain And Fever | | |
| *Gout Agent Combinations*** - Gout Drugs | | |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | Tier 1 | |
| *Gout Agents*** - Gout Drugs | | |
| <i>allopurinol tablet 100 mg oral</i> | Tier 1 | |
| <i>allopurinol tablet 200 mg oral</i> | Exclusion | Drug Not Covered |
| <i>allopurinol tablet 300 mg oral</i> | Tier 1 | |
| <i>colchicine oral capsule 0.6 mg</i> | Tier 1 | |
| <i>colchicine oral tablet 0.6 mg</i> | Tier 1 | |
| COLCRYST ORAL TABLET 0.6 MG | Exclusion | |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | Tier 1 | |
| GLOPERBA ORAL SOLUTION 0.6 MG/5ML | Exclusion | Drug Not Covered |
| MITIGARE ORAL CAPSULE 0.6 MG | Exclusion | |
| ULORIC ORAL TABLET 40 MG, 80 MG | Exclusion | |
| ZYLOPRIM ORAL TABLET 100 MG, 300 MG | Exclusion | |
| *Uricosurics*** - Gout Drugs | | |
| <i>probenecid oral tablet 500 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|--------|---------------|
| *Hematological Agents - Misc.* - Drugs For The Blood | | |
| *Agents For Congenital Thrombotic Thrombocytopenic Purpura* - Drugs For The Blood | | |
| <i>adzynma intravenous kit 1500 unit, 500 unit</i> | Tier 3 | PA; Specialty |
| *Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML | Tier 2 | PA; Specialty |
| *Antihemophilic Products*** - Drugs To Prevent Bleeding | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i> | Tier 2 | PA; Specialty |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 750 UNIT | Tier 2 | PA; Specialty |
| BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| CORIFACT INTRAVENOUS KIT 1000-1600 UNIT | Tier 2 | PA; Specialty |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT | Tier 2 | PA; Specialty |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | Tier 2 | PA; Specialty |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT | Tier 2 | PA; Specialty |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG | Tier 2 | PA; Specialty |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| <i>obizur intravenous solution reconstituted 500 unit</i> | Tier 2 | PA; Specialty |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT | Tier 2 | PA; Specialty |
| <i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i> | Tier 2 | PA; Specialty |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG | Tier 3 | PA; Specialty |
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT | Tier 2 | PA; Specialty |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT | Tier 2 | PA; Specialty |
| WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT | Tier 2 | PA; Specialty |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | Tier 2 | PA; Specialty |
| *Anti-Von Willebrand Factor Agents*** - Drugs For The Blood | | |
| CABLIVI INJECTION KIT 11 MG | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood | | |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML | Exclusion | PA; Specialty |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i> | Tier 1 | PA; Specialty |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML | Tier 1 | PA; Specialty |
| *C1 Esterase Inhibitors*** - Drugs For The Blood | | |
| BERINERT INTRAVENOUS KIT 500 UNIT | Tier 3 | PA; Specialty |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | Tier 3 | PA; Specialty |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT | Tier 2 | PA; Specialty |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT | Tier 2 | PA; Specialty |
| *Complement C3 Inhibitors*** - Drugs For The Blood | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML | Tier 2 | PA; Specialty; QL |
| *Complement C5 Inhibitors*** - Drugs For The Blood | | |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML | Tier 3 | PA; Specialty |
| *Complement C5a Receptor Inhibitors*** - Drugs For The Blood | | |
| TAVNEOS ORAL CAPSULE 10 MG | Tier 3 | PA; Specialty |
| *Complement Factor B Inhibitors*** - Drugs For The Blood | | |
| FABHALTA ORAL CAPSULE 200 MG | Tier 2 | PA; Specialty |
| *Complement Factor D Inhibitors*** - Drugs For The Blood | | |
| VOYDEYA ORAL TABLET 100 MG | Tier 3 | PA; Specialty; QL |
| VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG | Tier 3 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood | | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | Tier 2 | |
| *Hematorheologic Agents*** - Drugs For The Blood | | |
| pentoxifylline er oral tablet extended release 400 mg | Tier 1 | |
| *Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood | | |
| cilostazol oral tablet 100 mg, 50 mg | Tier 1 | |
| *Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** - Drugs For The Blood | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML | Tier 2 | PA; Specialty |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | Tier 2 | PA; Specialty |
| *Plasma Kallikrein Inhibitors*** - Drugs For The Blood | | |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 3 | PA; Specialty |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | Exclusion | PA; Specialty; QL |
| *Plasma Proteins*** - Drugs For The Blood | | |
| RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG | Tier 3 | PA; Specialty |
| *Platelet Aggregation Inhibitor Combinations*** - Drugs For The Blood | | |
| AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG | Exclusion | |
| aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg | Tier 1 | |
| aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg | Exclusion | Drug Not Covered |
| YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| *Platelet Aggregation Inhibitors*** - Drugs For The Blood | | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG | Exclusion | Drug Not Covered |
| *Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood | | |
| ZONTIVITY ORAL TABLET 2.08 MG | Tier 3 | |
| *Pyruvate Kinase Activators*** - Drugs For The Blood | | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | Tier 3 | PA; Specialty; QL |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG | Tier 3 | PA; Specialty; QL |
| *Quinazoline Agents*** - Drugs For The Blood | | |
| AGRYLIN ORAL CAPSULE 0.5 MG | Exclusion | |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i> | Tier 1 | |
| *Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood | | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | Tier 3 | PA; Specialty; QL |
| *Thienopyridine Derivatives*** - Drugs For The Blood | | |
| <i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i> | Tier 1 | |
| EFFIENT ORAL TABLET 10 MG, 5 MG | Exclusion | |
| PLAVIX ORAL TABLET 75 MG | Exclusion | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| *Hematopoietic Agents* - Drugs For Nutrition | | |
| *Agents For Gaucher Disease*** - Drugs For Nutrition | | |
| CERDELGA ORAL CAPSULE 84 MG | Tier 2 | PA; Specialty; QL |
| <i>miglustat oral capsule 100 mg</i> | Tier 1 | PA; Specialty |
| YARGESA ORAL CAPSULE 100 MG | Tier 1 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| ZAVESCA ORAL CAPSULE 100 MG | Exclusion | PA; Specialty |
| *Amino Acids*** - Drugs For Nutrition | | |
| ENDARI ORAL PACKET 5 GM | Tier 3 | PA; Specialty; QL |
| *Cobalamin Combinations*** - Drugs For Nutrition | | |
| ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG | Tier 1 | |
| FOLTRATE ORAL TABLET 500-1 MCG-MG | Exclusion | |
| <i>neurin-sl sublingual tablet sublingual 600-600 mcg</i> | Exclusion | |
| *Cobalamins*** - Drugs For Nutrition | | |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | Tier 1 | |
| <i>cyanocobalamin nasal solution 500 mcg/0.1ml</i> | Exclusion | Drug Not Covered |
| DODEX INJECTION SOLUTION 1000 MCG/ML | Tier 1 | |
| <i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i> | Tier 3 | |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML | Exclusion | Drug Not Covered |
| *Cxcr4 Receptor Antagonist*** - Drugs For Nutrition | | |
| APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG | Exclusion | PA; Specialty |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML | Tier 2 | PA; Specialty |
| <i>plerixafor subcutaneous solution 24 mg/1.2ml</i> | Tier 1 | PA; Specialty |
| XOLREMDI ORAL CAPSULE 100 MG | Tier 3 | PA; Specialty; QL |
| *Cytotoxic Agents*** - Drugs For Nutrition | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 3 | |
| SIKLOS ORAL TABLET 100 MG, 1000 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Erythroid Maturation Agents*** - Drugs For Nutrition | | |
| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG | Exclusion | PA; Specialty |
| *Erythropoiesis-Stimulating Agents (Esas)*** - Drugs For Nutrition | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier 2 | PA; Specialty |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | Tier 2 | PA; Specialty |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | Exclusion | PA; Specialty |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Exclusion | PA; Specialty |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Tier 2 | PA; Specialty |
| *Folic Acid/Folate Combinations*** - Drugs For Nutrition | | |
| AIRAVITE ORAL TABLET 2.5-25-1 MG | Tier 1 | |
| ANIMI-3 ORAL CAPSULE 1 MG | Exclusion | |
| ANIMI-3/VITAMIN D ORAL CAPSULE 1 MG | Exclusion | |
| <i>b-6 folic acid oral capsule 8.333-100-1 mg</i> | Exclusion | |
| CENFOL ORAL TABLET 2.3-24.5-2 MG | Exclusion | |
| <i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i> | Tier 1 | |
| <i>folbee oral tablet 2.5-25-1 mg</i> | Tier 1 | |
| FOLGARD RX ORAL TABLET 2.2-25-1 MG | Exclusion | |
| <i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i> | Tier 1 | |
| NUFOL ORAL TABLET 2.5-25-1 MG | Tier 1 | |
| VIRT-GARD ORAL TABLET 2.2-25-1 MG | Tier 1 | |
| <i>westab one oral tablet 2.5-25-1 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Folic Acid/Folates*** - Drugs For Nutrition | | |
| <i>cvs folic acid oral tablet 800 mcg</i> | Tier 1 | |
| FA-8 ORAL CAPSULE 0.8 MG | Tier 1 | |
| <i>folate oral tablet 400 mcg</i> | Tier 1 | |
| <i>folic acid oral capsule 0.8 mg</i> | Tier 1 | |
| <i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i> | Tier 1 | |
| <i>gnp folic acid oral tablet 400 mcg</i> | Tier 1 | |
| <i>hm folic acid oral tablet 400 mcg</i> | Tier 1 | |
| <i>kp folic acid oral tablet 800 mcg</i> | Tier 1 | |
| <i>px folic acid oral tablet 400 mcg</i> | Tier 1 | |
| <i>qc folic acid oral tablet 800 mcg</i> | Tier 1 | |
| <i>ra folic acid oral tablet 400 mcg, 800 mcg</i> | Tier 1 | |
| <i>sm folic acid oral tablet 400 mcg</i> | Tier 1 | |
| <i>yl folic acid oral tablet 400 mcg</i> | Tier 1 | |
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Exclusion | PA; Specialty |
| FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 3 | PA; Specialty |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Exclusion | PA; Specialty |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Exclusion | PA; Specialty |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML | Exclusion | PA; Specialty |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Exclusion | PA; Specialty |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Exclusion | PA; Specialty |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Exclusion | PA; Specialty |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 2 | PA; Specialty |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Exclusion | PA; Specialty |
| RELEUKO SOLUTION 300 MCG/ML INJECTION | Exclusion | PA; Specialty |
| <i>releuko solution 480 mcg/1.6ml injection</i> | Exclusion | PA; Specialty |
| <i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i> | Exclusion | PA; Specialty |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML | Exclusion | PA; Specialty |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Exclusion | PA; Specialty |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 3 | PA; Specialty |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML | Exclusion | PA; Specialty |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Exclusion | PA; Specialty |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 2 | PA; Specialty |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 2 | PA; Specialty |
| *Granulocyte/Macrophage Colony- Stimulating Factor(Gm-Csf)*** - Drugs For Nutrition | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | Tier 3 | PA; Specialty |
| *Hemoglobin S (Hbs) Polymerization Inhibitors*** - Drugs For Nutrition | | |
| OXBRYTA ORAL TABLET 300 MG, 500 MG | Tier 3 | PA; Specialty; QL |
| OXBRYTA ORAL TABLET SOLUBLE 300 MG | Tier 3 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*** - Drugs For Nutrition | | |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG | Exclusion | PA; Specialty |
| *Iron Combinations*** - Drugs For Nutrition | | |
| CENTRATEX ORAL CAPSULE 106-1 MG | Exclusion | |
| CORVITA 150 ORAL TABLET 150-1.25 MG | Exclusion | |
| CORVITE 150 ORAL TABLET 150-1.25 MG | Exclusion | |
| <i>ferocon oral capsule</i> | Tier 1 | |
| <i>ferotrinsic oral capsule</i> | Tier 1 | |
| FERROCITE PLUS ORAL TABLET 106-1 MG | Tier 1 | |
| FOLIVANE-PLUS ORAL CAPSULE | Exclusion | |
| <i>foltrin oral capsule</i> | Tier 1 | |
| FUSION PLUS ORAL CAPSULE | Exclusion | |
| <i>hematinic plus vit/minerals oral tablet 106-1 mg</i> | Tier 1 | |
| HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG | Exclusion | |
| HEMATRON-AF (WITH DOCUSATE) ORAL TABLET 150-1 MG | Exclusion | |
| HEMOCYTE PLUS ORAL CAPSULE 106-1 MG | Exclusion | |
| ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG | Exclusion | |
| IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG | Tier 1 | |
| INTEGRA PLUS ORAL CAPSULE | Exclusion | |
| K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG | Tier 1 | |
| MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG | Exclusion | |
| MULTIGEN ORAL TABLET 70 MG | Exclusion | |
| MULTIGEN PLUS ORAL TABLET 50-101-1 MG | Exclusion | |
| NEPHRON FA ORAL TABLET | Exclusion | |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|----------------------|
| <i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | |
| <i>purevit dualfe plus oral capsule 162-115.2-1 mg</i> | Exclusion | |
| <i>se-tan plus oral capsule 162-115.2-1 mg</i> | Tier 1 | |
| <i>taron forte oral capsule</i> | Exclusion | |
| <i>tl-hem 150 oral tablet 150-1 mg</i> | Tier 1 | |
| TRICON ORAL CAPSULE | Tier 1 | |
| <i>trigels-f forte oral capsule 460-60-0.01-1 mg</i> | Tier 1 | |
| *Iron W/ Folic Acid*** - Drugs For Nutrition | | |
| FOLIVANE-F ORAL CAPSULE 125-1 MG | Exclusion | |
| <i>hematinic/folic acid oral tablet 324-1 mg</i> | Tier 1 | |
| HEMOCYTE-F ORAL TABLET 324-1 MG | Tier 1 | |
| INTEGRA F ORAL CAPSULE 125-1 MG | Exclusion | |
| *Iron*** - Drugs For Nutrition | | |
| ACCRUFER ORAL CAPSULE 30 MG | Exclusion | Drug Not Covered; QL |
| BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML | Tier 1 | |
| <i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>fe-vite iron oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml</i> | Tier 1 | |
| <i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| *Iron-B12-Folate*** - Drugs For Nutrition | | |
| FERRALET 90 ORAL TABLET 90-1 MG | Exclusion | |
| <i>ferraplus 90 oral tablet 90-1 mg</i> | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| *Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | Tier 3 | PA; Specialty |
| DOPTELET ORAL TABLET 20 MG | Tier 2 | PA; Specialty |
| MULPLETA ORAL TABLET 3 MG | Tier 2 | PA; Specialty |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG | Tier 3 | PA; Specialty |
| PROMACTA ORAL PACKET 12.5 MG, 25 MG | Tier 3 | PA; Specialty; QL |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | Tier 3 | PA; Specialty; QL |
| *Hemostatics* - Drugs For The Blood | | |
| *Hemostatics - Systemic*** - Drugs To Prevent Bleeding | | |
| AMICAR ORAL SOLUTION 0.25 GM/ML | Exclusion | |
| AMICAR ORAL TABLET 1000 MG, 500 MG | Exclusion | |
| <i>aminocaproic acid oral solution 0.25 gm/ml</i> | Tier 1 | |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i> | Tier 1 | |
| LYSTEDA ORAL TABLET 650 MG | Exclusion | |
| <i>tranexamic acid oral tablet 650 mg</i> | Tier 1 | |
| *Hemostatics - Topical*** - Drugs To Prevent Bleeding | | |
| SURGICEL SNOW 1"X2" EXTERNAL PAD | Exclusion | |
| SURGICEL SNOW 2"X4" EXTERNAL PAD | Exclusion | |
| SURGICEL SNOW 4"X4" EXTERNAL PAD | Exclusion | |
| *Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System | | |
| *Barbiturate Hypnotics*** - Drugs For Insomnia | | |
| <i>phenobarbital oral elixir 20 mg/5ml</i> | Tier 1 | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| *Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| DORAL ORAL TABLET 15 MG | Tier 3 | |
| estazolam oral tablet 1 mg, 2 mg | Tier 1 | |
| flurazepam hcl capsule 15 mg oral | Tier 2 | QL |
| flurazepam hcl capsule 15 mg oral | Tier 3 | QL |
| flurazepam hcl capsule 15 mg oral | Tier 1 | QL |
| flurazepam hcl capsule 30 mg oral | Tier 2 | QL |
| flurazepam hcl capsule 30 mg oral | Tier 3 | QL |
| flurazepam hcl capsule 30 mg oral | Tier 1 | QL |
| HALCION ORAL TABLET 0.25 MG | Exclusion | |
| midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml | Tier 1 | |
| midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml | Tier 1 | |
| midazolam hcl oral syrup 2 mg/ml | Exclusion | |
| midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-% | Tier 3 | |
| midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous | Tier 1 | |
| midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous | Tier 3 | |
| midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous | Tier 1 | |
| midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous | Tier 3 | |
| quazepam tablet 15 mg oral | Tier 1 | |
| quazepam tablet 15 mg oral | Tier 3 | |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG | Exclusion | QL |
| temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg | Tier 1 | QL |
| triazolam oral tablet 0.125 mg, 0.25 mg | Exclusion | |
| *Hypnotics - Tricyclic Agents*** - Drugs For Insomnia | | |
| doxepin hcl oral tablet 3 mg, 6 mg | Exclusion | Drug Not Covered; QL |
| SILENOR ORAL TABLET 3 MG, 6 MG | Exclusion | Drug Not Covered; QL |

| Drug | Tier | Notes |
|---|-----------|----------------------|
| *Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia | | |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG | Exclusion | QL |
| AMBIEN ORAL TABLET 10 MG, 5 MG | Exclusion | QL |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | Tier 3 | QL |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | Tier 1 | QL |
| INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG | Exclusion | QL |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG | Exclusion | QL |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> | Tier 1 | QL |
| <i>zolpidem tartrate oral capsule 7.5 mg</i> | Exclusion | Drug Not Covered; QL |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i> | Tier 1 | QL |
| ZOLPIMIST ORAL SOLUTION 5 MG/ACT | Tier 3 | QL |
| *Orexin Receptor Antagonists*** - Drugs For Insomnia | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 2 | QL |
| DAYVIGO ORAL TABLET 10 MG, 5 MG | Exclusion | QL |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG | Exclusion | QL |
| *Selective Melatonin Receptor Agonists*** - Drugs For Insomnia | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | Tier 3 | PA; Specialty; QL |
| HETLIOZ ORAL CAPSULE 20 MG | Exclusion | PA; Specialty; QL |
| <i>ramelteon oral tablet 8 mg</i> | Exclusion | |
| ROZEREM ORAL TABLET 8 MG | Exclusion | |
| <i>tasimelteon oral capsule 20 mg</i> | Tier 1 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Laxatives* - Drugs For The Stomach | | |
| *Bowel Evacuant Combinations*** - Drugs To Prevent Constipation | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML | Exclusion | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | Tier 1 | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM | Tier 1 | |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM | Tier 1 | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | Exclusion | |
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM | Exclusion | |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i> | Tier 1 | |
| NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM | Exclusion | |
| NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM | Exclusion | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | Tier 1 | |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> | Tier 1 | |
| <i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm</i> | Exclusion | |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i> | Exclusion | |
| PEG-PREP ORAL KIT 5-210 MG-GM | Tier 1 | |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM | Exclusion | |
| SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM | Exclusion | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML | Exclusion | |
| SUTAB ORAL TABLET 1479-225-188 MG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Laxatives - Miscellaneous*** - Drugs To Prevent Constipation | | |
| <i>constulose oral solution 10 gm/15ml</i> | Tier 1 | |
| KRISTALOSE ORAL PACKET 10 GM, 20 GM | Tier 3 | |
| <i>lactulose oral packet 10 gm</i> | Tier 3 | |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i> | Tier 1 | |
| *Lubricant Laxatives*** - Drugs To Prevent Constipation | | |
| <i>mineral oil heavy oral oil</i> | Exclusion | |
| *Saline Laxative Mixtures*** - Drugs To Prevent Constipation | | |
| OSMOPREP ORAL TABLET 1.102-0.398 GM | Exclusion | |
| *Macrolides* - Drugs For Infections | | |
| *Azithromycin*** - Antibiotics | | |
| <i>azithromycin oral packet 1 gm</i> | Tier 2 | |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | Tier 1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | Tier 1 | |
| ZITHROMAX ORAL PACKET 1 GM | Tier 3 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML | Exclusion | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | Exclusion | |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG | Exclusion | |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG | Exclusion | |
| *Clarithromycin*** - Antibiotics | | |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i> | Tier 1 | |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Erythromycins*** - Antibiotics | | |
| E.E.S. 400 ORAL TABLET 400 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | Exclusion | |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | Exclusion | |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML | Exclusion | |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG | Tier 1 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | Tier 2 | |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i> | Tier 1 | |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i> | Tier 1 | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i> | Tier 1 | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | Tier 3 | |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i> | Tier 1 | |
| *Fidaxomicin*** - Antibiotics | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML | Tier 2 | |
| DIFICID ORAL TABLET 200 MG | Tier 2 | |
| *Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment | | |
| *Catheters*** - Medical Supplies And Durable Medical Equipment | | |
| <i>apogee ic catheter 14fr/16"</i> | Exclusion | |
| <i>vapro plus catheter 12fr/16"</i> | Exclusion | |
| *Cervical Caps*** - Medical Supplies And Durable Medical Equipment | | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | Tier 2 | |

| Drug | Tier | Notes |
|--|--------|-------|
| *Condoms - Male*** - Medical Supplies And Durable Medical Equipment | | |
| <i>aimsco lubricated</i> | Tier 2 | |
| <i>condoms</i> | Tier 2 | |
| DUREX EXTRA SENSITIVE THIN DEVICE | Tier 2 | |
| DUREX REALFEEL DEVICE | Tier 2 | |
| FANTASY LUBRICATED | Tier 2 | |
| FANTASY LUBRICATED/SPERMICIDE | Tier 2 | |
| KAMELEON LUBRICATED | Tier 2 | |
| <i>kimono</i> | Tier 2 | |
| KIMONO COLORS DEVICE | Tier 2 | |
| KIMONO MAXX-LARGE FLARE | Tier 2 | |
| <i>kimono micro thin</i> | Tier 2 | |
| <i>kimono micro thin plus</i> | Tier 2 | |
| <i>kimono plus</i> | Tier 2 | |
| <i>kimono ps</i> | Tier 2 | |
| <i>kimono ps plus</i> | Tier 2 | |
| <i>kimono sensation</i> | Tier 2 | |
| <i>kimono sensation plus</i> | Tier 2 | |
| KIMONO SPECIAL DEVICE | Tier 2 | |
| K-Y ME & YOU EXTRA LUBRICATED DEVICE | Tier 2 | |
| K-Y ME & YOU INTENSE DEVICE | Tier 2 | |
| <i>maxx</i> | Tier 2 | |
| <i>maxx plus</i> | Tier 2 | |
| <i>premium condoms lubricated</i> | Tier 2 | |
| REALITY LATEX CONDOMS | Tier 2 | |
| REALITY LATEX/ULTRA TEXTURED DEVICE | Tier 2 | |
| REALITY LATEX/ULTRA THIN DEVICE | Tier 2 | |
| TRUSTEX COLOR CONDOMS + LUBE | Tier 2 | |
| TRUSTEX LUB/RIBBED/STUDDED | Tier 2 | |
| TRUSTEX LUB/SPERMICIDE EX ST | Tier 2 | |
| TRUSTEX LUB/SPERMICIDE XL | Tier 2 | |
| TRUSTEX LUBRICATED | Tier 2 | |
| TRUSTEX LUBRICATED EX LARGE | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| TRUSTEX LUBRICATED EXTRA ST | Tier 2 | |
| TRUSTEX LUBRICATED/SPERMICIDE | Tier 2 | |
| TRUSTEX NATURAL CONDOMS + LUBE | Tier 2 | |
| TRUSTEX NON-LUBRICATED | Tier 2 | |
| TRUSTEX RIA LUB/SPERMICIDE | Tier 2 | |
| TRUSTEX RIA LUBRICATED | Tier 2 | |
| TRUSTEX RIA NON-LUBRICATED | Tier 2 | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | Tier 2 | |
| <i>*Diaphragms*** - Medical Supplies And Durable Medical Equipment</i> | | |
| CAYA VAGINAL DIAPHRAGM | Tier 2 | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % | Tier 2 | |
| <i>*Glucose Monitor & Blood Pressure Monitor Combinations*** - Medical Supplies And Durable Medical Equipment</i> | | |
| ADVOCATE DUO DEVICE | Exclusion | |
| CLEVER CHEK AUTO-CODE DEVICE | Exclusion | |
| DUO-CARE DEVICE | Exclusion | |
| FORA D10 2-IN-1 MONITOR DEVICE | Exclusion | |
| FORA D15G 2-IN-1 MONITOR DEVICE | Exclusion | |
| FORA D20 2-IN-1 MONITOR DEVICE | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| FORA D40 GLUCOSE/PRESSURE DEVICE | Exclusion | |
| FORA D40G GLUCOSE/PRESSURE DEVICE | Exclusion | |
| *Glucose Monitor & Cholesterol Monitor Combinations*** - Medical Supplies And Durable Medical Equipment | | |
| ACCUTREND PLUS DEVICE | Tier 3 | |
| *Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment | | |
| <i>1st tier unilet comfortouch</i> | Tier 2 | |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE | Exclusion | |
| ACCU-CHEK FASTCLIX LANCET KIT | Tier 2 | |
| ACCU-CHEK FASTCLIX LANCETS | Tier 2 | |
| ACCU-CHEK GUIDE KIT W/DEVICE | Exclusion | |
| ACCU-CHEK GUIDE ME KIT W/DEVICE | Exclusion | |
| ACCU-CHEK SAFE-T PRO LANCETS | Tier 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | Tier 2 | |
| ACCU-CHEK SOFTCLIX LANCETS | Tier 2 | |
| <i>acti-lance 28g</i> | Tier 2 | |
| <i>acti-lance lite lancets 28g</i> | Tier 2 | |
| <i>acti-lance special lancets 17g</i> | Tier 2 | |
| <i>acti-lance universal 23g</i> | Tier 2 | |
| <i>adjustable lancing device</i> | Tier 2 | |
| ADVANCE INTUITION METER DEVICE | Exclusion | |
| ADVANCE INTUITION MONITOR KIT | Exclusion | |
| ADVANCE MICRO-DRAW METER DEVICE | Exclusion | |
| <i>advanced mobile lancet</i> | Tier 2 | |
| ADVOCATE BLOOD GLUCOSE MONITOR DEVICE | Exclusion | |
| ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| ADVOCATE LANCETS | Tier 2 | |
| ADVOCATE LANCETS 30G | Tier 2 | |
| ADVOCATE REDI-CODE DEVICE | Exclusion | |
| ADVOCATE REDI-CODE KIT W/DEVICE | Exclusion | |
| ADVOCATE REDI-CODE+ DEVICE | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| ADVOCATE SAFETY LANCETS | Tier 2 | |
| ADVOCATE SAFETY LANCETS 26G | Tier 2 | |
| AGAMATRIX AMP DEVICE | Exclusion | |
| AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE | Exclusion | |
| AGAMATRIX PRESTO KIT W/DEVICE | Exclusion | |
| AGAMATRIX PRESTO PRO METER DEVICE | Exclusion | |
| AGAMATRIX ULTRA-THIN LANCETS | Tier 2 | |
| <i>aimsco twist lancets 32g</i> | Tier 2 | |
| AIMSCO TWIST LANCETS 33G | Tier 2 | |
| AQUALANCE LANCETS 30G | Tier 2 | |
| ASSURE 3 METER KIT | Exclusion | |
| ASSURE 4 METER DEVICE | Exclusion | |
| <i>assure comfort lancets 28g</i> | Tier 2 | |
| ASSURE HAEMOLANCE PLUS HIGH | Tier 2 | |
| ASSURE HAEMOLANCE PLUS LOW | Tier 2 | |
| ASSURE HAEMOLANCE PLUS MICRO | Tier 2 | |
| ASSURE HAEMOLANCE PLUS NORMAL | Tier 2 | |
| ASSURE HAEMOLANCE PLUS PED | Tier 2 | |
| ASSURE LANCE LANCETS | Tier 2 | |
| ASSURE LANCE LANCETS 21G | Tier 2 | |
| ASSURE LANCE PLUS SAFETY 25G | Tier 2 | |
| ASSURE LANCE PLUS SAFETY 30G | Tier 2 | |
| ASSURE LANCE SAFETY LANCET 28G | Tier 2 | |
| ASSURE PLATINUM METER DEVICE | Exclusion | |
| ASSURE PRISM MULTI METER DEVICE | Exclusion | |
| ASSURE PRO BLOOD GLUCOSE METER DEVICE | Exclusion | |
| <i>aurora lancet super thin 30g</i> | Tier 2 | |
| <i>aurora lancet thin 23g</i> | Tier 2 | |
| AUTOLET II CLINISAFE KIT | Tier 2 | |
| AUTOLET LANCING DEVICE | Tier 2 | |
| AUTOLET LITE CLINISAFE KIT | Tier 2 | |
| AUTOLET LITE STARTER PACK KIT | Tier 2 | |
| AUTOLET MINI | Tier 2 | |
| AUTOLET PLATFORMS | Tier 2 | |
| AUTOLET PLUS | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| BD LANCET ULTRAFINE 30G | Tier 2 | |
| BD LANCET ULTRAFINE 33G | Tier 2 | |
| BD LATITUDE DIABETES KIT | Exclusion | |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE | Exclusion | |
| BD MAGNI-GUIDE MAGNIFIER | Exclusion | |
| BD MICROTAINER LANCETS | Tier 2 | |
| BIGFOOT UNITY PROGRAM KIT | Exclusion | |
| BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE | Exclusion | |
| <i>blood glucose monitor system kit w/device</i> | Exclusion | |
| <i>blood glucose system pak kit</i> | Exclusion | |
| BLUESTAR DEVICE | Exclusion | |
| BLULINK GLUCOSE MONITORING SYS DEVICE | Exclusion | |
| CARDIOCOM LANCING DEVICE | Tier 2 | |
| <i>careone advanced lancing dev</i> | Tier 2 | |
| CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| CAREONE LANCET SUPER THIN 30G | Tier 2 | |
| <i>careone lancet thin 23g</i> | Tier 2 | |
| CARESENS LANCETS | Tier 2 | |
| CARESENS LANCETS 30G | Tier 2 | |
| CARESENS N FELIZ BT DEVICE | Exclusion | |
| CARESENS N GLUCOSE SYSTEM DEVICE | Exclusion | |
| CARESENS N VOICE SYSTEM DEVICE | Exclusion | |
| CARETOUCH LANCING/EJECTOR | Tier 2 | |
| CARETOUCH MONITOR SYSTEM KIT W/DEVICE | Exclusion | |
| CARETOUCH SAFETY LANCETS | Tier 2 | |
| CARETOUCH SAFETY LANCETS 26G | Tier 2 | |
| CARETOUCH TWIST LANCETS 28G | Tier 2 | |
| CARETOUCH TWIST LANCETS 30G | Tier 2 | |
| CARETOUCH TWIST LANCETS 33G | Tier 2 | |
| CARETOUCH TWIST MC LANCETS 30G | Tier 2 | |
| CHEMSTRIP BG LOG BOOK | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| CHOSEN LANCETS 30G | Tier 2 | |
| CHOSEN SAFETY LANCETS 28G | Tier 2 | |
| CLEANLET LANCETS 28G | Tier 2 | |
| CLEVER CHEK AUTO-CODE SYSTEM DEVICE | Exclusion | |
| CLEVER CHEK AUTO-CODE VOICE DEVICE | Exclusion | |
| CLEVER CHEK LANCETS | Tier 2 | |
| CLEVER CHEK SYSTEM KIT W/DEVICE | Exclusion | |
| CLEVER CHOICE AUTO-CODE SYSTEM DEVICE | Exclusion | |
| CLEVER CHOICE COMFORT EZ | Tier 2 | |
| CLEVER CHOICE LANCETS 21G | Tier 2 | |
| CLEVER CHOICE LANCETS 23G | Tier 2 | |
| CLEVER CHOICE LANCETS 28G | Tier 2 | |
| CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE | Exclusion | |
| CLEVER CHOICE MINI SYSTEM DEVICE | Exclusion | |
| CLEVER CHOICE TALK SYSTEM DEVICE | Exclusion | |
| COAGUCHEK LANCETS | Tier 2 | |
| <i>comfort assured lancets 28g</i> | Tier 2 | |
| <i>comfort assured lancets 33g</i> | Tier 2 | |
| <i>comfort lancets</i> | Tier 2 | |
| COMFORT TOUCH LANCETS 31G | Tier 2 | |
| COMFORT TOUCH PLUS LANCETS 28G | Tier 2 | |
| COMFORT TOUCH PLUS LANCETS 30G | Tier 2 | |
| COMFORT TOUCH TWIST LANCET 30G | Tier 2 | |
| CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL | Exclusion | |
| CONTOUR MONITOR DEVICE | Exclusion | |
| CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL | Exclusion | |
| CONTOUR NEXT EZ KIT W/DEVICE | Exclusion | |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE | Exclusion | |
| CONTOUR NEXT LINK KIT W/DEVICE | Exclusion | |
| CONTOUR NEXT MONITOR KIT W/DEVICE | Exclusion | |
| CONTOUR NEXT ONE DEVICE | Exclusion | |
| CONTOUR NEXT ONE KIT | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| COOL MONITOR DEVICE | Exclusion | |
| COOL MONITOR KIT KIT W/DEVICE | Exclusion | |
| CVS BLOOD GLUCOSE METER KIT W/DEVICE | Exclusion | |
| <i>cvs lancets 21g</i> | Tier 2 | |
| <i>cvs lancets micro thin 33g</i> | Tier 2 | |
| <i>cvs lancets original</i> | Tier 2 | |
| <i>cvs lancets thin 26g</i> | Tier 2 | |
| <i>cvs lancets ultra thin 30g</i> | Tier 2 | |
| <i>cvs lancets ultra-thin 30g</i> | Tier 2 | |
| <i>cvs lancing device</i> | Tier 2 | |
| <i>cvs ultra thin lancets</i> | Tier 2 | |
| D-CARE GLUCOMETER KIT W/DEVICE | Exclusion | |
| DEXCOM G4 PLAT PED RCV/SHARE DEVICE | Exclusion | QL |
| DEXCOM G4 PLAT PED RECEIVER DEVICE | Exclusion | QL |
| DEXCOM G4 PLATINUM RCV/SHARE DEVICE | Exclusion | QL |
| DEXCOM G4 PLATINUM RECEIVER DEVICE | Exclusion | QL |
| DEXCOM G4 PLATINUM TRANSMITTER | Exclusion | QL |
| DEXCOM G5 MOB/G4 PLAT SENSOR | Tier 2 | QL |
| DEXCOM G5 MOBILE RECEIVER DEVICE | Tier 2 | QL |
| DEXCOM G5 MOBILE TRANSMITTER | Tier 2 | QL |
| DEXCOM G5 RECEIVER KIT DEVICE | Tier 2 | QL |
| DEXCOM G6 RECEIVER DEVICE | Tier 2 | QL |
| DEXCOM G6 SENSOR | Tier 2 | QL |
| DEXCOM G6 TRANSMITTER | Tier 2 | QL |
| DEXCOM G7 RECEIVER DEVICE | Tier 2 | QL |
| DEXCOM G7 SENSOR | Tier 2 | QL |
| DIATHRIVE BLOOD GLUCOSE METER DEVICE | Exclusion | |
| DIATHRIVE LANCET ULTRA THIN 30 | Tier 2 | |
| DIATHRIVE LANCETS | Tier 2 | |
| DIATHRIVE+ GLUCOSE MONITOR DEVICE | Exclusion | |
| <i>diatrue plus blood glucose device</i> | Exclusion | |
| DROPLET GENTEEL LANCING DEVICE | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| DROPLET LANCETS ULTRA THIN 30G | Tier 2 | |
| DROPLET LANCING DEVICE | Tier 2 | |
| DROPLET PERSONAL LANCETS 30G | Tier 2 | |
| <i>drug mart lancets thin 26g</i> | Tier 2 | |
| DRUG MART LANCING DEVICE | Tier 2 | |
| DRUG MART ON-THE-GO LANCET 30G | Tier 2 | |
| DRUG MART UNILET LANCETS 28G | Tier 2 | |
| DRUG MART UNILET LANCETS 30G | Tier 2 | |
| DRUG MART UNILET LANCETS 33G | Tier 2 | |
| <i>easy comfort lancets</i> | Tier 2 | |
| <i>easy comfort lancets twist top</i> | Tier 2 | |
| EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| <i>easy plus ii glucose system device</i> | Exclusion | |
| EASY STEP GLUCOSE MONITOR DEVICE | Exclusion | |
| <i>easy talk blood glucose system device</i> | Exclusion | |
| EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| EASY TOUCH LANCETS 21G | Tier 2 | |
| EASY TOUCH LANCETS 23G | Tier 2 | |
| EASY TOUCH LANCETS 26G | Tier 2 | |
| EASY TOUCH LANCETS 28G | Tier 2 | |
| EASY TOUCH LANCETS 28G/TWIST | Tier 2 | |
| EASY TOUCH LANCETS 30G | Tier 2 | |
| EASY TOUCH LANCETS 30G/TWIST | Tier 2 | |
| EASY TOUCH LANCETS 32G | Tier 2 | |
| EASY TOUCH LANCETS 32G/TWIST | Tier 2 | |
| EASY TOUCH LANCETS 33G/TWIST | Tier 2 | |
| EASY TOUCH LANCING DEVICE | Tier 2 | |
| EASY TOUCH SAFETY LANCETS 21G | Tier 2 | |
| EASY TOUCH SAFETY LANCETS 23G | Tier 2 | |
| EASY TOUCH SAFETY LANCETS 26G | Tier 2 | |
| EASY TOUCH SAFETY LANCETS 28G | Tier 2 | |
| <i>easy trak blood glucose system device</i> | Exclusion | |
| <i>easy trak ii blood glucose sys device</i> | Exclusion | |
| EASYGLUCO KIT | Exclusion | |
| EASYMAX NG BLOOD GLUCOSE DEVICE | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| EASYMAX V BLOOD GLUCOSE DEVICE | Exclusion | |
| EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE | Exclusion | |
| EASYPRO PLUS KIT W/DEVICE | Exclusion | |
| ELEMENT AUTOCODE SYSTEM KIT W/DEVICE | Exclusion | |
| <i>element compact glucose system device</i> | Exclusion | |
| <i>element compact v glucose sys device</i> | Exclusion | |
| ELEMENT PLUS DEVICE | Exclusion | |
| EMBRACE BLOOD GLUCOSE MONITOR DEVICE | Exclusion | |
| EMBRACE EVO GLUCOSE MONITOR DEVICE | Exclusion | |
| EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE | Exclusion | |
| EMBRACE LANCETS ULTRA THIN 30G | Tier 2 | |
| EMBRACE PRESSURE ACTIVATED 21G | Tier 2 | |
| EMBRACE PRESSURE ACTIVATED 28G | Tier 2 | |
| EMBRACE PRO GLUCOSE METER DEVICE | Exclusion | |
| EMBRACE TALK BLOOD GLUCOSE DEVICE | Exclusion | |
| EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE | Exclusion | |
| ENLITE GLUCOSE SENSOR | Exclusion | QL |
| <i>eql color lancets 21g</i> | Tier 2 | |
| <i>eql color lancets micro 33g</i> | Tier 2 | |
| <i>eql super thin lancets 30g</i> | Tier 2 | |
| <i>eql thin lancets 26g</i> | Tier 2 | |
| EVERSENSE SENSOR/HOLDER | Exclusion | QL |
| EVERSENSE SMART TRANSMITTER | Exclusion | QL |
| EVOLUTION AUTOCODE DEVICE | Exclusion | |
| E-Z JECT LANCET MICRO-THIN 33G | Tier 2 | |
| E-Z JECT LANCET SUPER THIN 30G | Tier 2 | |
| E-Z JECT LANCETS | Tier 2 | |
| E-Z JECT LANCETS 21G | Tier 2 | |
| E-Z JECT LANCETS THIN 26G | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| EZ-LETS LANCETS 21G | Tier 2 | |
| EZ-LETS LANCETS 26G | Tier 2 | |
| EZ-LETS LANCETS 28G | Tier 2 | |
| EZ-LETS LANCETS 30G | Tier 2 | |
| FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE | Exclusion | |
| FIFTY50 SAFETY SEAL LANCETS | Tier 2 | |
| FIFTY50 UNILET LANCETS 33G | Tier 2 | |
| FINE 30 | Tier 2 | |
| FINGERSTIX LANCETS | Tier 2 | |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA LANCETS | Tier 2 | |
| FORA PREMIUM V10 BLE SYSTEM DEVICE | Exclusion | |
| FORA TEST N' GO MONITOR DEVICE | Exclusion | |
| FORA TN'G VOICE KIT W/DEVICE | Exclusion | |
| FORA V10 BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA V10/V12/D10/D20 TEST KIT | Exclusion | |
| FORA V12 BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA V20 BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA V30A BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| FORACARE GD40 MONITOR DEVICE | Exclusion | |
| FORACARE PREMIUM V10 DEVICE | Exclusion | |
| FORACARE TEST N GO MONITOR DEVICE | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| FORTISCARE T1 GLUCOSE SYSTEM DEVICE | Exclusion | |
| <i>freds pharmacy autolet lancing</i> | Tier 2 | |
| <i>freds pharmacy unilet lanc 28g</i> | Tier 2 | |
| <i>freds pharmacy unilet lanc 30g</i> | Tier 2 | |
| FREESTYLE FREEDOM LITE KIT W/DEVICE | Exclusion | |
| FREESTYLE LANCETS | Tier 2 | |
| FREESTYLE LIBRE 14 DAY READER DEVICE | Tier 2 | QL |
| FREESTYLE LIBRE 14 DAY SENSOR | Tier 2 | QL |
| FREESTYLE LIBRE 2 READER DEVICE | Tier 2 | QL |
| FREESTYLE LIBRE 2 SENSOR | Tier 2 | QL |
| FREESTYLE LIBRE 3 READER DEVICE | Tier 2 | QL |
| FREESTYLE LIBRE 3 SENSOR | Tier 2 | QL |
| FREESTYLE LIBRE READER DEVICE | Tier 2 | QL |
| FREESTYLE LIBRE SENSOR SYSTEM | Tier 2 | QL |
| FREESTYLE LITE DEVICE | Exclusion | |
| FREESTYLE LITE KIT W/DEVICE | Exclusion | |
| FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE | Exclusion | |
| FREESTYLE UNISTICK II LANCETS | Tier 2 | |
| <i>ge100 blood glucose system device</i> | Exclusion | |
| <i>ge100 blood glucose system kit w/device</i> | Exclusion | |
| GENTEEL BUTTERFLY TOUCH LANCET | Tier 2 | |
| GENTLE-LET GP LANCETS | Tier 2 | |
| GENTLE-LET LANCETS | Tier 2 | |
| GENTLE-LET PLATFORMS | Tier 2 | |
| <i>ght blood glucose monitor kit w/device</i> | Exclusion | |
| <i>global inject ease lancets 28g</i> | Tier 2 | |
| <i>global inject ease lancets 30g</i> | Tier 2 | |
| GLUCO PERFECT 3 METER DEVICE | Exclusion | |
| GLUCOCARD 01 BLOOD GLUCOSE DEVICE | Exclusion | |
| GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE | Exclusion | |
| GLUCOCARD SHINE CONNEX KIT W/DEVICE | Exclusion | |
| GLUCOCARD SHINE DEVICE | Exclusion | |
| GLUCOCARD SHINE EXPRESS KIT W/DEVICE | Exclusion | |
| GLUCOCARD SHINE KIT W/DEVICE | Exclusion | |
| GLUCOCARD SHINE XL DEVICE | Exclusion | |
| GLUCOCARD VITAL MONITOR KIT W/DEVICE | Exclusion | |
| GLUCOCARD X-METER KIT W/DEVICE | Exclusion | |
| GLUCOCOM AUTOLINK TELEMONITOR | Exclusion | |
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE | Exclusion | |
| GLUCOCOM LANCETS 28G | Tier 2 | |
| GLUCOCOM LANCETS 30G | Tier 2 | |
| GLUCOCOM LANCETS 33G | Tier 2 | |
| GLUCOCOM MONITOR KIT W/DEVICE | Exclusion | |
| GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE | Exclusion | |
| GNP EASY TOUCH GLUCOSE METER DEVICE | Exclusion | |
| <i>gnp lancets 21g</i> | Tier 2 | |
| <i>gnp lancets thin 26g</i> | Tier 2 | |
| <i>gnp sterile lancets 28g</i> | Tier 2 | |
| <i>gnp sterile lancets 30g</i> | Tier 2 | |
| <i>gnp sterile lancets 33g</i> | Tier 2 | |
| GNP TRUE METRIX AIR METER KIT W/DEVICE | Exclusion | |
| GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE | Exclusion | |
| GOJJI STERILE LANCETS | Tier 2 | |
| <i>goodsense blood glucose kit w/device</i> | Exclusion | |
| <i>goodsense color lancets 33g</i> | Tier 2 | |
| <i>goodsense lancets 26g univ</i> | Tier 2 | |
| <i>goodsense lancets 30g</i> | Tier 2 | |
| <i>goodsense lancets 30g univ</i> | Tier 2 | |
| <i>goodsense lancets 33g</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>goodsense lancets 33g univ</i> | Tier 2 | |
| GUARDIAN 4 GLUCOSE SENSOR | Exclusion | QL |
| GUARDIAN 4 TRANSMITTER | Exclusion | QL |
| GUARDIAN CONNECT TRANSMITTER | Exclusion | QL |
| GUARDIAN LINK 3 TRANSMITTER | Exclusion | QL |
| GUARDIAN REAL-TIME CHARGER | Exclusion | |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | Exclusion | QL |
| GUARDIAN REAL-TIME TEST PLUG | Exclusion | |
| GUARDIAN SENSOR (3) | Exclusion | QL |
| <i>guardian sensor 3</i> | Exclusion | QL |
| HAEMOLANCE PLUS | Tier 2 | |
| HAEMOLANCE PLUS HIGH FLOW | Tier 2 | |
| HAEMOLANCE PLUS LOW FLOW | Tier 2 | |
| HAEMOLANCE PLUS MAX FLOW | Tier 2 | |
| HAEMOLANCE PLUS PEDIATRIC FLOW | Tier 2 | |
| HEALTH CARE LANCING DEVICE | Tier 2 | |
| HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE | Exclusion | |
| <i>healthy accents lancing device</i> | Tier 2 | |
| <i>healthy accents unilet lancets</i> | Tier 2 | |
| <i>h-e-b incontrol adv lancing</i> | Tier 2 | |
| <i>h-e-b incontrol lancets 28g</i> | Tier 2 | |
| <i>h-e-b incontrol lancets 30g</i> | Tier 2 | |
| <i>h-e-b incontrol lancets 33g</i> | Tier 2 | |
| HM EMBRACE TALK SYSTEM KIT W/DEVICE | Exclusion | |
| HW EMBRACE PRO GLUCOSE METER DEVICE | Exclusion | |
| HW EMBRACE TALK BLOOD GLUCOSE DEVICE | Exclusion | |
| HYPOLANCE AST LANCING KIT | Tier 2 | |
| HY-VEE LANCETS | Tier 2 | |
| <i>hy-vee thin lancets</i> | Tier 2 | |
| IGLUCOSE MONITORING SYSTEM KIT W/DEVICE | Exclusion | |
| IN TOUCH | Exclusion | |
| IN TOUCH DEVICE | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| IN TOUCH STERILE LANCETS 30G | Tier 2 | |
| INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| INFINITY VOICE KIT W/DEVICE | Exclusion | |
| INSUL-TOTE | Exclusion | |
| INSUL-TOTE JR | Exclusion | |
| <i>kinney lancets</i> | Tier 2 | |
| <i>kinney thin lancets</i> | Tier 2 | |
| KROGER AUTOLET LANCING DEVICE | Tier 2 | |
| <i>croger blood glucose kit w/device</i> | Exclusion | |
| KROGER HEALTHPRO LANCET 26G | Tier 2 | |
| <i>croger lancets</i> | Tier 2 | |
| <i>croger lancets 21g</i> | Tier 2 | |
| <i>croger lancets micro thin 33g</i> | Tier 2 | |
| <i>croger lancets super thin</i> | Tier 2 | |
| <i>croger lancets thin</i> | Tier 2 | |
| <i>croger lancets thin 26g</i> | Tier 2 | |
| <i>croger lancets ultrathin 30g</i> | Tier 2 | |
| <i>croger lancing device</i> | Tier 2 | |
| <i>croger premium blood glucose kit w/device</i> | Exclusion | |
| <i>lancet device with ejector</i> | Tier 2 | |
| <i>lancet transporter case</i> | Tier 2 | |
| <i>lancets</i> | Tier 2 | |
| <i>lancets 28g</i> | Tier 2 | |
| <i>lancets 30g</i> | Tier 2 | |
| <i>lancets 33g</i> | Tier 2 | |
| <i>lancets micro thin 33g</i> | Tier 2 | |
| <i>lancets super thin 28g</i> | Tier 2 | |
| <i>lancets thin</i> | Tier 2 | |
| LANCETS ULTRA THIN | Tier 2 | |
| <i>lancets ultra thin 30g</i> | Tier 2 | |
| <i>lancing device</i> | Tier 2 | |
| LANZO | Tier 2 | |
| <i>leader advanced lancing device</i> | Tier 2 | |
| <i>liberty blood glucose meter device</i> | Exclusion | |
| LIBERTY MEDICAL LANCETS | Tier 2 | |
| LIBERTY MINI LANCING DEVICE | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| LIBERTY NXT GENERATION MONITOR DEVICE | Exclusion | |
| LIFESCAN UNISTIK 2 | Tier 2 | |
| LIFESCAN UNISTIK II LANCETS | Tier 2 | |
| <i>lite touch lancets</i> | Tier 2 | |
| LITETOUCH LANCETS | Tier 2 | |
| <i>live better adv lancing device</i> | Tier 2 | |
| <i>live better lancet super thin</i> | Tier 2 | |
| <i>live better lancet ultra thin</i> | Tier 2 | |
| <i>longs lancets standard</i> | Tier 2 | |
| <i>longs lancets thin</i> | Tier 2 | |
| <i>longs lancets ultra thin</i> | Tier 2 | |
| <i>medichoice safety lancet</i> | Tier 2 | |
| <i>medichoice safety lancet extra</i> | Tier 2 | |
| <i>medichoice safety lancet norm</i> | Tier 2 | |
| MEDISENSE THIN LANCETS | Tier 2 | |
| MEDLANCE EXTRA 21G | Tier 2 | |
| MEDLANCE LITE 25G | Tier 2 | |
| MEDLANCE PLUS EXTRA 21G | Tier 2 | |
| MEDLANCE PLUS LANCETS | Tier 2 | |
| MEDLANCE PLUS LITE 25G | Tier 2 | |
| MEDLANCE PLUS SPECIAL 0.8MM | Tier 2 | |
| MEDLANCE PLUS SUPERLITE 30G | Tier 2 | |
| MEDLANCE PLUS UNIVERSAL 21G | Tier 2 | |
| MEDLANCE UNIVERSAL 21G | Tier 2 | |
| <i>meijer blood glucose kit w/device</i> | Exclusion | |
| <i>meijer essential blood glucose kit w/device</i> | Exclusion | |
| MEIJER LANCETS | Tier 2 | |
| MEIJER LANCETS THIN | Tier 2 | |
| MEIJER LANCETS UNIVERSAL 21G | Tier 2 | |
| MEIJER LANCETS UNIVERSAL 30G | Tier 2 | |
| MEIJER LANCETS UNIVERSAL 33G | Tier 2 | |
| <i>meijer premium blood glucose kit w/device</i> | Exclusion | |
| MEIJER SUPER THIN LANCETS | Tier 2 | |
| MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE | Exclusion | |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| MICROLET LANCETS | Tier 2 | |
| MICROLET NEXT LANCING DEVICE | Tier 2 | |
| <i>mini lancing device</i> | Tier 2 | |
| MINILINK REAL-TIME TRANSMITTER | Exclusion | QL |
| MINIMED 630G GUARDIAN PRESS | Exclusion | QL |
| MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| MM BLOOD GLUCOSE SYSTEM REFILL KIT | Exclusion | |
| MM BLULINK GLUCOSE MONIT SYS DEVICE | Exclusion | |
| MM EASY TOUCH GLUCOSE METER KIT W/DEVICE | Exclusion | |
| MM TWIST LANCETS | Tier 2 | |
| MONOLET LANCETS | Tier 2 | |
| MONOLET OPD LANCETS | Tier 2 | |
| MONOLETTOR SAFETY LANCETS | Tier 2 | |
| <i>mpd safety lancet 21g</i> | Tier 2 | |
| <i>mpd safety lancet 23g</i> | Tier 2 | |
| <i>mpd safety lancet 28g</i> | Tier 2 | |
| <i>mpd safety lancet 30g</i> | Tier 2 | |
| <i>multi-lancet device</i> | Tier 2 | |
| MULTI-LANCET DEVICE 2 KIT | Tier 2 | |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| MYGLUCOHEALTH LANCETS 30G | Tier 2 | |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| NOVA SAFETY LANCETS 23G | Tier 2 | |
| NOVA SAFETY LANCETS 28G | Tier 2 | |
| NOVA SUREFLEX LANCETS | Tier 2 | |
| NOVA SUREFLEX LANCING DEVICE | Tier 2 | |
| ON CALL LANCETS | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| ON CALL LANCING DEVICE | Tier 2 | |
| ON CALL PLUS LANCETS | Tier 2 | |
| ON CALL PLUS LANCING DEVICE | Tier 2 | |
| <i>one drop blood glucose monitor kit w/device</i> | Exclusion | |
| ONETOUCH CLUB LANCETS FINE PT | Tier 2 | |
| ONETOUCH DELICA LANCETS 30G | Tier 2 | |
| ONETOUCH DELICA LANCETS 33G | Tier 2 | |
| ONETOUCH DELICA PLUS LANCET30G | Tier 2 | |
| ONETOUCH DELICA PLUS LANCET33G | Tier 2 | |
| ONETOUCH DELICA PLUS LANCING | Tier 2 | |
| ONETOUCH DELICA SAFETY LANCING | Tier 2 | |
| ONETOUCH FINEPOINT LANCETS | Tier 2 | |
| ONETOUCH ULTRA 2 KIT W/DEVICE | Tier 3 | |
| ONETOUCH ULTRA CONTROL IN VITRO LIQUID | Tier 3 | |
| ONETOUCH ULTRA IN VITRO LIQUID | Tier 3 | |
| ONETOUCH ULTRA MINI KIT W/DEVICE | Tier 3 | |
| ONETOUCH ULTRASOFT 2 LANCETS | Tier 2 | |
| ONETOUCH ULTRASOFT LANCETS | Tier 2 | |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | Tier 3 | |
| ONETOUCH VERIO IN VITRO LIQUID | Tier 3 | |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | Tier 3 | |
| <i>oval tape</i> | Tier 3 | |
| PARADIGM REAL-TIME TRANSMITTER | Exclusion | QL |
| <i>pc lancets super thin 30g</i> | Tier 2 | |
| PENLET II BLOOD SAMPLER KIT | Tier 2 | |
| PENLET II REPLACEMENT CAP | Tier 2 | |
| PERFECT LANCETS 28G | Tier 2 | |
| PERFECT LANCETS 30G | Tier 2 | |
| PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE | Exclusion | |
| PHARMACIST CHOICE LANCETS | Tier 2 | |
| PHARMACIST CHOICE MINI SYSTEM DEVICE | Exclusion | |
| PHARMACY COUNTER LANCETS | Tier 2 | |
| <i>pip lancets 28g</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>pip lancets 30g</i> | Tier 2 | |
| POCKETCHEM EZ SYSTEM KIT W/DEVICE | Exclusion | |
| POGO AUTOMATIC BLOOD GLUCOSE DEVICE | Exclusion | |
| PRECISION THINS GP LANCETS | Tier 2 | |
| PRECISION XTRA KIT W/DEVICE | Exclusion | |
| <i>preferred plus lancets colored</i> | Tier 2 | |
| <i>preferred plus lancets thin</i> | Tier 2 | |
| <i>pressure activat safety lancet</i> | Tier 2 | |
| <i>pro comfort lancets 30g</i> | Tier 2 | |
| <i>pro comfort lancets 31g</i> | Tier 2 | |
| <i>pro comfort safety lancets 30g</i> | Tier 2 | |
| <i>pro voice v8 glucose system device</i> | Exclusion | |
| <i>pro voice v9 glucose system device</i> | Exclusion | |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE | Exclusion | |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| PRODIGY LANCETS 28G | Tier 2 | |
| PRODIGY LANCING DEVICE | Tier 2 | |
| PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE | Exclusion | |
| PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| PRODIGY SAFETY LANCETS 26G | Tier 2 | |
| PRODIGY TWIST TOP LANCETS 28G | Tier 2 | |
| PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| PSS SELECT GP LANCETS | Tier 2 | |
| PSS SELECT PLATFORMS | Tier 2 | |
| PSS SELECT SAFETY LANCETS | Tier 2 | |
| <i>pure comfort lancets 30g</i> | Tier 2 | |
| <i>push button safety lancets</i> | Tier 2 | |
| <i>px advanced lancing device</i> | Tier 2 | |
| <i>px lancets microthin 33g</i> | Tier 2 | |
| <i>px lancets ultra thin</i> | Tier 2 | |
| <i>px lancets ultra thin 28g</i> | Tier 2 | |
| <i>qc advanced lancing device</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>qc lancets super thin 30g</i> | Tier 2 | |
| <i>qc lancets ultra thin</i> | Tier 2 | |
| <i>qc unilet lancets 28g</i> | Tier 2 | |
| <i>qc unilet lancets micro thin</i> | Tier 2 | |
| QUICKTEK KIT | Exclusion | |
| QUICKTEK/METER KIT | Exclusion | |
| RA E-ZJECT LANCETS 28G | Tier 2 | |
| RA E-ZJECT LANCETS THIN 26G | Tier 2 | |
| RA E-ZJECT LANCETS THIN 28G | Tier 2 | |
| RA E-ZJECT LANCETS ULTRA THIN | Tier 2 | |
| READYLANCE SAFETY LANCETS | Tier 2 | |
| <i>reality lancets</i> | Tier 2 | |
| <i>reality trigger lancets</i> | Tier 2 | |
| REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE | Exclusion | |
| RELION ALL-IN-ONE DEVICE | Exclusion | |
| RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE | Exclusion | |
| RELION LANCETS | Tier 2 | |
| RELION LANCETS MICRO-THIN 33G | Tier 2 | |
| RELION LANCETS THIN 26G | Tier 2 | |
| RELION LANCETS ULTRA-THIN 30G | Tier 2 | |
| RELION LANCING DEVICE KIT | Tier 2 | |
| RELION MICRO KIT W/DEVICE | Exclusion | |
| RELION PREMIER BLU MONITOR DEVICE | Exclusion | |
| RELION PREMIER CLASSIC DEVICE | Exclusion | |
| RELION PREMIER COMPACT SYSTEM KIT W/DEVICE | Exclusion | |
| RELION PREMIER VOICE MONITOR DEVICE | Exclusion | |
| RELION PRIME MONITOR DEVICE | Exclusion | |
| RELION TRUE MET AIR GLUC METER KIT W/DEVICE | Exclusion | |
| RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| RELION ULTRA THIN LANCETS 30G | Tier 2 | |
| RELION ULTRA THIN PLUS LANCETS | Tier 2 | |
| REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| REXALL LANCETS ULTRA THIN 30G | Tier 2 | |
| RIGHTEST ALTERNATE SITE ADAPT | Tier 2 | |
| RIGHTEST GD500 LANCING DEVICE | Tier 2 | |
| RIGHTEST GL300 LANCETS | Tier 2 | |
| RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| RIGHTEST GT333 BLOOD GLUCOSE DEVICE | Exclusion | |
| SAFE-T-LANCE | Tier 2 | |
| SAFE-T-LANCE PLUS | Tier 2 | |
| <i>safety lancet 21gl/pressure act</i> | Tier 2 | |
| <i>safety lancet 28gl/pressure act</i> | Tier 2 | |
| <i>safety lancet 30gl/pressure act</i> | Tier 2 | |
| SAFETY LANCETS | Tier 2 | |
| SAFETY LANCETS 21G | Tier 2 | |
| SAFETY LANCETS 23G | Tier 2 | |
| <i>safety lancets 28g</i> | Tier 2 | |
| <i>saps health plus lancets</i> | Tier 2 | |
| <i>saps health twist top lancets</i> | Tier 2 | |
| <i>saps twist top lancets</i> | Tier 2 | |
| <i>sapscare twist top lancets</i> | Tier 2 | |
| <i>sb lancets thin</i> | Tier 2 | |
| <i>sb lancets ultra thin</i> | Tier 2 | |
| SHOPKO AUTOLET LANCING DEVICE | Tier 2 | |
| SHOPKO ON-THE-GO LANCETS 30G | Tier 2 | |
| SHOPKO UNILET LANCETS 28G | Tier 2 | |
| SHOPKO UNILET LANCETS 30G | Tier 2 | |
| <i>side button safety lancet</i> | Tier 2 | |
| SINGLE-LET | Tier 2 | |
| <i>sm lancets 33g</i> | Tier 2 | |
| SMART DIABETES VANTAGE LANCING | Tier 2 | |
| SMART SENSE COLOR LANCETS 33G | Tier 2 | |
| SMART SENSE PREMIUM SYSTEM KIT W/DEVICE | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| SMART SENSE STANDARD LANCETS | Tier 2 | |
| SMART SENSE SUPER THIN LANCETS | Tier 2 | |
| SMART SENSE THIN LANCETS 26G | Tier 2 | |
| SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE | Exclusion | |
| SMARTEST EJECT DEVICE | Exclusion | |
| SMARTEST EJECT STARTER KIT W/DEVICE | Exclusion | |
| SMARTEST LANCETS 28G | Tier 2 | |
| SMARTEST PERSONA STARTER KIT W/DEVICE | Exclusion | |
| SMARTEST PRONTO STARTER KIT W/DEVICE | Exclusion | |
| SMARTEST PROTEGE DEVICE | Exclusion | |
| SMARTEST PROTEGE STARTER KIT W/DEVICE | Exclusion | |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE | Exclusion | |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Exclusion | |
| SOLUS V2 LANCETS 28G | Tier 2 | |
| SOLUS V2 LANCING DEVICE | Tier 2 | |
| SOLUS V2 TWIST LANCETS 30G | Tier 2 | |
| STERILANCE PA | Tier 2 | |
| STERILANCE TL | Tier 2 | |
| <i>super thin lancets</i> | Tier 2 | |
| <i>sure comfort lancets 18g</i> | Tier 2 | |
| <i>sure comfort lancets 21g</i> | Tier 2 | |
| <i>sure comfort lancets 23g</i> | Tier 2 | |
| <i>sure comfort lancets 28g</i> | Tier 2 | |
| <i>sure comfort lancets 30g</i> | Tier 2 | |
| SURE-LANCE FLAT LANCETS | Tier 2 | |
| SURE-LANCE LANCETS 26G | Tier 2 | |
| SURE-LANCE THIN LANCETS 28G | Tier 2 | |
| SURE-LANCE ULTRA THIN LANCETS | Tier 2 | |
| SURELITE LANCETS | Tier 2 | |
| SURESTEP PRO LINEARITY KIT | Exclusion | |
| SURE-TOUCH LANCETS UNIVERSAL | Tier 2 | |
| TECHLITE AST LANCETS | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| TECHLITE LANCETS | Tier 2 | |
| TECHLITE LANCETS 26G | Tier 2 | |
| TECHLITE LANCETS 30G | Tier 2 | |
| TEMPO REFILL KIT | Exclusion | |
| TEMPO SMART BUTTON | Exclusion | |
| TEMPO WELCOME KIT W/DEVICE | Exclusion | |
| <i>tgt blood glucose monitoring kit w/device</i> | Exclusion | |
| <i>tgt lancet micro thin 33g</i> | Tier 2 | |
| <i>tgt lancet thin 26g</i> | Tier 2 | |
| <i>tgt lancet ultra thin 30g</i> | Tier 2 | |
| <i>tgt lancing device</i> | Tier 2 | |
| THINLETS GP LANCETS | Tier 2 | |
| <i>todays health lancing device</i> | Tier 2 | |
| <i>todays health thin lancets 28g</i> | Tier 2 | |
| <i>todays health thin lancets 30g</i> | Tier 2 | |
| <i>topcare lancets micro-thin 33g</i> | Tier 2 | |
| TRACER II 3 VOLT BATTERY | Exclusion | |
| <i>travel lancets</i> | Tier 2 | |
| TRAVEL LANCETS ADVANCED 28G | Tier 2 | |
| <i>true comfort safety lancets</i> | Tier 2 | |
| <i>true comfort twist top lancets</i> | Tier 2 | |
| TRUE FOCUS BLOOD GLUCOSE METER DEVICE | Exclusion | |
| TRUE METRIX AIR GLUCOSE METER DEVICE | Exclusion | |
| TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE | Exclusion | |
| TRUE METRIX GO GLUCOSE METER KIT W/DEVICE | Exclusion | |
| TRUE METRIX METER DEVICE | Exclusion | |
| TRUE METRIX METER KIT W/DEVICE | Exclusion | |
| TRUEDRAW LANCING DEVICE | Tier 2 | |
| TRUEPLUS LANCETS 26G | Tier 2 | |
| TRUEPLUS LANCETS 28G | Tier 2 | |
| TRUEPLUS LANCETS 30G | Tier 2 | |
| TRUEPLUS LANCETS 33G | Tier 2 | |
| TRUEPLUS SAFETY LANCETS 28G | Tier 2 | |

| Drug | Tier | Notes |
|---------------------------------------|-------------|--------------|
| TRUERESULT BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| TRUETRACK BLOOD GLUCOSE DEVICE | Exclusion | |
| TRUETRACK BLOOD GLUCOSE KIT W/DEVICE | Exclusion | |
| TRUETRACK SMART SYSTEM KIT | Exclusion | |
| <i>twist top lancets 30g</i> | Tier 2 | |
| ULTILET CLASSIC LANCETS | Tier 2 | |
| ULTILET LANCETS | Tier 2 | |
| ULTILET SAFETY LANCETS | Tier 2 | |
| ULTILET SAFETY LANCETS 23G | Tier 2 | |
| <i>ultra thin lancets 31g</i> | Tier 2 | |
| <i>ultra-care lancets 30g</i> | Tier 2 | |
| ULTRALANCE | Tier 2 | |
| ULTRA-THIN II AUTO LANCET | Tier 2 | |
| UNILET COMFORTOUCH LANCET | Tier 2 | |
| UNILET EXCELITE | Tier 2 | |
| UNILET EXCELITE II | Tier 2 | |
| UNILET G.P. LANCET | Tier 2 | |
| UNILET G.P. SUPERLITE LANCET | Tier 2 | |
| UNILET GP 28 ULTRA THIN | Tier 2 | |
| UNILET LANCET | Tier 2 | |
| UNILET MICRO-THIN 33G | Tier 2 | |
| UNILET SUPERLITE LANCET | Tier 2 | |
| UNILET SUPER-THIN 30G | Tier 2 | |
| UNILET ULTRA-THIN 28G | Tier 2 | |
| UNISTIK 1 | Tier 2 | |
| UNISTIK 2 | Tier 2 | |
| UNISTIK 2 COMFORT | Tier 2 | |
| UNISTIK 2 EXTRA | Tier 2 | |
| UNISTIK 2 NEONATAL | Tier 2 | |
| UNISTIK 2 NORMAL | Tier 2 | |
| UNISTIK 2 SUPER | Tier 2 | |
| UNISTIK 3 | Tier 2 | |
| UNISTIK 3 COMFORT | Tier 2 | |
| UNISTIK 3 EXTRA | Tier 2 | |
| UNISTIK 3 GENTLE | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| UNISTIK 3 NEONATAL | Tier 2 | |
| UNISTIK 3 NORMAL | Tier 2 | |
| UNISTIK CZT COMFORT | Tier 2 | |
| UNISTIK CZT NORMAL | Tier 2 | |
| UNISTIK NORMAL | Tier 2 | |
| UNISTIK PRO SAFETY LANCET | Tier 2 | |
| UNISTIK SAFETY LANCETS 28G | Tier 2 | |
| UNISTIK SAFETY LANCETS 30G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 21G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 23G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 28G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 30G | Tier 2 | |
| UNIVERSAL 1 LANCETS THIN 26G | Tier 2 | |
| UNIVERSAL 1 LANCETS THIN 33G | Tier 2 | |
| UNIVERSAL 1 LANCETS ULTRA THIN | Tier 2 | |
| <i>value plus lancet standard 21g</i> | Tier 2 | |
| <i>value plus lancets super thin</i> | Tier 2 | |
| <i>value plus lancets thin 26g</i> | Tier 2 | |
| <i>valumark lancet super thin 30g</i> | Tier 2 | |
| <i>valumark lancet ultra thin 28g</i> | Tier 2 | |
| <i>verasens blood glucose meter device</i> | Exclusion | |
| <i>verasens blood glucose system kit w/device</i> | Exclusion | |
| VERIFINE SAFE LANCET MINI 21G | Tier 2 | |
| VERIFINE SAFE LANCET MINI 23G | Tier 2 | |
| VERIFINE SAFE LANCET MINI 28G | Tier 2 | |
| VERIFINE SAFE LANCET MINI 30G | Tier 2 | |
| VERIFINE UNIVERSAL LANCETS 28G | Tier 2 | |
| VERIFINE UNIVERSAL LANCETS 30G | Tier 2 | |
| VERIFINE UNIVERSAL LANCETS 33G | Tier 2 | |
| VIDA MIA AUTOLET LANCING DEV | Tier 2 | |
| VIDA MIA UNILET LANCETS 28G | Tier 2 | |
| VIDA MIA UNILET LANCETS 30G | Tier 2 | |
| VIVAGUARD INO GLUCOSE METER DEVICE | Exclusion | |
| VIVAGUARD INO GLUCOSE METER KIT | Exclusion | |
| VIVAGUARD INO SMART GLUC METER DEVICE | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| VIVAGUARD LANCETS | Tier 2 | |
| VIVAGUARD LANCETS 30G | Tier 2 | |
| VIVAGUARD SAFETY LANCETS 28G | Tier 2 | |
| <i>walgreens adv travel lancets</i> | Tier 2 | |
| WALGREENS LANCETS | Tier 2 | |
| <i>walgreens lancets micro thin</i> | Tier 2 | |
| <i>walgreens lancets super thin</i> | Tier 2 | |
| WALGREENS THIN LANCETS | Tier 2 | |
| WALGREENS ULTRA THIN LANCETS | Tier 2 | |
| WAVESENSE AMP KIT W/DEVICE | Exclusion | |
| <i>zevrx twist top lancets 30g</i> | Tier 2 | |
| *Glucose/Ketone Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment | | |
| FORA TEST N' GO ADVANCE DEVICE | Exclusion | |
| FORA TN'G ADVANCE PRO DEVICE | Exclusion | |
| GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE | Exclusion | |
| GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE | Exclusion | |
| *Insulin Administration Supplies*** - Medical Supplies And Durable Medical Equipment | | |
| ACCU-CHEK LINKASSIST | Exclusion | |
| AUTOSOFT 30 INFUSION SET | Exclusion | |
| AUTOSOFT XC INFUSION SET | Exclusion | |
| BIGFOOT UNITY PEN CAP/ADMELOG | Exclusion | |
| BIGFOOT UNITY PEN CAP/APIDRA | Exclusion | |
| BIGFOOT UNITY PEN CAP/ASPART | Exclusion | |
| BIGFOOT UNITY PEN CAP/BASAGLAR | Exclusion | |
| BIGFOOT UNITY PEN CAP/FIASP | Exclusion | |
| BIGFOOT UNITY PEN CAP/HUMALOG | Exclusion | |
| BIGFOOT UNITY PEN CAP/LANTUS | Exclusion | |
| BIGFOOT UNITY PEN CAP/LISPRO | Exclusion | |
| BIGFOOT UNITY PEN CAP/LYUMJEV | Exclusion | |
| BIGFOOT UNITY PEN CAP/NOVOLOG | Exclusion | |
| BIGFOOT UNITY PEN CAP/TOUJEO | Exclusion | |
| BIGFOOT UNITY PEN CAP/TOUJEO M | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| BIGFOOT UNITY PEN CAP/TRESIBA | Exclusion | |
| <i>extended infusion set 23"/6mm</i> | Exclusion | |
| <i>extended infusion set 23"/9mm</i> | Exclusion | |
| <i>extended infusion set 32"/6mm</i> | Exclusion | |
| <i>extended infusion set 32"/9mm</i> | Exclusion | |
| EXTENDED RESERVOIR 3ML | Exclusion | |
| ILET CONTACT DETACH | Exclusion | |
| ILET INSET | Exclusion | |
| <i>ilet insulin pump device</i> | Exclusion | |
| MINIMED 770G INSULIN PUMP SYS KIT | Exclusion | |
| MINIMED 780G INSULIN PUMP KIT | Exclusion | |
| MINIMED MIO ADVANCE INFUSE SET | Exclusion | |
| MINIMED MIO INFUSION SET | Exclusion | |
| MINIMED QUICK SET INF SET 18" | Exclusion | |
| MINIMED QUICK SET INF SET 23" | Exclusion | |
| MINIMED QUICK SET INF SET 32" | Exclusion | |
| MINIMED QUICK SET INF SET 43" | Exclusion | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | Tier 2 | |
| OMNIPOD 5 G6 PODS (GEN 5) | Tier 2 | |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | Tier 2 | |
| OMNIPOD 5 G7 PODS (GEN 5) | Tier 2 | |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | Exclusion | |
| OMNIPOD CLASSIC PODS (GEN 3) | Tier 2 | |
| OMNIPOD DASH INTRO (GEN 4) KIT | Tier 2 | |
| OMNIPOD DASH PODS (GEN 4) | Tier 2 | |
| OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR | Tier 2 | |
| OMNIPOD POD PALS | Tier 2 | |
| SILHOUETTE 23" INFUSION SET | Exclusion | |
| SILHOUETTE 43" INFUSION SET | Exclusion | |
| SILHOUETTE INFUSION SET 18" | Exclusion | |
| SURE T INFUSION SET 18"/6MM | Tier 3 | |
| SURE T INFUSION SET 23"/10MM | Exclusion | |
| SURE T INFUSION SET 23"/6MM | Exclusion | |
| SURE T INFUSION SET 23"/8MM | Exclusion | |
| SURE T INFUSION SET 32"/10MM | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| SURE T INFUSION SET 32"/6MM | Exclusion | |
| SURE T INFUSION SET 32"/8MM | Exclusion | |
| T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE | Exclusion | |
| T:SLIM X2 3ML CARTRIDGE | Exclusion | |
| T:SLIM X2 BASAL-IQ PUMP DEVICE | Exclusion | |
| T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE | Exclusion | |
| T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE | Exclusion | |
| T:SLIM X2 CONTROL-IQ PUMP DEVICE | Exclusion | |
| T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE | Exclusion | |
| TANDEM MOBI CARTRIDGE 2ML | Exclusion | |
| TANDEM MOBI SYSTEM STARTER KIT | Exclusion | |
| TRUSTEEL INFUSION SET | Exclusion | |
| V-GO 20 KIT 20 UNIT/24HR | Tier 2 | |
| V-GO 30 KIT 30 UNIT/24HR | Tier 2 | |
| V-GO 40 KIT 40 UNIT/24HR | Tier 2 | |
| <i>*Nebulizers*** - Medical Supplies And Durable Medical Equipment</i> | | |
| AEROECLIPSE II W/ELBOW ADAPTER | Exclusion | |
| AEROECLIPSE II W/UNIV TUBING | Exclusion | |
| AEROECLIPSE XL NEBULIZER | Exclusion | |
| INNOSPIRE ELEGANCE NEBULIZER | Exclusion | |
| MC 300 W/UNIVERSAL TUBING | Exclusion | |
| MC 300-MOUTHPIECE | Exclusion | |
| PARI BABY NEBULIZER SET | Exclusion | |
| PULMONEB LT | Exclusion | |
| <i>*Needles & Syringes*** - Medical Supplies And Durable Medical Equipment</i> | | |
| 1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm | Tier 2 | |
| 1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm | Tier 2 | |
| ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM | Exclusion | |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM | Tier 2 | |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| <i>aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>aqinject pen needle 31g x 5 mm , 32g x 4 mm</i> | Tier 2 | |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM | Tier 3 | |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 2 | |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM | Tier 3 | |
| ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM | Tier 2 | |
| <i>aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm</i> | Tier 2 | |
| <i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i> | Tier 2 | |
| <i>aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i> | Tier 2 | |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM | Tier 2 | |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM | Tier 2 | |
| <i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>autopen device</i> | Tier 2 | |
| BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML | Tier 2 | |
| BD ALLERGY SYRINGE 27G X 3/8" 1 ML, 28G X 1/2" 1 ML | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| BD AUTOSHIELD 29G X 5MM , 29G X 8MM | Tier 2 | |
| BD AUTOSHIELD DUO 30G X 5 MM | Tier 2 | |
| BD DISP NEEDLE 27G X 1-1/4" , 30G X 1" | Tier 2 | |
| BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" | Tier 2 | |
| BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" | Tier 2 | |
| BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" | Tier 2 | |
| BD ECLIPSE SYRINGE 22G X 1-1/2" 3 ML, 27G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 2 | |
| BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 2 | |
| BD FILTER NEEDLE 18G X 1-1/2" | Tier 2 | |
| BD HYPODERMIC NEEDLE 23G X 1" | Tier 2 | |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 2 | |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | Tier 2 | |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML | Tier 2 | |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 2 | |
| BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML | Tier 2 | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | Tier 2 | |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML | Tier 2 | |
| BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| BD LUER-LOK SYRINGE 10 ML , 20G X 1-1/2" 3 ML, 22G X 3/4" 3 ML, 23G X 1" 3 ML | Tier 2 | |
| BD PEN | Tier 2 | |
| BD PEN MINI | Tier 2 | |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM | Tier 2 | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM | Tier 2 | |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM | Tier 2 | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM | Tier 2 | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM | Tier 2 | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM | Tier 2 | |
| BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML | Tier 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML | Tier 2 | |
| BD SAFETYGLIDE NEEDLE 21G X 1" , 25G X 1" , 27G X 5/8" | Tier 2 | |
| BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" | Tier 2 | |
| BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML | Tier 2 | |
| BD SYRINGE LUER SLIP TIP 5 ML | Tier 2 | |
| BD SYRINGE LUER-LOK 10 ML , 3 ML , 30 ML , 5 ML | Tier 2 | |
| BD SYRINGE SLIP TIP 1 ML , 26G X 5/8" 1 ML, 3 ML | Tier 2 | |
| BD SYRINGE/NEEDLE 25G X 5/8" 1 ML, 25G X 5/8" 3 ML | Tier 2 | |
| BD TB SYRINGE 21G X 1" 1 ML, 27G X 1/2" 0.5 ML, 27G X 3/8" 1 ML | Tier 2 | |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML | Tier 2 | |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 2 | |
| CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i> | Tier 2 | |
| <i>carepoint poly hub needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 21g x 1" , 21g x 1-1/2" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2" , 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i> | Tier 2 | |
| <i>carepoint safety 1st needle 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2" , 25g x 5/8"</i> | Tier 2 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 2 | |
| <i>carepoint syringe catheter tip 60 ml</i> | Tier 2 | |
| <i>carepoint syringe luer lock 1 ml</i> | Tier 2 | |
| <i>carepoint syringe luer lock 10 ml</i> | Tier 2 | |
| <i>carepoint syringe luer lock 20 ml</i> | Tier 2 | |
| CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML | Tier 2 | |
| CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML | Tier 2 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML | Tier 2 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML | Tier 2 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML | Tier 2 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML | Tier 2 | |
| CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML | Tier 2 | |
| <i>carepoint syringe luer lock 3 ml</i> | Tier 2 | |
| <i>carepoint syringe luer lock 30 ml</i> | Tier 2 | |
| <i>carepoint syringe luer lock 5 ml</i> | Tier 2 | |
| <i>carepoint syringe luer lock 60 ml</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>carepoint syringe luer slip 1 ml , 60 ml</i> | Tier 2 | |
| <i>carepoint tuberculn syrl/luer sl 25g x 5/8" 1 ml</i> | Tier 2 | |
| CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" | Tier 2 | |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| CARETOUCH LUER LOCK 10 ML | Tier 2 | |
| CARETOUCH LUER SLIP 3 ML | Tier 2 | |
| CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM | Tier 2 | |
| CEQUR SIMPLICITY 2U DEVICE | Tier 2 | |
| CEQUR SIMPLICITY INSERTER | Tier 2 | |
| CEQUR SIMPLICITY INSERTER | Tier 3 | |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | Tier 2 | |
| CLICKFINE PEN NEEDLES 31G X 5 MM | Tier 2 | |
| CLICKFINE PEN NEEDLES 31G X 6 MM | Tier 2 | |
| <i>clickfine pen needles 31g x 8 mm</i> | Tier 2 | |
| CLICKFINE PEN NEEDLES 32G X 4 MM | Tier 2 | |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML | Tier 2 | |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM | Tier 2 | |
| COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | Tier 2 | |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM | Tier 2 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | Tier 2 | |
| DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| DROPLET MICRON 34G X 3.5 MM | Tier 2 | |
| DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM | Tier 2 | |
| <i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| <i>drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>drug mart unifine pentips plus 32g x 4 mm</i> | Tier 2 | |
| <i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i> | Tier 2 | |
| <i>easy comfort pen needles 31g x 5 mm</i> | Tier 2 | |
| <i>easy comfort pen needles 31g x 5 mm</i> | Tier 3 | |
| <i>easy comfort pen needles 31g x 6 mm</i> | Tier 2 | |
| <i>easy comfort pen needles 31g x 6 mm</i> | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>easy comfort pen needles 31g x 8 mm</i> | Tier 2 | |
| <i>easy comfort pen needles 32g x 4 mm</i> | Tier 2 | |
| <i>easy comfort pen needles 32g x 4 mm</i> | Tier 3 | |
| <i>easy comfort pen needles 33g x 4 mm</i> | Tier 2 | |
| <i>easy comfort pen needles 33g x 5 mm</i> | Tier 2 | |
| <i>easy comfort pen needles 33g x 6 mm</i> | Tier 2 | |
| <i>easy glide pen needles 33g x 4 mm</i> | Tier 2 | |
| EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | Tier 2 | |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1" | Tier 2 | |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML | Tier 2 | |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | Tier 2 | |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM | Tier 2 | |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | Tier 2 | |
| EASY TOUCH SYRINGE BARREL 10ML | Tier 2 | |
| EASY TOUCH SYRINGE BARREL 1ML | Tier 2 | |
| EASY TOUCH SYRINGE BARREL 3ML | Tier 2 | |
| EASY TOUCH SYRINGE BARREL 5ML | Tier 2 | |
| EASYPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8" | Tier 2 | |
| EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML, 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>elite-thin insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 28g x 5/16" 0.5 ml, 28g x 5/16" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| <i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 2 | |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM | Tier 2 | |
| FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 2 | |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| <i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>freds pharmacy unifine pentips 32g x 4 mm</i> | Tier 2 | |
| FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| <i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml</i> | Tier 2 | |
| <i>global easy glide pen needles 32g x 4 mm</i> | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i> | Tier 2 | |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| <i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i> | Tier 2 | |
| <i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i> | Tier 2 | |
| <i>gnp insulin syringes 30g x 5/16" 1 ml</i> | Tier 2 | |
| <i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i> | Tier 2 | |
| <i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i> | Tier 2 | |
| <i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i> | Tier 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 2 | |
| <i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i> | Tier 2 | |
| <i>goodsense clickfine pen needle 31g x 5 mm</i> | Tier 2 | |
| GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 2 | |
| <i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>healthwise micron pen needles 32g x 4 mm</i> | Tier 2 | |
| <i>healthwise mini pen needles 31g x 6 mm</i> | Tier 2 | |
| <i>healthwise pen needles 29g x 12mm</i> | Tier 2 | |
| <i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>healthwise unifine pentips 32g x 4 mm</i> | Tier 2 | |
| <i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | Tier 2 | |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML | Tier 2 | |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM | Tier 2 | |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM | Tier 2 | |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| INPEN 100-BLUE-LILLY-HUMALOG DEVICE | Tier 2 | |
| INPEN 100-BLUE-NOVOLOG-FIASP DEVICE | Tier 2 | |
| INPEN 100-GREY-LILLY-HUMALOG DEVICE | Tier 2 | |
| INPEN 100-GREY-NOVOLOG-FIASP DEVICE | Tier 2 | |
| INPEN 100-PINK-LILLY-HUMALOG DEVICE | Tier 2 | |
| INPEN 100-PINK-NOVOLOG-FIASP DEVICE | Tier 2 | |
| <i>insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i> | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i> | Tier 2 | |
| INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM | Tier 2 | |
| INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM | Tier 2 | |
| <i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i> | Tier 2 | |
| <i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i> | Tier 2 | |
| <i>kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>kroger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i> | Tier 2 | |
| <i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM | Tier 2 | |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| <i>longs insulin syringe 31g x 5/16" 0.5 ml</i> | Tier 2 | |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 2 | |
| MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML | Tier 2 | |
| MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML | Tier 2 | |
| MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM | Tier 2 | |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML | Tier 2 | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM | Tier 2 | |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML | Tier 2 | |
| <i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i> | Tier 2 | |
| <i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM | Tier 2 | |
| <i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 2 | |
| MONOJECT BLUNTIP CANNULA 20G X 1-1/2" , 21G X 1" | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| MONOJECT BLUNTIP SYR/CANNULA 3 ML , 6 ML | Tier 2 | |
| MONOJECT CONTROL SYRINGE 12 ML , 20 ML | Tier 2 | |
| MONOJECT FILTER ASPIRATOR | Tier 2 | |
| MONOJECT FILTER NEEDLE 18G X 1-1/2" , 20G X 1-1/2" | Tier 2 | |
| MONOJECT HYPODERMIC NEEDLE 14G X 1" , 14G X 1-1/2" , 14G X 2" , 16G X 1" , 16G X 1-1/2" , 16G X 3/4" , 16G X 5/8" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 1-1/4" , 25G X 2" , 25G X 5/8" , 26G X 1-1/2" , 26G X 1/2" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" , 30G X 3/4" | Tier 2 | |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML, U-100 1 ML | Tier 2 | |
| MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" | Tier 2 | |
| MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML, 18G X 1" 3 ML | Tier 2 | |
| MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 5/8" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 5/8" , 25G X 1" , 25G X 5/8" | Tier 2 | |
| MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML | Tier 2 | |
| MONOJECT PHARMACY TRAY 12 ML , 20 ML , 3 ML , 35 ML , 6 ML , 60 ML | Tier 2 | |
| MONOJECT PISTON SYRINGE 140 ML | Tier 2 | |

| Drug | Tier | Notes |
|---|--------|-------|
| MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML | Tier 2 | |
| MONOJECT SYRINGE CATH TIP 35 ML , 60 ML | Tier 2 | |
| MONOJECT SYRINGE ECC LUER 20 ML , 35 ML | Tier 2 | |
| MONOJECT SYRINGE ECCENTRIC TIP 60 ML | Tier 2 | |
| MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML | Tier 2 | |
| MONOJECT SYRINGE LUER-LOCK TIP 140 ML , 60 ML | Tier 2 | |
| MONOJECT SYRINGE PHARMACY TRAY 1 ML | Tier 2 | |
| MONOJECT SYRINGE REG LUER 20 ML , 3 ML , 35 ML , 6 ML | Tier 2 | |
| MONOJECT SYRINGE REGULAR TIP 20 ML , 3 ML , 6 ML , 60 ML | Tier 2 | |
| MONOJECT SYRINGE TOOMEY TYPE 60 ML | Tier 2 | |
| MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML | Tier 2 | |
| MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 2 | |
| <i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>multi-draw needle 20g x 1" , 21g x 1" , 22g x 1"</i> | Tier 2 | |
| NORDIPEN 5 INJECTION DEVICE | Tier 2 | |
| NORDIPEN DELIVERY SYSTEM | Tier 2 | |
| NORM-JECT LUER SLIP SYRINGE 1 ML | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM | Tier 2 | |
| NOVOFINE PEN NEEDLE 32G X 6 MM | Tier 2 | |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | Tier 2 | |
| NOVOPEN ECHO DEVICE | Tier 2 | |
| NOVOTWIST PEN NEEDLE 32G X 5 MM | Tier 2 | |
| OMNITROPE PEN 5 INJ DEVICE | Tier 2 | |
| <i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i> | Tier 2 | |
| <i>pen needles 5/16" 31g x 8 mm</i> | Tier 2 | |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 2 | |
| <i>pip pen needles 31g x 5mm</i> | Tier 2 | |
| <i>pip pen needles 32g x 4mm</i> | Tier 2 | |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML | Tier 2 | |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML | Tier 2 | |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i> | Tier 2 | |
| <i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM | Tier 2 | |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM | Tier 2 | |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| <i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 2 | |
| <i>pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i> | Tier 2 | |
| <i>pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>px extra short pen needles 31g x 6 mm</i> | Tier 2 | |
| <i>px insulin syringe 30g x 1/2" 0.5 ml</i> | Tier 2 | |
| <i>px mini pen needles 31g x 5 mm</i> | Tier 2 | |
| <i>px pen needle 29g x 12mm , 31g x 8 mm</i> | Tier 2 | |
| <i>px shortlength pen needles 31g x 8 mm</i> | Tier 2 | |
| <i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>qc unifine pentips 32g x 4 mm</i> | Tier 2 | |
| <i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i> | Tier 2 | |
| <i>ra pen needles 31g x 5 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i> | Tier 2 | |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| RELION MINI PEN NEEDLES 31G X 6 MM | Tier 2 | |
| RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| RELION SHORT PEN NEEDLES 31G X 8 MM | Tier 2 | |
| SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML | Tier 2 | |
| <i>safety insulin syringes 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml</i> | Tier 2 | |
| <i>safety pen needles 30g x 5 mm , 30g x 8 mm</i> | Tier 2 | |
| <i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| SECURES SAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 2 | |
| SECURES SAFE SAFETY PEN NEEDLES 30G X 8 MM | Tier 2 | |
| SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| <i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i> | Tier 2 | |
| SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM | Tier 2 | |
| SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| <i>syringe luer lock 30 ml</i> | Tier 2 | |
| <i>syringe luer slip 1 ml</i> | Tier 2 | |
| <i>tb syringe 1 ml</i> | Tier 2 | |
| <i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM | Tier 2 | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>today's health mini pen needles 31g x 6 mm</i> | Tier 2 | |
| <i>today's health pen needles 29g x 12mm</i> | Tier 2 | |
| <i>today's health short pen needle 31g x 8 mm</i> | Tier 2 | |
| <i>toomey syringe 70 ml</i> | Tier 2 | |
| <i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |
| <i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>true comfort insulin syringe 30g x 1/2" 0.5 ml</i> | Tier 3 | |
| <i>true comfort insulin syringe 30g x 1/2" 1 ml</i> | Tier 3 | |
| <i>true comfort insulin syringe 30g x 5/16" 0.5 ml</i> | Tier 3 | |
| <i>true comfort insulin syringe 30g x 5/16" 1 ml</i> | Tier 3 | |
| <i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i> | Tier 2 | |
| <i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i> | Tier 3 | |
| <i>true comfort insulin syringe 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>true comfort insulin syringe 31g x 5/16" 1 ml</i> | Tier 3 | |
| <i>true comfort insulin syringe 32g x 5/16" 1 ml</i> | Tier 3 | |
| <i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i> | Tier 2 | |
| <i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i> | Tier 2 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 2 | |
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML | Tier 2 | |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM | Tier 2 | |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | Tier 2 | |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM | Tier 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML | Tier 2 | |
| ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i> | Tier 2 | |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | Tier 2 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML | Tier 2 | |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| ULTRA THIN PEN NEEDLES 32G X 4 MM | Tier 2 | |
| <i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | Tier 2 | |
| <i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i> | Tier 2 | |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML | Tier 2 | |
| UNIFINE PEN NEEDLES 32G X 4 MM | Tier 2 | |
| UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM | Tier 2 | |
| UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | Tier 2 | |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM | Tier 3 | |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| <i>value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i> | Tier 2 | |
| <i>valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i> | Tier 2 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 2 | |
| VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML, 22G X 1-1/2" 5 ML | Tier 2 | |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 2 | |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 | |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 2 | |
| <i>vp insulin syringe 29g x 1/2" 0.3 ml</i> | Tier 2 | |
| <i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| <i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i> | Tier 2 | |
| <i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | Tier 2 | |
| *Peak Flow Meters*** - Medical Supplies And Durable Medical Equipment | | |
| STRIVE DUAL ZONE PEAK FLOW MTR DEVICE | Exclusion | |
| *Respiratory Therapy Supplies*** - Medical Supplies And Durable Medical Equipment | | |
| ACE AEROSOL CLOUD ENHANCER | Exclusion | |
| <i>adult mask device</i> | Tier 2 | |
| AEROBIKA DEVICE | Tier 2 | |
| AEROBIKA OPEP W/MANOMETER KIT | Exclusion | |
| AEROECLIPSE EZ TWIST TUBING | Exclusion | |
| AEROECLIPSE MASK LARGE | Exclusion | |
| AEROECLIPSE MASK MEDIUM | Exclusion | |
| AEROECLIPSE MASK SMALL | Exclusion | |
| ALL FLOW 1000 PFT FILTER DEVICE | Tier 2 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| ALL FLOW 2000 PFT FILTER DEVICE | Tier 2 | |
| ALL FLOW 3000 PFT FILTER DEVICE | Tier 2 | |
| ALL FLOW 4000 PFT FILTER DEVICE | Tier 2 | |
| ALL FLOW 5000 PFT FILTER DEVICE | Tier 2 | |
| ALL FLOW 6000 PFT FILTER DEVICE | Tier 2 | |
| ALL FLOW 7000 PFT FILTER DEVICE | Tier 2 | |
| <i>co monitor device</i> | Tier 2 | |
| IN-CHECK DIAL FLOW TRAINER DEVICE | Tier 2 | |
| IN-CHECK INSPIRATORY FLOW MTR DEVICE | Tier 2 | |
| <i>nebulizer mask adult</i> | Exclusion | |
| <i>nebulizer mask child</i> | Exclusion | |
| OMBRA COMPRESSOR ADULT KIT | Exclusion | |
| OMBRA COMPRESSOR CHILD KIT | Exclusion | |
| OMBRA TABLE TOP COMPRESSOR DEVICE | Tier 2 | |
| ONE FLOW SPIROMETER DEVICE | Tier 2 | |
| PARI MANUAL INTERRUPTER DEVICE | Tier 2 | |
| PARI TREK S COMBO PACK DEVICE | Tier 2 | |
| QUAKE DEVICE | Tier 2 | |
| REUSABLE COMFORTSEAL MASK-LRG | Exclusion | |
| REUSABLE COMFORTSEAL MASK-MED | Exclusion | |
| REUSABLE COMFORTSEAL MASK-SML | Exclusion | |
| <i>silicone mask/adult</i> | Exclusion | |
| <i>silicone mask/infant</i> | Exclusion | |
| <i>silicone mask/pediatric</i> | Exclusion | |
| <i>spiro pd device</i> | Tier 2 | |
| THRESHOLD PEP DEVICE | Tier 2 | |
| VERSAPAP DEVICE | Exclusion | |
| VERSAPAP W/UNIVERSAL TUBING DEVICE | Exclusion | |
| *Spacer/Aerosol-Holding Chambers & Supplies*** - Medical Supplies And Durable Medical Equipment | | |
| AEROCHAMBER HOLDING CHAMBER DEVICE | Tier 2 | |
| AEROCHAMBER MINI CHAMBER DEVICE | Tier 2 | |
| AEROCHAMBER MV | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE | Tier 2 | |
| AEROCHAMBER PLUS FLO-VU W/MASK | Tier 2 | |
| AEROCHAMBER Z-STAT PLUS | Tier 2 | |
| AEROCHAMBER Z-STAT PLUS CHAMBR | Tier 2 | |
| AEROCHAMBER Z-STAT PLUS/LARGE | Tier 2 | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | Tier 2 | |
| AEROCHAMBER Z-STAT PLUS/SMALL | Tier 2 | |
| AEROVENT PLUS DEVICE | Tier 2 | |
| <i>breathe comfort chamber/adult device</i> | Tier 2 | |
| <i>breathe comfort chamber/child device</i> | Tier 2 | |
| <i>breathe ease large device</i> | Tier 2 | |
| <i>breathe ease medium device</i> | Tier 2 | |
| <i>breathe ease small device</i> | Tier 2 | |
| BREATHERITE | Tier 2 | |
| BREATHERITE COLL SPACER ADULT | Tier 2 | |
| BREATHERITE COLL SPACER CHILD | Tier 2 | |
| BREATHERITE COLL SPACER INFANT | Tier 2 | |
| BREATHERITE RIGID SPACER/MASK | Tier 2 | |
| BREATHERITE SPACER NEONATE | Tier 2 | |
| BREATHERITE SPACER SMALL CHILD | Tier 2 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | Tier 2 | |
| BREATHERITE/LARGE MASK | Tier 2 | |
| BREATHERITE/MEDIUM MASK | Tier 2 | |
| BREATHERITE/SMALL MASK | Tier 2 | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| COMPACT SPACE CHAMBER DEVICE | Tier 2 | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | Tier 2 | |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | Tier 2 | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | Tier 2 | |
| EASIVENT | Tier 2 | |
| EASIVENT MASK LARGE | Tier 2 | |
| EASIVENT MASK MEDIUM | Tier 2 | |
| EASIVENT MASK SMALL | Tier 2 | |
| <i>eq space chamber anti-static device</i> | Tier 2 | |
| <i>eq space chamber anti-static l device</i> | Tier 2 | |
| <i>eq space chamber anti-static m device</i> | Tier 2 | |
| <i>eq space chamber anti-static s device</i> | Tier 2 | |
| FLEXICHAMBER ADULT MASK/SMALL | Tier 2 | |
| FLEXICHAMBER CHILD MASK/LARGE | Tier 2 | |
| FLEXICHAMBER CHILD MASK/SMALL | Tier 2 | |
| FLEXICHAMBER DEVICE | Tier 2 | |
| INSPIRACHAMBER/LARGE DEVICE | Tier 2 | |
| INSPIRACHAMBER/MEDIUM DEVICE | Tier 2 | |
| INSPIRACHAMBER/MOUTHPIECE DEVICE | Tier 2 | |
| INSPIRACHAMBER/SMALL DEVICE | Tier 2 | |
| INSPIREASE | Tier 2 | |
| INSPIREASE RESERVOIR BAGS | Tier 2 | |
| LITEAIRE DEVICE | Tier 2 | |
| MASK VORTEX/CHILD/FROG | Tier 2 | |
| MASK VORTEX/TODDLER/LADYBUG | Tier 2 | |
| MICROCHAMBER | Tier 2 | |
| MICROCHAMBER DEVICE | Tier 2 | |
| MICROSPACER | Tier 2 | |
| OPTICHAMBER ADVANTAGE | Tier 2 | |
| OPTICHAMBER ADVANTAGE-LG MASK | Tier 2 | |
| OPTICHAMBER ADVANTAGE-MED MASK | Tier 2 | |
| OPTICHAMBER ADVANTAGE-SM MASK | Tier 2 | |
| OPTICHAMBER DIAMOND | Tier 2 | |
| OPTICHAMBER DIAMOND DEVICE | Tier 2 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| OPTICHAMBER DIAMOND-LG MASK DEVICE | Tier 2 | |
| OPTICHAMBER DIAMOND-MD MASK | Tier 2 | |
| OPTICHAMBER DIAMOND-SM MASK | Tier 2 | |
| OPTICHAMBER FACE MASK-LARGE | Tier 2 | |
| OPTICHAMBER FACE MASK-MEDIUM | Tier 2 | |
| OPTICHAMBER FACE MASK-SMALL | Tier 2 | |
| OPTIHALER | Tier 2 | |
| OPTIHALER DEVICE | Tier 2 | |
| PANDA MASK LARGE | Tier 2 | |
| PANDA MASK MEDIUM | Tier 2 | |
| PANDA MASK SMALL | Tier 2 | |
| PEDIATRIC PANDA MASK | Tier 2 | |
| POCKET CHAMBER DEVICE | Tier 2 | |
| POCKET SPACER DEVICE | Tier 2 | |
| <i>pro comfort spacer adult</i> | Tier 2 | |
| <i>pro comfort spacer child</i> | Tier 2 | |
| <i>pro comfort spacer infant device</i> | Tier 2 | |
| <i>procare spacer/adult mask device</i> | Tier 2 | |
| <i>procare spacer/child mask device</i> | Tier 2 | |
| <i>prochamber vhc device</i> | Tier 2 | |
| <i>pure comfort spacer chamber device</i> | Tier 2 | |
| RITEFLO DEVICE | Tier 2 | |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE | Tier 2 | |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE | Tier 2 | |
| VORTEX VALVED HOLDING CHAMBER DEVICE | Tier 2 | |
| WATCHHALER DEVICE | Tier 2 | |
| *Transcranial Magnetic Stimulators*** - Medical Supplies And Durable Medical Equipment | | |
| SAVI DUAL DEVICE | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Migraine Products* - Drugs For The Nervous System | | |
| *Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** - Drugs For Migraine Headaches | | |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | Tier 2 | PA; QL |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | Tier 2 | PA; QL |
| UBRELVY ORAL TABLET 100 MG, 50 MG | Tier 2 | PA; QL |
| ZAVZPRET NASAL SOLUTION 10 MG/ACT | Exclusion | PA; QL |
| *Cgrp Receptor Antagonists - Monocolonal Antibodies*** - Drugs For Migraine Headaches | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 2 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML | Tier 2 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML | Tier 2 | PA; QL |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Tier 2 | PA |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | Tier 2 | PA |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | Tier 2 | PA |
| *Ergot Combinations*** - Drugs For Migraine Headaches | | |
| CAFERGOT ORAL TABLET 1-100 MG | Exclusion | |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Exclusion | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | Tier 3 | PA |
| *Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*** - Drugs For Migraine Headaches | | |
| ELYXYB ORAL SOLUTION 120 MG/4.8ML | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| *Migraine Products - Nsaids*** - Drugs For Migraine Headaches | | |
| CAMBIA ORAL PACKET 50 MG | Exclusion | Drug Not Covered |
| <i>diclofenac potassium(migraine) oral packet 50 mg</i> | Exclusion | Drug Not Covered |
| *Migraine Products*** - Drugs For Migraine Headaches | | |
| D.H.E. 45 INJECTION SOLUTION 1 MG/ML | Exclusion | |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i> | Tier 1 | |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | Tier 1 | PA |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG | Tier 3 | PA |
| MIGRANAL NASAL SOLUTION 4 MG/ML | Exclusion | PA |
| TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT | Exclusion | PA |
| *Selective Serotonin Agonist-Nsaid Combinations*** - Drugs For Migraine Headaches | | |
| <i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i> | Exclusion | Drug Not Covered; QL |
| TREXIMET ORAL TABLET 85-500 MG | Exclusion | Drug Not Covered; QL |
| *Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches | | |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> | Tier 1 | QL |
| AMERGE ORAL TABLET 1 MG, 2.5 MG | Exclusion | QL |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i> | Tier 1 | QL |
| FROVA ORAL TABLET 2.5 MG | Exclusion | QL |
| <i>frovatriptan succinate oral tablet 2.5 mg</i> | Tier 1 | QL |
| IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT | Exclusion | QL |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG | Exclusion | QL |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML | Exclusion | QL |

| Drug | Tier | Notes |
|--|-------------|--------------|
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 4 MG/0.5ML, 6 MG/0.5ML | Exclusion | QL |
| IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML | Exclusion | QL |
| MAXALT ORAL TABLET 10 MG | Exclusion | QL |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG | Exclusion | QL |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | Tier 1 | QL |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC | Tier 3 | QL |
| RELPAZ ORAL TABLET 20 MG, 40 MG | Exclusion | QL |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i> | Tier 1 | QL |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i> | Tier 1 | QL |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | Tier 1 | QL |
| <i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i> | Tier 2 | QL |
| TOSYMRA NASAL SOLUTION 10 MG/ACT | Tier 3 | |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 3 MG/0.5ML | Tier 3 | PA; QL |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | Tier 1 | QL |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i> | Exclusion | QL |
| <i>zolmitriptan solution 2.5 mg nasal</i> | Tier 3 | QL |
| <i>zolmitriptan solution 5 mg nasal</i> | Tier 1 | QL |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | Exclusion | QL |
| ZOMIG SOLUTION 2.5 MG NASAL | Tier 3 | QL |
| ZOMIG SOLUTION 5 MG NASAL | Exclusion | QL |
| ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG | Exclusion | QL |

| Drug | Tier | Notes |
|---|-----------|--------|
| *Selective Serotonin Agonists 5-Ht(1F)*** - Drugs For Migraine Headaches | | |
| REYVOW ORAL TABLET 100 MG, 50 MG | Tier 2 | PA; QL |
| *Minerals & Electrolytes* - Drugs For Nutrition | | |
| *Bicarbonates*** - Drugs For Nutrition | | |
| sodium bicarbonate-dextrose intravenous solution 150-5 meq/l-% | Exclusion | |
| *Calcium Combinations*** - Drugs For Nutrition | | |
| CALCIFOL ORAL WAFER 1342-1.6 MG | Exclusion | |
| calcium gluconate-nacl intravenous solution 1-0.9 gm/100ml-%, 2-0.9 gm/100ml-% | Exclusion | |
| calcium-folic acid plus d oral wafer 1342-1 mg | Exclusion | |
| *Electrolytes & Dextrose*** - Drugs For Nutrition | | |
| dextrose 5%/electrolyte #48 intravenous solution | Tier 3 | |
| dextrose in lactated ringers intravenous solution 5 % | Tier 1 | |
| dextrose-sodium chloride solution 10-0.2 % intravenous | Tier 3 | |
| dextrose-sodium chloride solution 10-0.45 % intravenous | Tier 2 | |
| dextrose-sodium chloride solution 2.5-0.45 % intravenous | Tier 1 | |
| dextrose-sodium chloride solution 5-0.2 % intravenous | Tier 1 | |
| dextrose-sodium chloride solution 5-0.225 % intravenous | Tier 1 | |
| dextrose-sodium chloride solution 5-0.3 % intravenous | Tier 1 | |
| dextrose-sodium chloride solution 5-0.3 % intravenous | Tier 3 | |
| dextrose-sodium chloride solution 5-0.33 % intravenous | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>dextrose-sodium chloride solution 5-0.45 % intravenous</i> | Tier 1 | |
| <i>dextrose-sodium chloride solution 5-0.9 % intravenous</i> | Tier 1 | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | Tier 3 | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | Tier 3 | |
| <i>kcl in dextrose-nacl solution 10-5-0.45 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.2 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous</i> | Tier 3 | |
| <i>kcl in dextrose-nacl solution 20-5-0.45 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.9 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 30-5-0.45 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 40-5-0.45 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i> | Tier 1 | |
| <i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i> | Tier 3 | |
| <i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i> | Tier 3 | |
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION | Tier 3 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | Tier 3 | |
| *Electrolytes Parenteral*** - Drugs For Nutrition | | |
| <i>kcl-lidocaine-nacl intravenous solution 10-10 meq-mg /100ml</i> | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Fluoride Combinations*** - Drugs For Nutrition | | |
| FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML | Tier 3 | |
| *Fluoride*** - Drugs For Nutrition | | |
| <i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i> | Tier 1 | |
| FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP | Tier 2 | |
| NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP | Tier 1 | |
| NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG | Tier 1 | |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i> | Tier 1 | |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i> | Tier 1 | |
| <i>sodium fluoride tablet 1.1 (0.5 f) mg oral</i> | Tier 2 | |
| <i>sodium fluoride tablet 2.2 (1 f) mg oral</i> | Tier 1 | |
| *Iodine Products*** - Drugs For Nutrition | | |
| <i>iodine strong oral solution 5 %</i> | Exclusion | |
| *Magnesium*** - Drugs For Nutrition | | |
| <i>magnesium chloride injection solution 200 mg/ml</i> | Exclusion | |
| <i>magnesium sulfate-nacl intravenous solution 2-0.9 gml/50ml-%</i> | Exclusion | |
| *Phosphate*** - Drugs For Nutrition | | |
| GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML | Exclusion | |
| K-PHOS ORAL TABLET 500 MG | Exclusion | |
| K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG | Exclusion | |
| PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG | Tier 1 | |
| <i>phosphorous oral tablet 155-852-130 mg</i> | Tier 1 | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG | Tier 1 | |
| PHOSPHO-TRIN K500 ORAL TABLET 500 MG | Tier 1 | |
| <i>sodium phosphates solution 15 mmole/5ml intravenous</i> | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| <i>sodium phosphates solution 150 mmole/50ml intravenous</i> | Tier 3 | |
| <i>virt-phos 250 neutral oral tablet 155-852-130 mg</i> | Tier 1 | |
| <i>wes-phos 250 neutral oral tablet 155-852-130 mg</i> | Tier 1 | |
| *Potassium Combinations*** - Drugs For Nutrition | | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | Exclusion | |
| *Potassium*** - Drugs For Nutrition | | |
| EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ | Exclusion | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 1 | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 1 | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ | Tier 1 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ | Tier 1 | |
| KLOR-CON ORAL PACKET 20 MEQ | Tier 1 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | Tier 1 | |
| KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ | Exclusion | |
| K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ | Exclusion | |
| K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL | Exclusion | |
| K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL | Exclusion | |
| K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL | Tier 3 | |
| POKONZA ORAL PACKET 10 MEQ | Tier 3 | |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i> | Tier 1 | |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | Tier 1 | |
| <i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>potassium chloride oral packet 20 meq</i> | Tier 1 | |
| <i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | Tier 1 | |
| *Sodium*** - Drugs For Nutrition | | |
| AQUASTAT INTRAVENOUS SOLUTION 0.9 % | Exclusion | |
| AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 % | Exclusion | |
| BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 % | Exclusion | |
| BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 % | Exclusion | |
| MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 % | Exclusion | |
| MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 % | Exclusion | |
| <i>normal saline flush intravenous solution 0.9 %</i> | Exclusion | |
| <i>sodium chloride (pf) injection solution 0.9 %</i> | Tier 1 | |
| <i>sodium chloride flush intravenous solution 0.9 %</i> | Exclusion | |
| <i>sodium chloride injection solution 2.5 meq/ml</i> | Tier 1 | |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i> | Tier 1 | |
| *Trace Mineral Combinations*** - Drugs For Nutrition | | |
| MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 100-25-1500 MCG/ML | Exclusion | |
| MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1-100-25-1000 MCG/ML | Exclusion | |
| TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1-100-30-500 MCG/ML | Exclusion | |
| *Trace Minerals*** - Drugs For Nutrition | | |
| <i>selenious acid intravenous solution 12 mcg/2ml</i> | Exclusion | |
| *Zinc*** - Drugs For Nutrition | | |
| GALZIN ORAL CAPSULE 25 MG, 50 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Miscellaneous Therapeutic Classes* - Vitamins And Minerals | | |
| *Activated Phosphoinositide 3-Kinase Delta Syndrome Agent*** - Vitamins And Minerals | | |
| JOENJA ORAL TABLET 70 MG | Tier 3 | PA; Specialty; QL |
| *Antileptotics*** - Vitamins And Minerals | | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 2 | PA; Specialty |
| *B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** - Vitamins And Minerals | | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG | Tier 3 | PA; Specialty |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | Tier 3 | PA; Specialty |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | Tier 3 | PA; Specialty |
| *Chelating Agents*** - Vitamins And Minerals | | |
| CLOVIQUE ORAL CAPSULE 250 MG | Tier 1 | PA; Specialty |
| CUPRIMINE ORAL CAPSULE 250 MG | Exclusion | PA; Specialty |
| CUVRIOR ORAL TABLET 300 MG | Exclusion | PA; Specialty |
| DEPEN TITRATABS ORAL TABLET 250 MG | Exclusion | PA; Specialty |
| <i>penicillamine oral capsule 250 mg</i> | Exclusion | PA; Specialty |
| <i>penicillamine oral tablet 250 mg</i> | Tier 1 | PA; Specialty |
| SYPRINE ORAL CAPSULE 250 MG | Exclusion | PA; Specialty |
| <i>trientine hcl capsule 250 mg oral</i> | Tier 1 | PA; Specialty |
| <i>trientine hcl capsule 500 mg oral</i> | Tier 3 | Specialty |
| *Continuous Renal Replacement Therapy (Crrt) Solutions*** - Vitamins And Minerals | | |
| <i>phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmoll</i> | Tier 3 | |
| *Cyclosporine Analogs*** - Vitamins And Minerals | | |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|--------|-------------------|
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 1 | |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | Tier 1 | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | Tier 1 | |
| GENGRAF ORAL SOLUTION 100 MG/ML | Tier 1 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | Tier 3 | PA; Specialty; QL |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | Tier 3 | |
| NEORAL ORAL SOLUTION 100 MG/ML | Tier 3 | |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG | Tier 3 | |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | Tier 3 | |
| *Enzymes*** - Vitamins And Minerals | | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG | Tier 3 | PA; Specialty |
| *Farnesyltransferase Inhibitors*** - Vitamins And Minerals | | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | Tier 2 | PA; Specialty |
| *Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals | | |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | Tier 1 | PA; Specialty |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 2 | PA; Specialty |
| *Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals | | |
| CELLCEPT ORAL CAPSULE 250 MG | Tier 3 | |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML | Tier 3 | |
| CELLCEPT ORAL TABLET 500 MG | Tier 3 | |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Tier 1 | |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i> | Tier 1 | |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|---------------|
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i> | Tier 1 | |
| <i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i> | Tier 1 | |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG | Tier 3 | |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML | Tier 3 | PA; QL |
| *Irrigation Solutions*** - Vitamins And Minerals | | |
| <i>sterile water for irrigation irrigation solution</i> | Exclusion | |
| *Macrolide Immunosuppressants*** - Vitamins And Minerals | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | Tier 3 | |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG | Tier 3 | |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | Tier 1 | |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | Tier 3 | |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | Tier 3 | |
| RAPAMUNE ORAL SOLUTION 1 MG/ML | Tier 3 | |
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG | Tier 3 | |
| <i>sirolimus oral solution 1 mg/ml</i> | Tier 1 | |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | Tier 1 | |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 3 | |
| *Monoclonal Antibodies*** - Vitamins And Minerals | | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | Tier 3 | PA; Specialty |
| *Patient Assessment Services - No Drug Dispensed*** - Vitamins And Minerals | | |
| <i>eua patient assessment</i> | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** - Vitamins And Minerals | | |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG | Tier 2 | PA; Specialty |
| *Potassium Removing Agents*** - Vitamins And Minerals | | |
| KIONEX COMBINATION SUSPENSION 15 GM/60ML | Tier 3 | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | Tier 2 | |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| SPS ORAL SUSPENSION 15 GM/60ML | Tier 1 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | Tier 2 | |
| *Prostaglandins*** - Vitamins And Minerals | | |
| <i>alprostadil injection solution 500 mcg/ml</i> | Tier 1 | |
| PROSTIN VR INJECTION SOLUTION 500 MCG/ML | Tier 3 | |
| *Purine Analogs*** - Vitamins And Minerals | | |
| AZASAN ORAL TABLET 100 MG, 75 MG | Tier 1 | |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>azathioprine sodium injection solution reconstituted 100 mg</i> | Exclusion | |
| IMURAN ORAL TABLET 50 MG | Tier 3 | |
| *Rock Inhibitors*** - Vitamins And Minerals | | |
| REZUROCK ORAL TABLET 200 MG | Tier 3 | PA; Specialty |
| *Type I Interferon (Ifn) Receptor Antagonists*** - Vitamins And Minerals | | |
| SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat | | |
| *Anesthetics Topical Oral - Combinations*** - Drugs For The Mouth And Throat | | |
| FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION | Tier 3 | |
| *Anesthetics Topical Oral*** - Drugs For The Mouth And Throat | | |
| <i>lidocaine hcl mouth/throat solution 4 %</i> | Exclusion | |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | Tier 1 | |
| *Anti-Infectives - Throat*** - Drugs For The Mouth And Throat | | |
| <i>clotrimazole mouth/throat troche 10 mg</i> | Tier 1 | |
| <i>nystatin suspension 100000 unit/ml mouth/throat</i> | Exclusion | |
| <i>nystatin suspension 100000 unit/ml mouth/throat</i> | Tier 1 | |
| ORAVIG BUCCAL TABLET 50 MG | Tier 3 | |
| *Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat | | |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | Tier 1 | |
| PERIDEX MOUTH/THROAT SOLUTION 0.12 % | Exclusion | |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 % | Tier 1 | |
| *Dental Products - Combinations*** - Drugs For The Mouth And Throat | | |
| <i>denta 5000 plus sensitive dental paste 1.1-5 %</i> | Tier 2 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % | Tier 1 | |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % | Tier 3 | |
| NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML | Tier 3 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % | Exclusion | |
| PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % | Exclusion | |
| <i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i> | Tier 1 | |
| <i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i> | Tier 1 | |
| *Dry Mouth Agents And Artificial Saliva*** - Drugs For The Mouth And Throat | | |
| NUMOISYN MOUTH/THROAT LIQUID | Exclusion | |
| NUMOISYN MOUTH/THROAT LOZENGE | Exclusion | |
| *Fluoride Dental Products*** - Drugs For The Mouth And Throat | | |
| CLINPRO 5000 DENTAL PASTE 1.1 % | Tier 1 | |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % | Tier 1 | |
| DENTAGEL DENTAL GEL 1.1 % | Tier 1 | |
| EASYGEL DENTAL GEL 0.4 % | Tier 1 | |
| FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % | Tier 1 | |
| FLUORIDEX DENTAL PASTE 1.1 % | Tier 1 | |
| FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % | Tier 1 | |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % | Tier 1 | |
| JUST FOR KIDS DENTAL GEL 0.4 % | Tier 1 | |
| JUST RIGHT 5000 DENTAL GEL 1.1 % | Tier 1 | |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % | Tier 1 | |
| NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 % | Tier 3 | |
| NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 % | Tier 3 | |
| PERIOMED MOUTH/THROAT CONCENTRATE 0.63 % | Tier 1 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % | Exclusion | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % | Exclusion | |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % | Exclusion | |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % | Exclusion | |
| PREVIDENT DENTAL GEL 1.1 % | Exclusion | |
| PREVIDENT MOUTH/THROAT SOLUTION 0.2 % | Tier 1 | |
| <i>sf 5000 plus dental cream 1.1 %</i> | Tier 1 | |
| <i>sf dental gel 1.1 %</i> | Tier 1 | |
| <i>sodium fluoride 5000 plus dental cream 1.1 %</i> | Tier 1 | |
| <i>sodium fluoride 5000 ppm dental cream 1.1 %</i> | Tier 1 | |
| <i>sodium fluoride 5000 ppm dental gel 1.1 %</i> | Tier 1 | |
| <i>sodium fluoride 5000 ppm dental paste 1.1 %</i> | Tier 1 | |
| <i>sodium fluoride dental cream 1.1 %</i> | Tier 1 | |
| <i>sodium fluoride dental gel 1.1 %</i> | Tier 1 | |
| <i>sodium fluoride mouth/throat solution 0.2 %</i> | Tier 1 | |
| *Protectants - Mouth/Throat*** - Drugs For The Mouth And Throat | | |
| EPISIL MOUTH/THROAT LIQUID | Exclusion | |
| MUCOTROL MOUTH/THROAT WAFER | Exclusion | |
| MUGARD MOUTH/THROAT LIQUID | Exclusion | |
| ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED | Exclusion | |
| *Saliva Stimulants*** - Drugs For The Mouth And Throat | | |
| <i>cevimeline hcl oral capsule 30 mg</i> | Tier 1 | |
| EVOXAC ORAL CAPSULE 30 MG | Exclusion | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | Tier 1 | |
| SALAGEN ORAL TABLET 5 MG, 7.5 MG | Exclusion | |
| *Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat | | |
| KOURZEQ MOUTH/THROAT PASTE 0.1 % | Tier 1 | |
| ORALONE MOUTH/THROAT PASTE 0.1 % | Tier 1 | |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Multivitamins* - Drugs For Nutrition | | |
| *B-Complex Vitamins*** - Drugs For Nutrition | | |
| vitamin b complex 100 injection injectable | Exclusion | |
| vitamin b-complex 100 injection injectable | Exclusion | |
| *B-Complex W/ C & Folic Acid*** - Drugs For Nutrition | | |
| b-plex oral tablet | Exclusion | |
| DIALYVITE ORAL TABLET | Exclusion | |
| folbee plus oral tablet | Exclusion | |
| NEPHRONEX ORAL TABLET | Exclusion | |
| NEPHRO-VITE RX ORAL TABLET 1 MG | Exclusion | |
| RENAL ORAL CAPSULE 1 MG | Exclusion | |
| reno caps oral capsule 1 mg | Exclusion | |
| triphrocaps oral capsule 1 mg | Exclusion | |
| virt-caps oral capsule 1 mg | Exclusion | |
| vp-vite rx oral tablet 1 mg | Exclusion | |
| wescaps oral capsule 1 mg | Exclusion | |
| *B-Complex W/ C-Biotin-D-Zinc & Folic Acid*** - Drugs For Nutrition | | |
| VITAL-D RX ORAL TABLET 1 MG | Exclusion | |
| *B-Complex W/ C-Biotin-E & Folic Acid*** - Drugs For Nutrition | | |
| RENATABS ORAL TABLET 1 MG | Exclusion | |
| *B-Complex W/ C-Biotin-E-Folic Acid & Iron*** - Drugs For Nutrition | | |
| RENATABS WITH IRON ORAL 1 & 100 MG | Exclusion | |
| *B-Complex W/ C-Biotin-E-Minerals & Folic Acid*** - Drugs For Nutrition | | |
| DIALYVITE 3000 ORAL TABLET 3 MG | Exclusion | |
| DIALYVITE 5000 ORAL TABLET 5 MG | Exclusion | |
| *B-Complex W/ C-Biotin-Minerals & Folic Acid*** - Drugs For Nutrition | | |
| FOLBEE PLUS CZ ORAL TABLET 5 MG | Exclusion | |
| *B-Complex W/ C-Zn & Folic Acid*** - Drugs For Nutrition | | |
| DIALYVITE/ZINC ORAL TABLET | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| NEHPLEX RX ORAL TABLET | Exclusion | |
| *B-Complex W/ Lysine-Min-Fe & Folic Acid*** - Drugs For Nutrition | | |
| NUTRIVIT ORAL LIQUID | Exclusion | |
| *B-Complex W/ Lysine-Zn & Folic Acid*** - Drugs For Nutrition | | |
| SUPERVITE ORAL LIQUID | Exclusion | |
| *Bioflavonoid Products*** - Drugs For Nutrition | | |
| ADRENAL C FORMULA ORAL TABLET | Exclusion | |
| *Iron W/ Vitamins*** - Drugs For Nutrition | | |
| VITAFOL ORAL TABLET | Exclusion | |
| *Multiple Vitamins W/ Minerals & Calcium-Folic Acid*** - Drugs For Nutrition | | |
| FOLGARD OS ORAL TABLET 500-1.1 MG | Exclusion | |
| *Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid*** - Drugs For Nutrition | | |
| QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG | Exclusion | |
| *Multiple Vitamins W/ Minerals*** - Drugs For Nutrition | | |
| BACMIN ORAL TABLET | Exclusion | |
| <i>biocel oral tablet</i> | Exclusion | |
| <i>b-plex plus oral tablet</i> | Exclusion | |
| CORVITA ORAL TABLET | Exclusion | |
| DIALYVITE SUPREME D ORAL TABLET | Exclusion | |
| LYSIPLEX PLUS ORAL TABLET | Exclusion | |
| <i>neovite oral tablet</i> | Exclusion | |
| NICADAN ORAL TABLET | Exclusion | |
| NICAZEL FORTE ORAL TABLET | Exclusion | |
| NICAZEL ORAL TABLET | Exclusion | |
| NUTRICAP ORAL TABLET | Exclusion | |
| NUTRIFAC ZX ORAL TABLET | Exclusion | |
| OCUVEL ORAL CAPSULE | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| <i>onevite oral tablet</i> | Exclusion | |
| REQ 49+ ORAL TABLET | Exclusion | |
| STROVITE FORTE ORAL SYRUP | Exclusion | |
| STROVITE FORTE ORAL TABLET | Exclusion | |
| STROVITE ONE ORAL TABLET | Exclusion | |
| <i>thrivite 19 oral tablet</i> | Exclusion | |
| UDAMIN SP ORAL TABLET | Exclusion | |
| <i>v-c forte oral capsule</i> | Exclusion | |
| VIC-FORTE ORAL CAPSULE | Exclusion | |
| VITA S FORTE ORAL TABLET | Exclusion | |
| VITACEL ORAL TABLET | Exclusion | |
| VITAROCA PLUS ORAL TABLET | Exclusion | |
| *Niacinamide W/ Zinc-Copper & Folic Acid*** - Drugs For Nutrition | | |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG | Exclusion | |
| *Ped Multi Vitamins W/Fl & Fe*** - Drugs For Nutrition | | |
| <i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i> | Exclusion | |
| POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML | Exclusion | |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG | Exclusion | |
| QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML | Exclusion | |
| *Ped Mv W/ Fluoride*** - Drugs For Nutrition | | |
| FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML | Exclusion | |
| <i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | Exclusion | |
| <i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i> | Exclusion | |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | Exclusion | |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Exclusion | |
| POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Exclusion | |
| QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG | Exclusion | |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML | Exclusion | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Exclusion | |
| *Ped Vitamins Acd & Fa Wl Fluoride*** - Drugs For Nutrition | | |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML | Exclusion | |
| <i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i> | Exclusion | |
| *Ped Vitamins Acd Wl Fluoride*** - Drugs For Nutrition | | |
| <i>adclf (0.5mg/ml) oral solution</i> | Exclusion | |
| <i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i> | Exclusion | |
| <i>vitamins acd-fluoride oral solution 0.25 mg/ml</i> | Exclusion | |
| *Pediatric Multiple Vitamins & Minerals Wl Fluoride*** - Drugs For Nutrition | | |
| FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Exclusion | |
| *Prenatal Mv & Min Wl Fe-Fa*** - Drugs For Nutrition | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG | Tier 3 | |
| ATABEX OB ORAL TABLET 29-1 MG | Tier 3 | |
| <i>azeschew prenatal/postnatal oral tablet chewable 13-1 mg</i> | Tier 3 | |
| CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG | Tier 3 | |
| CITRANATAL BLOOM ORAL TABLET 90-1 MG | Tier 3 | |
| CITRANATAL RX ORAL TABLET 27-1 MG | Tier 3 | |
| <i>c-nate dha oral capsule 28-1-200 mg</i> | Tier 3 | |
| <i>completenate oral tablet chewable 29-1 mg</i> | Tier 3 | |
| CO-NATAL FA ORAL TABLET | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG | Tier 3 | |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG | Tier 3 | |
| DERMACINRX PRETRATE ORAL TABLET 1 MG | Tier 3 | |
| DUET DHA 400 ORAL 25-1 & 400 MG | Tier 3 | |
| DUET DHA BALANCED ORAL 25-1 & 267 MG | Tier 3 | |
| ELITE-OB ORAL TABLET 50-1.25 MG | Tier 3 | |
| ENBRACE HR ORAL CAPSULE | Tier 3 | |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | Tier 3 | |
| INATAL GT ORAL TABLET | Tier 3 | |
| <i>kosher prenatal plus iron oral tablet 30-1 mg</i> | Tier 3 | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG | Tier 3 | |
| NATALVIT ORAL TABLET | Tier 3 | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | Tier 3 | |
| <i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i> | Tier 3 | |
| <i>neonatal fe oral tablet 90-1 mg</i> | Tier 3 | |
| NEONATAL PLUS ORAL TABLET 27-1 MG | Tier 3 | |
| NESTABS DHA ORAL 32-1 MG | Tier 3 | |
| NESTABS ORAL TABLET 32-1 MG | Tier 3 | |
| NIVA-PLUS ORAL TABLET 27-1 MG | Tier 3 | |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG | Tier 3 | |
| OB COMPLETE ORAL TABLET 50-1.25 MG | Tier 3 | |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG | Tier 3 | |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG | Tier 3 | |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG | Tier 3 | |
| OBSTETRIX EC (WITH DOCUSATE) ORAL TABLET 29-1 MG | Tier 3 | |
| <i>one vite womens plus oral tablet 27-1 mg</i> | Tier 3 | |
| <i>pnv tabs 29-1 oral tablet 29-1 mg</i> | Tier 3 | |
| <i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i> | Tier 3 | |
| <i>pnv-select oral tablet 27-0.6-0.4 mg</i> | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>prena1 pearl oral capsule extended release 30-1.4-200 mg</i> | Tier 3 | |
| PRENATABS RX ORAL TABLET 29-1 MG | Tier 2 | |
| <i>prenatal 19 oral tablet 29-1 mg</i> | Tier 2 | |
| <i>prenatal 19 oral tablet chewable</i> | Tier 2 | |
| <i>prenatal oral tablet 27-1 mg</i> | Tier 3 | |
| <i>prenatal plus iron oral tablet 29-1 mg</i> | Tier 2 | |
| <i>prenatal plus oral tablet 27-1 mg</i> | Tier 2 | |
| <i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i> | Tier 3 | |
| <i>prenatal vitamin plus low iron oral tablet 27-1 mg</i> | Tier 2 | |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG | Tier 2 | |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | Tier 3 | |
| <i>prenatvite complete oral tablet 1 mg</i> | Tier 3 | |
| <i>prenatvite plus oral tablet 1 mg</i> | Tier 3 | |
| <i>prenatvite rx oral tablet 0.8 mg</i> | Tier 3 | |
| <i>preplus oral tablet 27-1 mg</i> | Tier 3 | |
| <i>pretab oral tablet 29-1 mg</i> | Tier 3 | |
| PRIMACARE ORAL CAPSULE 30-1-470 MG | Tier 3 | |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG | Tier 3 | |
| <i>relnate dha oral capsule 28-1-200 mg</i> | Tier 3 | |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG | Tier 3 | |
| <i>se-natal 19 oral tablet 29-1 mg</i> | Tier 2 | |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i> | Tier 2 | |
| TARON-C DHA ORAL CAPSULE 35-1 MG | Tier 3 | |
| <i>thrivite rx oral tablet 29-1 mg</i> | Tier 3 | |
| TRICARE ORAL TABLET | Tier 3 | |
| <i>trinatal rx 1 oral tablet 60-1 mg</i> | Tier 3 | |
| TRINATE ORAL TABLET | Tier 2 | |
| VINATE DHA RF ORAL CAPSULE 27-1.13 MG | Tier 3 | |
| VINATE II ORAL TABLET 29-1 MG | Tier 2 | |
| VINATE ONE ORAL TABLET 60-1 MG | Tier 2 | |
| <i>virt-c dha oral capsule 53.5-38-1 mg</i> | Tier 3 | |
| <i>virt-nate dha oral capsule 28-1-200 mg</i> | Tier 3 | |

| Drug | Tier | Notes |
|--|--------|-------|
| <i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i> | Tier 3 | |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG | Tier 3 | |
| VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG | Tier 3 | |
| VITAFOL-OB ORAL TABLET | Tier 3 | |
| VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG | Tier 3 | |
| VIVA DHA ORAL CAPSULE 28-1-200 MG | Tier 3 | |
| <i>vp-pnv-dha oral capsule 28-1-215.8 mg</i> | Tier 3 | |
| <i>wescap-c dha oral capsule 53.5-38-1 mg</i> | Tier 3 | |
| <i>wesnate dha oral capsule 28-1-200 mg</i> | Tier 3 | |
| <i>westab plus oral tablet 27-1 mg</i> | Tier 3 | |
| ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG | Tier 3 | |
| *Prenatal Mv & Min WIFe-Fa-Ca-Omega 3 Fish Oil*** - Drugs For Nutrition | | |
| <i>complete natal dha oral 29-1-200 & 200 mg</i> | Tier 3 | |
| TRIVEEN-DUO DHA ORAL 29-1-200 & 300 MG | Tier 3 | |
| <i>wesnatal dha complete oral 29-1-200 & 200 mg</i> | Tier 3 | |
| *Prenatal Mv & Min WIFe-Fa-Dha*** - Drugs For Nutrition | | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | Tier 3 | |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | Tier 3 | |
| CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG | Tier 3 | |
| CITRANATAL DHA ORAL 27-1 & 250 MG | Tier 3 | |
| CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG | Tier 3 | |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG | Tier 3 | |
| CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG | Tier 3 | |
| <i>neonatal + dha oral 29-1 & 200 mg</i> | Tier 3 | |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| OBSTETRIX DHA ORAL 29-1 & 350 MG | Tier 3 | |
| OBSTETRIX ONE (WITH DOCUSATE) ORAL CAPSULE 38-1-225 MG | Tier 3 | |
| <i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i> | Tier 3 | |
| <i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i> | Tier 3 | |
| <i>prena 1 true oral 30-1.4 & 300 mg</i> | Tier 3 | |
| <i>prenaissance oral capsule 29-1.25-325 mg</i> | Tier 3 | |
| <i>prenaissance plus oral capsule 28-1-250 mg</i> | Tier 3 | |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | Tier 3 | |
| PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG | Tier 3 | |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | Tier 3 | |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | Tier 3 | |
| PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG | Tier 3 | |
| PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG | Tier 3 | |
| SELECT-OB+DHA ORAL 29-1 & 250 MG | Tier 3 | |
| TARON-PREX ORAL CAPSULE 30-1.2-265 MG | Tier 3 | |
| <i>tristart dha oral capsule 31-0.6-0.4-200 mg</i> | Tier 3 | |
| TRISTART ONE ORAL CAPSULE 35-1-215 MG | Tier 3 | |
| <i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i> | Tier 3 | |
| VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG | Tier 3 | |
| VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG | Tier 3 | |
| VITAFOL-OB+DHA ORAL 65-1 & 250 MG | Tier 3 | |
| VITAFOL-ONE ORAL CAPSULE 29-1-200 MG | Tier 3 | |
| VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG | Tier 3 | |
| VITATRUE ORAL 30-1.4 & 300 MG | Tier 3 | |
| <i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i> | Tier 3 | |

| Drug | Tier | Notes |
|--|-----------|------------------|
| <i>westgel dha oral capsule 31-0.6-0.4-200 mg</i> | Tier 3 | |
| ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG | Tier 3 | |
| *Prenatal Mv & Minerals WIFa Without Iron*** - Drugs For Nutrition | | |
| PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG | Tier 3 | |
| *Prenatal Vitamins*** - Drugs For Nutrition | | |
| <i>neonatal 19 oral tablet 1 mg</i> | Tier 3 | |
| PREMESISRX ORAL TABLET 1 MG | Tier 3 | |
| <i>prena1 oral tablet chewable 1.4 mg</i> | Tier 3 | |
| PRENATE AM ORAL TABLET 1 MG | Tier 3 | |
| VITAFOL STRIPS ORAL FILM 1 MG | Tier 3 | |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG | Tier 3 | |
| *Vitamins A & D*** - Drugs For Nutrition | | |
| <i>cod liver oil oral oil</i> | Exclusion | |
| *Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| *Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG | Exclusion | Drug Not Covered |
| <i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i> | Tier 3 | |
| <i>baclofen oral suspension 25 mg/5ml</i> | Exclusion | Drug Not Covered |
| <i>baclofen tablet 10 mg oral</i> | Tier 1 | |
| <i>baclofen tablet 15 mg oral</i> | Exclusion | Drug Not Covered |
| <i>baclofen tablet 20 mg oral</i> | Tier 1 | |
| <i>baclofen tablet 5 mg oral</i> | Tier 1 | |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> | Exclusion | |
| <i>chlorzoxazone tablet 250 mg oral</i> | Exclusion | Drug Not Covered |
| <i>chlorzoxazone tablet 375 mg oral</i> | Exclusion | Drug Not Covered |
| <i>chlorzoxazone tablet 500 mg oral</i> | Tier 1 | |
| <i>chlorzoxazone tablet 750 mg oral</i> | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|------------------|
| <i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i> | Exclusion | Drug Not Covered |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i> | Tier 1 | |
| FEXMID ORAL TABLET 7.5 MG | Tier 1 | |
| FIRST-BACLOFEN ORAL SUSPENSION 1 MG/ML, 5 MG/ML | Tier 3 | |
| FLEQSUVY ORAL SUSPENSION 25 MG/5ML | Exclusion | Drug Not Covered |
| LORZONE ORAL TABLET 375 MG, 750 MG | Exclusion | Drug Not Covered |
| LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG | Exclusion | Drug Not Covered |
| <i>metaxalone oral tablet 400 mg, 800 mg</i> | Tier 1 | |
| <i>methocarbamol tablet 1000 mg oral</i> | Exclusion | Drug Not Covered |
| <i>methocarbamol tablet 500 mg oral</i> | Tier 1 | |
| <i>methocarbamol tablet 750 mg oral</i> | Tier 1 | |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i> | Tier 1 | |
| OZOBAX ORAL SOLUTION 5 MG/5ML | Tier 3 | |
| ROBAXIN-750 ORAL TABLET 750 MG | Exclusion | |
| SKELAXIN ORAL TABLET 800 MG | Exclusion | |
| SOMA ORAL TABLET 250 MG, 350 MG | Exclusion | |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i> | Tier 1 | |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i> | Tier 1 | |
| VANADOM ORAL TABLET 350 MG | Exclusion | |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG | Exclusion | |
| ZANAFLEX ORAL TABLET 4 MG | Exclusion | |
| *Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| DANTRIUM ORAL CAPSULE 25 MG, 50 MG | Exclusion | |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| *Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i> | Exclusion | |

| Drug | Tier | Notes |
|---|-------------|------------------|
| <i>norgesic forte oral tablet 50-770-60 mg</i> | Exclusion | Drug Not Covered |
| NORGESIC ORAL TABLET 25-385-30 MG | Exclusion | Drug Not Covered |
| <i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> | Exclusion | Drug Not Covered |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i> | Exclusion | Drug Not Covered |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG | Exclusion | Drug Not Covered |
| *Retinoic Acid Receptor Gamma Selective Agonists*** - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG | Tier 3 | PA; Specialty |
| *Viscosupplements*** - Drugs For Muscles, Ligaments, Tendons, And Bones | | |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML | Tier 2 | PA |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML | Tier 2 | PA |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML | Exclusion | PA |
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML | Tier 2 | PA |
| GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML | Exclusion | PA |
| HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML | Exclusion | PA |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML | Exclusion | PA |
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML | Exclusion | PA |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML | Exclusion | PA |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML | Exclusion | PA |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML | Tier 2 | PA |

| Drug | Tier | Notes |
|---|-----------|------------------|
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML | Exclusion | PA |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML | Exclusion | PA |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML | Exclusion | PA |
| TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML | Exclusion | PA |
| TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML | Exclusion | PA |
| VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML | Exclusion | PA |
| *Nasal Agents - Systemic And Topical* - Drugs For The Nose | | |
| *Antihistamine-Steroid*** - Allergy | | |
| <i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i> | Tier 1 | |
| DYMISTA NASAL SUSPENSION 137-50 MCG/ACT | Exclusion | |
| RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT | Exclusion | Drug Not Covered |
| *Nasal Anticholinergics*** - Allergy | | |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i> | Tier 1 | |
| *Nasal Antihistamines*** - Allergy | | |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i> | Tier 1 | |
| <i>olopatadine hcl nasal solution 0.6 %</i> | Tier 1 | |
| PATANASE NASAL SOLUTION 0.6 % | Exclusion | |
| *Nasal Steroids*** - Allergy | | |
| BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY | Tier 3 | |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | Tier 1 | |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i> | Tier 1 | |
| <i>mometasone furoate nasal suspension 50 mcg/act</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|-------------------|
| NASONEX NASAL SUSPENSION 50 MCG/ACT | Exclusion | |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT | Tier 3 | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT | Tier 3 | |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT | Tier 3 | |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT | Tier 3 | PA |
| ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT | Tier 3 | |
| *Neuromuscular Agents* - Drugs For Nerves And Muscles | | |
| <i>*Als Agents - Miscellaneous*** - Drugs For Nerves And Muscles</i> | | |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML | Tier 3 | PA; Specialty |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML | Tier 3 | PA; Specialty; QL |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML | Tier 3 | PA; Specialty; QL |
| <i>*Benzothiazoles*** - Drugs For Nerves And Muscles</i> | | |
| EXSERVAN ORAL FILM 50 MG | Tier 3 | PA; Specialty |
| RILUTEK ORAL TABLET 50 MG | Exclusion | PA; Specialty |
| <i>riluzole oral tablet 50 mg</i> | Tier 1 | PA; Specialty |
| TEGLUTIK ORAL SUSPENSION 50 MG/10ML | Tier 3 | PA; Specialty |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML | Tier 3 | PA; Specialty |
| <i>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** - Drugs For Nerves And Muscles</i> | | |
| SKYCLARYS ORAL CAPSULE 50 MG | Tier 3 | PA; Specialty |
| <i>*Neuromuscular Blocking Agent - Neurotoxins*** - Drugs For Nerves And Muscles</i> | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT | Tier 3 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|---------------|
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT | Tier 3 | PA; Specialty |
| MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML | Tier 3 | PA; Specialty |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT | Tier 3 | PA; Specialty |
| *Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** - Drugs For Nerves And Muscles | | |
| DAYBUE ORAL SOLUTION 200 MG/ML | Tier 3 | PA; Specialty |
| *Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** - Drugs For Nerves And Muscles | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | Tier 3 | PA; Specialty |
| *Nutrients* - Drugs For Nutrition | | |
| *Carbohydrates*** - Drugs For Nutrition | | |
| <i>dextrose solution 10 % intravenous</i> | Tier 1 | |
| <i>dextrose solution 20 % intravenous</i> | Tier 3 | |
| <i>dextrose solution 250 mg/ml intravenous</i> | Tier 2 | |
| <i>dextrose solution 40 % intravenous</i> | Tier 3 | |
| <i>dextrose solution 5 % intravenous</i> | Tier 1 | |
| <i>dextrose solution 50 % intravenous</i> | Tier 1 | |
| <i>dextrose solution 70 % intravenous</i> | Tier 1 | |
| *Lipids*** - Drugs For Nutrition | | |
| DOJOLVI ORAL LIQUID 100 % | Tier 3 | PA; Specialty |
| *Ophthalmic Agents* - Drugs For The Eye | | |
| *Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma | | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | Tier 2 | |
| *Artificial Tear Inserts*** - Drugs For The Eye | | |
| LACRISERT OPHTHALMIC INSERT 5 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma | | |
| <i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i> | Tier 1 | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | Exclusion | |
| COSOPT OPHTHALMIC SOLUTION 2-0.5 % | Exclusion | |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % | Exclusion | |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i> | Tier 1 | |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i> | Tier 1 | |
| *Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma | | |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % | Tier 3 | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % | Tier 3 | |
| <i>carteolol hcl ophthalmic solution 1 %</i> | Tier 1 | |
| ISTALOL OPHTHALMIC SOLUTION 0.5 % | Exclusion | |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| <i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i> | Tier 1 | |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 % | Tier 1 | |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | Tier 1 | |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | Tier 1 | |
| <i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i> | Tier 1 | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % | Exclusion | |
| TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % | Exclusion | |
| TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Cholinergic Agonists*** - Drugs For The Eye | | |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT | Exclusion | |
| *Cycloplegic Mydriatic Combinations*** - Drugs For The Eye | | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % | Tier 3 | |
| *Cycloplegic Mydriatics*** - Drugs For The Eye | | |
| ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 % | Tier 1 | |
| <i>atropine sulfate ophthalmic ointment 1 %</i> | Exclusion | |
| <i>atropine sulfate solution 1 % ophthalmic</i> | Tier 1 | |
| <i>atropine sulfate solution 1 % ophthalmic</i> | Tier 3 | |
| <i>atropine sulfate solution 1 % ophthalmic</i> | Exclusion | |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % | Exclusion | |
| <i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i> | Tier 1 | |
| HOMATROPAIRE OPHTHALMIC SOLUTION 5 % | Exclusion | |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % | Tier 3 | |
| MYDRIACYL OPHTHALMIC SOLUTION 1 % | Exclusion | |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i> | Tier 1 | |
| <i>tropicamide ophthalmic solution 0.5 %, 1 %</i> | Exclusion | |
| *Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** - Anti-Infective/Anti-Inflammatories | | |
| XIIDRA OPHTHALMIC SOLUTION 5 % | Tier 2 | |
| *Miotics - Direct Acting*** - Drugs For Glaucoma | | |
| ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % | Exclusion | |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | Tier 1 | |
| VUITY OPHTHALMIC SOLUTION 1.25 % | Exclusion | QL |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Ophthalmic Antiallergic*** - Drugs For Itchy Eye | | |
| ALOCRILOPHTHALMIC SOLUTION 2 % | Tier 3 | |
| ALOMIDE OPTHALMIC SOLUTION 0.1 % | Tier 3 | |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | Tier 1 | |
| <i>bepotastine besilate ophthalmic solution 1.5 %</i> | Tier 1 | |
| BEPREVE OPTHALMIC SOLUTION 1.5 % | Exclusion | |
| <i>cromolyn sodium ophthalmic solution 4 %</i> | Tier 1 | |
| <i>epinastine hcl ophthalmic solution 0.05 %</i> | Tier 1 | |
| LASTACAFT OPTHALMIC SOLUTION 0.25 % | Tier 3 | |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i> | Tier 1 | |
| PAZEO OPTHALMIC SOLUTION 0.7 % | Tier 2 | |
| ZERVIAE OPTHALMIC SOLUTION 0.24 % | Tier 3 | |
| *Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories | | |
| AZASITE OPTHALMIC SOLUTION 1 % | Exclusion | |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | Tier 2 | |
| BESIVANCE OPTHALMIC SUSPENSION 0.6 % | Tier 2 | |
| CILOXAN OPTHALMIC OINTMENT 0.3 % | Exclusion | |
| CILOXAN OPTHALMIC SOLUTION 0.3 % | Exclusion | |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i> | Tier 1 | |
| <i>erythromycin ointment 5 mg/gm ophthalmic</i> | Tier 1 | |
| <i>erythromycin ointment 5 mg/gm ophthalmic</i> | Tier 2 | |
| <i>gatifloxacin ophthalmic solution 0.5 %</i> | Tier 1 | |
| GENTAK OPTHALMIC OINTMENT 0.3 % | Tier 1 | |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | Tier 1 | |
| <i>levofloxacin ophthalmic solution 0.5 %</i> | Tier 1 | |
| MITOSOL OPTHALMIC KIT 0.2 MG | Exclusion | |
| MOXEZA OPTHALMIC SOLUTION 0.5 % | Exclusion | |
| <i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i> | Exclusion | |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| OCUFLOX OPTHALMIC SOLUTION 0.3 % | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| <i>ofloxacin ophthalmic solution 0.3 %</i> | Tier 1 | |
| <i>tobramycin ophthalmic solution 0.3 %</i> | Tier 1 | |
| TOBEX OPHTHALMIC OINTMENT 0.3 % | Exclusion | |
| TOBEX OPHTHALMIC SOLUTION 0.3 % | Exclusion | |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 % | Exclusion | |
| ZYMAXID OPHTHALMIC SOLUTION 0.5 % | Exclusion | |
| *Ophthalmic Antifungal*** - Drugs For The Eye | | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | Tier 2 | |
| *Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories | | |
| <i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i> | Tier 1 | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | Tier 1 | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i> | Tier 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Tier 1 | |
| NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 | Tier 1 | |
| POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM | Tier 1 | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | Tier 1 | |
| POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% | Exclusion | |
| *Ophthalmic Antiseptics*** - Anti-Infective/Anti-Inflammatories | | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % | Exclusion | |
| *Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories | | |
| <i>trifluridine ophthalmic solution 1 %</i> | Tier 1 | |
| ZIRGAN OPHTHALMIC GEL 0.15 % | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma | | |
| AZOPT OPHTHALMIC SUSPENSION 1 % | Exclusion | |
| <i>brinzolamide ophthalmic suspension 1 %</i> | Tier 1 | |
| <i>dorzolamide hcl ophthalmic solution 2 %</i> | Tier 1 | |
| TRUSOPT OPHTHALMIC SOLUTION 2 % | Exclusion | |
| *Ophthalmic Diagnostic Products*** - Drugs For The Eye | | |
| <i>altafluor benox ophthalmic solution 0.25-0.4 %</i> | Exclusion | |
| <i>fluorescein sodium/benoxinate ophthalmic solution 0.3-0.4 %</i> | Exclusion | |
| <i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i> | Tier 1 | |
| PAREMYD OPHTHALMIC SOLUTION 1-0.25 % | Exclusion | |
| *Ophthalmic Ectoparasiticide** - Anti-Infective/Anti-Inflammatories | | |
| XDEMVY OPHTHALMIC SOLUTION 0.25 % | Tier 3 | PA |
| *Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories | | |
| CEQUA OPHTHALMIC SOLUTION 0.09 % | Exclusion | |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i> | Tier 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | Exclusion | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | Tier 2 | |
| VERKAZIA OPHTHALMIC EMULSION 0.1 % | Exclusion | PA |
| VEVYE OPHTHALMIC SOLUTION 0.1 % | Exclusion | |
| *Ophthalmic Kinase Inhibitors - Combinations*** - Drugs For Glaucoma | | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | Tier 3 | |
| *Ophthalmic Local Anesthetics*** - Drugs For The Eye | | |
| ALTACAINE OPHTHALMIC SOLUTION 0.5 % | Tier 1 | |
| <i>tetracaine hcl ophthalmic solution 0.5 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Ophthalmic Nerve Growth Factors*** - Drugs For The Eye | | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % | Tier 3 | PA; Specialty |
| *Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories | | |
| ACULAR LS OPHTHALMIC SOLUTION 0.4 % | Exclusion | |
| ACULAR OPHTHALMIC SOLUTION 0.5 % | Exclusion | |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % | Exclusion | |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i> | Exclusion | |
| <i>bromfenac sodium solution 0.07 % ophthalmic</i> | Exclusion | |
| <i>bromfenac sodium solution 0.075 % ophthalmic</i> | Tier 1 | |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % | Exclusion | |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | Tier 1 | |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | Tier 1 | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | Tier 3 | |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i> | Tier 1 | |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % | Exclusion | |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % | Exclusion | |
| *Ophthalmic Rho Kinase Inhibitors*** - Drugs For Glaucoma | | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | Tier 3 | |
| *Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % | Exclusion | |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| <i>brimonidine tartrate ophthalmic solution 0.1 % , 0.15 % , 0.2 %</i> | Tier 1 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | Exclusion | |
| *Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories | | |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i> | Tier 1 | |
| BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % | Tier 3 | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % | Tier 3 | |
| MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 | Exclusion | |
| MAXITROL OPHTHALMIC SUSPENSION 0.1 % , 3.5-10000-0.1 | Exclusion | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i> | Tier 1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i> | Exclusion | |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % | Tier 1 | |
| PRED-G OPHTHALMIC SUSPENSION 0.3-1 % | Tier 3 | |
| PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % | Tier 3 | |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i> | Tier 1 | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | Exclusion | |
| TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % | Exclusion | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % | Tier 3 | |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i> | Tier 1 | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories | | |
| ALREX OPHTHALMIC SUSPENSION 0.2 % | Exclusion | |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i> | Tier 1 | |
| <i>difluprednate ophthalmic emulsion 0.05 %</i> | Tier 1 | |
| DUREZOL OPHTHALMIC EMULSION 0.05 % | Exclusion | |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 % | Tier 2 | QL |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | Tier 3 | |
| <i>fluorometholone ophthalmic suspension 0.1 %</i> | Tier 1 | |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % | Exclusion | |
| FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % | Exclusion | |
| FML OPHTHALMIC OINTMENT 0.1 % | Exclusion | |
| INVELTYS OPHTHALMIC SUSPENSION 1 % | Exclusion | |
| LOTEMAX OPHTHALMIC GEL 0.5 % | Exclusion | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | Tier 2 | |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 % | Exclusion | |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | Tier 2 | |
| <i>loteprednol etabonate ophthalmic gel 0.5 %</i> | Tier 1 | |
| <i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i> | Tier 1 | |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % | Tier 3 | |
| PRED FORTE OPHTHALMIC SUSPENSION 1 % | Exclusion | |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % | Exclusion | |
| <i>prednisolone acetate ophthalmic suspension 1 %</i> | Tier 1 | |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i> | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories | | |
| BLEPH-10 OPHTHALMIC SOLUTION 10 % | Exclusion | |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i> | Tier 1 | |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i> | Tier 1 | |
| *Ophthalmic Surgical Aids*** - Drugs For The Eye | | |
| MEMBRANEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.15 % | Exclusion | |
| VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % | Exclusion | |
| *Ophthalmics - Blepharoptosis Agents** - Drugs For The Eye | | |
| UPNEEQ OPHTHALMIC SOLUTION 0.1 % | Exclusion | |
| *Ophthalmics - Cystinosis Agents** - Drugs For The Eye | | |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % | Tier 3 | PA; Specialty |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | Tier 3 | PA; Specialty |
| *Ophthalmics Misc. - Other*** - Drugs For The Eye | | |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML | Exclusion | |
| *Prostaglandins - Ophthalmic*** - Drugs For Glaucoma | | |
| <i>bimatoprost ophthalmic solution 0.03 %</i> | Exclusion | |
| IYUZEH OPHTHALMIC SOLUTION 0.005 % | Exclusion | |
| <i>latanoprost ophthalmic solution 0.005 %</i> | Tier 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | Tier 2 | |
| <i>tafluprost (pf) ophthalmic solution 0.0015 %</i> | Tier 1 | |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % | Exclusion | |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | Tier 3 | |
| XALATAN OPHTHALMIC SOLUTION 0.005 % | Exclusion | |
| XELPROS OPHTHALMIC EMULSION 0.005 % | Exclusion | |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | Exclusion | |
| *Otic Agents* - Drugs For The Ear | | |
| *Otic Agents - Miscellaneous*** - Wax Removal | | |
| <i>acetic acid otic solution 2 %</i> | Tier 1 | |
| *Otic Anti-Infectives*** - Antibiotics | | |
| CETRAXAL OTIC SOLUTION 0.2 % | Exclusion | |
| <i>ciprofloxacin hcl otic solution 0.2 %</i> | Tier 3 | |
| <i>ofloxacin otic solution 0.3 %</i> | Tier 1 | |
| *Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories | | |
| CIPRO HC OTIC SUSPENSION 0.2-1 % | Tier 3 | |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 % | Exclusion | |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i> | Tier 1 | |
| <i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i> | Tier 3 | |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | Tier 1 | |
| OTOVEL OTIC SOLUTION 0.3-0.025 % | Tier 3 | |
| *Otic Steroids*** - Anti-Infective/Anti-Inflammatories | | |
| DERMOTIC OTIC OIL 0.01 % | Exclusion | |
| FLAC OTIC OIL 0.01 % | Tier 1 | |
| <i>fluocinolone acetonide otic oil 0.01 %</i> | Tier 1 | |
| <i>hydrocortisone-acetic acid solution 1-2 % otic</i> | Exclusion | |
| <i>hydrocortisone-acetic acid solution 1-2 % otic</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Oxytocics* - Hormones | | |
| *Abortifacients/Cervical Ripening - Prostaglandins*** - Drugs For Women | | |
| CERVIDIL VAGINAL INSERT 10 MG | Tier 3 | |
| PREPIDIL VAGINAL GEL 0.5 MG/3GM | Exclusion | |
| PROSTIN E2 VAGINAL SUPPOSITORY 20 MG | Exclusion | |
| *Oxytocics*** - Drugs For Women | | |
| METHERGINE ORAL TABLET 0.2 MG | Tier 1 | |
| <i>methylergonovine maleate oral tablet 0.2 mg</i> | Tier 1 | |
| <i>oxytocin-lactated ringers intravenous solution 20 unit/l, 30 unit/500ml</i> | Exclusion | |
| <i>oxytocin-sodium chloride intravenous solution 15-0.9 ut/250ml-%</i> | Exclusion | |
| *Passive Immunizing And Treatment Agents* - Biological Agents | | |
| *Antiviral Monoclonal Antibodies*** - Biological Agents | | |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML | Tier 2 | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML | Tier 3 | PA; Specialty |
| *Immune Serums*** - Biological Agents | | |
| ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | Tier 3 | PA; Specialty |
| ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML | Exclusion | PA; Specialty |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML | Tier 3 | PA; Specialty |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML | Exclusion | PA; Specialty |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
|--|-------------|---------------|
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | Tier 3 | PA; Specialty |
| GAMASTAN INTRAMUSCULAR INJECTABLE | Tier 3 | PA; Specialty |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | Tier 2 | PA; Specialty |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM | Tier 2 | PA; Specialty |
| GAMMAKED SOLUTION 1 GM/10ML INJECTION | Exclusion | PA; Specialty |
| GAMMAKED SOLUTION 10 GM/100ML INJECTION | Tier 3 | PA; Specialty |
| GAMMAKED SOLUTION 20 GM/200ML INJECTION | Tier 3 | PA; Specialty |
| GAMMAKED SOLUTION 5 GM/50ML INJECTION | Tier 3 | PA; Specialty |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | Tier 2 | PA; Specialty |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | Tier 3 | PA; Specialty |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | Tier 3 | PA; Specialty |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | Tier 3 | PA; Specialty |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT | Tier 3 | |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT | Tier 3 | |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|---|-------------|---------------|
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | Tier 2 | PA; Specialty |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | Tier 2 | PA; Specialty |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT | Tier 3 | |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML | Tier 3 | |
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML | Tier 3 | |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | Exclusion | PA; Specialty |
| *Passive Immunizing Agents - Combinations*** - Biological Agents | | |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | Tier 3 | PA; Specialty |
| *Penicillins* - Drugs For Infections | | |
| *Aminopenicillins*** - Antibiotics | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 1 | |
| <i>amoxicillin suspension reconstituted 125 mg/5ml oral</i> | Tier 1 | |
| <i>amoxicillin suspension reconstituted 200 mg/5ml oral</i> | Tier 1 | |
| <i>amoxicillin suspension reconstituted 250 mg/5ml oral</i> | Tier 1 | |
| <i>amoxicillin suspension reconstituted 400 mg/5ml oral</i> | Tier 3 | |
| <i>amoxicillin suspension reconstituted 400 mg/5ml oral</i> | Tier 1 | |
| <i>amoxicillin tablet chewable 125 mg oral</i> | Tier 3 | |
| <i>amoxicillin tablet chewable 250 mg oral</i> | Tier 1 | |
| <i>ampicillin oral capsule 500 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Natural Penicillins*** - Antibiotics | | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML | Tier 3 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT | Tier 3 | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Penicillin Combinations*** - Antibiotics | | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | Tier 1 | |
| AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML | Exclusion | |
| AUGMENTIN ORAL TABLET 500-125 MG | Exclusion | |
| AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL | Tier 3 | |
| AUGMENTIN SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL | Exclusion | |
| *Penicillinase-Resistant Penicillins*** - Antibiotics | | |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| *Pharmaceutical Adjuvants* | | |
| *Parenteral Vehicles*** | | |
| <i>saline bacteriostatic injection solution 0.9 %</i> | Tier 1 | |
| <i>saline-phenol injection solution 0.4-0.9 %</i> | Tier 3 | |
| <i>sodium chloride bacteriostatic injection solution 0.9 %</i> | Tier 1 | |
| <i>sterile water for injection injection solution</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Semi Solid Vehicles*** | | |
| TDC MAX EXTERNAL CREAM | Exclusion | |
| *Progestins* - Hormones | | |
| *Progestins*** - Drugs For Women | | |
| AYGESTIN ORAL TABLET 5 MG | Exclusion | |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | Exclusion | |
| <i>norethindrone acetate oral tablet 5 mg</i> | Tier 1 | |
| <i>progesterone intramuscular oil 50 mg/ml</i> | Tier 1 | |
| <i>progesterone oral capsule 100 mg, 200 mg</i> | Tier 1 | |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG | Exclusion | |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG | Exclusion | |
| *Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System | | |
| *Agents For Opioid Withdrawal*** - Drugs For The Nervous System | | |
| LUCEMYRA ORAL TABLET 0.18 MG | Tier 3 | QL |
| *Alcohol Deterrents*** - Drugs For The Nervous System | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | Tier 1 | |
| ANTABUSE ORAL TABLET 250 MG, 500 MG | Exclusion | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Anti-Cataplectic Agents*** - Drugs For Sleep Disorder | | |
| LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM | Exclusion | PA; Specialty |
| <i>sodium oxybate oral solution 500 mg/ml</i> | Tier 3 | PA; Specialty; QL |
| XYREM ORAL SOLUTION 500 MG/ML | Exclusion | PA; Specialty; QL |
| *Anti-Cataplectic Combinations*** - Drugs For Sleep Disorder | | |
| XYWAV ORAL SOLUTION 500 MG/ML | Tier 3 | PA; Specialty; QL |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Antidementia Agent Combinations*** - Drugs For Alzheimer's Disease | | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG | Tier 3 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | Tier 3 | |
| *Antisense Oligonucleotide (Aso) Inhibitor Agents*** - Drugs For The Nervous System | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML | Tier 3 | PA; Specialty; QL |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML | Exclusion | PA; Specialty |
| *Benzodiazepines & Tricyclic Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i> | Tier 1 | |
| <i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i> | Tier 3 | |
| *Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY | Exclusion | QL |
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG | Exclusion | |
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i> | Tier 1 | |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i> | Tier 1 | |
| EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR | Exclusion | |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | Tier 1 | |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|-------------------|
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | Tier 1 | |
| RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG | Exclusion | |
| RAZADYNE ORAL TABLET 4 MG | Exclusion | |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | Tier 1 | |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> | Tier 1 | |
| *Fibromyalgia Agent - Snris*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Tier 3 | |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | Tier 3 | |
| *Melanocortin Receptor Agonists*** - Drugs For The Nervous System | | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML | Tier 3 | PA; QL |
| *Movement Disorder Drug Therapy*** - Drugs For The Nervous System | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | Tier 2 | PA; Specialty; QL |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | Tier 2 | PA; Specialty; QL |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG | Tier 2 | PA; Specialty; QL |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | Tier 2 | PA; Specialty; QL |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG | Exclusion | PA; Specialty; QL |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | Tier 2 | PA; Specialty; QL |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | Tier 1 | PA; Specialty |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG | Exclusion | PA; Specialty |

| Drug | Tier | Notes |
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| <i>*Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis</i> | | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | Exclusion | PA; Specialty; QL |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | Tier 1 | PA; Specialty; QL |
| <i>*Multiple Sclerosis Agents - Antimetabolites*** - Drugs For Multiple Sclerosis</i> | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 2 | PA; Specialty |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 2 | PA; Specialty |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 2 | PA; Specialty |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 2 | PA; Specialty |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 2 | PA; Specialty |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 2 | PA; Specialty |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 2 | PA; Specialty |
| <i>*Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis</i> | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | Tier 2 | PA; Specialty; QL |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | Exclusion | PA; Specialty; QL |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | Tier 2 | PA; Specialty; QL |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | Tier 2 | PA; Specialty; QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | Tier 2 | PA; Specialty; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | Tier 2 | PA; Specialty; QL |
| *Multiple Sclerosis Agents - Monoclonal Antibodies*** - Drugs For Multiple Sclerosis | | |
| BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML | Exclusion | PA; Specialty |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | Tier 2 | PA; Specialty |
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML | Tier 3 | PA; Specialty; QL |
| OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML | Tier 2 | PA; Specialty; QL |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML | Tier 2 | PA; Specialty; QL |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis | | |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG | Exclusion | PA; Specialty; QL |
| <i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i> | Tier 1 | PA; Specialty; QL |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> | Tier 1 | PA; Specialty; QL |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG | Exclusion | PA; Specialty; QL |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG | Exclusion | PA; Specialty; QL |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | Tier 2 | PA; Specialty; QL |
| *Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG | Exclusion | PA; Specialty; QL |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> | Tier 1 | PA; Specialty; QL |
| *Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis | | |
| COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS | Exclusion | PA; Specialty; QL |
| COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS | Tier 2 | PA; Specialty; QL |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i> | Tier 1 | PA; Specialty; QL |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML | Tier 1 | PA; Specialty; QL |
| *N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease | | |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i> | Tier 1 | |
| <i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i> | Tier 1 | |
| <i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i> | Tier 1 | |
| NAMENDA ORAL TABLET 10 MG, 5 MG | Exclusion | |
| NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG | Exclusion | |
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG | Exclusion | |
| *Phenothiazines & Tricyclic Agents*** - Drugs For Depression | | |
| <i>perphenazine-amitriptyline tablet 2-10 mg oral</i> | Tier 3 | |
| <i>perphenazine-amitriptyline tablet 2-25 mg oral</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|----------------------|
| <i>perphenazine-amitriptyline tablet 4-10 mg oral</i> | Tier 3 | |
| <i>perphenazine-amitriptyline tablet 4-25 mg oral</i> | Tier 3 | |
| <i>perphenazine-amitriptyline tablet 4-50 mg oral</i> | Tier 3 | |
| *Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i> | Exclusion | Drug Not Covered; QL |
| GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG | Exclusion | Drug Not Covered; QL |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG | Exclusion | QL |
| <i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i> | Exclusion | QL |
| *Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs*** - Drugs For Depression | | |
| <i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i> | Exclusion | Drug Not Covered |
| SARAFEM ORAL TABLET 10 MG, 20 MG | Exclusion | Drug Not Covered |
| *Pseudobulbar Affect Agent Combinations*** - Drugs For Severe Mental Disorders | | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | Tier 2 | PA; QL |
| *Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders | | |
| <i>ergoloid mesylates oral tablet 1 mg</i> | Exclusion | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| *Restless Leg Syndrome (RLS) Agents*** - Drugs For The Nervous System | | |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG | Exclusion | Drug Not Covered; QL |

| Drug | Tier | Notes |
|---|-----------|-------------------|
| *Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*** - Drugs For The Nervous System | | |
| ADDYI ORAL TABLET 100 MG | Tier 3 | PA |
| *Small Interfering Ribonucleic Acid (Sirna) Agents*** - Drugs For The Nervous System | | |
| AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | Exclusion | PA; Specialty; QL |
| *Smoking Deterrents*** - Drugs For Depression | | |
| <i>apo-varenicline oral tablet 0.5 mg, 1 mg</i> | Tier 1 | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | Tier 1 | |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG | Exclusion | |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | Exclusion | |
| CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 | Tier 2 | |
| <i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>cvs nicotine mouth/throat lozenge 2 mg</i> | Tier 1 | |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | Tier 1 | |
| <i>eq nicotine mouth/throat gum 4 mg</i> | Tier 1 | |
| <i>eq nicotine mouth/throat lozenge 4 mg</i> | Tier 1 | |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i> | Tier 1 | |
| <i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>ft nicotine mouth/throat lozenge 2 mg</i> | Tier 1 | |
| <i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | Tier 1 | |
| <i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR | Tier 1 | |
| <i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | Tier 1 | |
| KLS QUIT2 MOUTH/THROAT GUM 2 MG | Tier 1 | |
| KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG | Tier 1 | |
| KLS QUIT4 MOUTH/THROAT GUM 4 MG | Tier 1 | |
| KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG | Tier 1 | |
| <i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i> | Tier 1 | |
| <i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| <i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i> | Tier 1 | |
| <i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i> | Tier 1 | |
| <i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i> | Tier 1 | |
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | Tier 1 | |
| NICOTROL INHALATION INHALER 10 MG | Tier 2 | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | Tier 2 | |
| <i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i> | Tier 1 | |
| <i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>ra nicotine mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i> | Tier 1 | |
| <i>sm nicotine mouth/throat gum 4 mg</i> | Tier 1 | |
| <i>sm nicotine mouth/throat lozenge 2 mg</i> | Tier 1 | |
| <i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | Tier 1 | |
| <i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | Tier 1 | |
| <i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | Tier 1 | |
| THRIVE MOUTH/THROAT GUM 2 MG | Tier 1 | |
| <i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i> | Tier 1 | |
| <i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i> | Tier 2 | |
| <i>varenicline tartrate tablet 0.5 mg oral</i> | Tier 1 | |
| <i>varenicline tartrate tablet 0.5 mg oral</i> | Tier 2 | |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| <i>varenicline tartrate tablet 1 mg oral</i> | Tier 1 | |
| <i>varenicline tartrate tablet 1 mg oral</i> | Tier 2 | |
| <i>varenicline tartrate(continue) oral tablet 1 mg</i> | Tier 1 | |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis | | |
| <i> fingolimod hcl oral capsule 0.5 mg</i> | Tier 1 | PA; Specialty; QL |
| GILENYA ORAL CAPSULE 0.5 MG | Exclusion | PA; Specialty; QL |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | Tier 2 | PA; Specialty; QL |
| MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL | Tier 2 | PA; Specialty; QL |
| MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL | Tier 2 | PA; Specialty |
| PONVORY ORAL TABLET 20 MG | Exclusion | PA; Specialty; QL |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG | Exclusion | PA; Specialty; QL |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG | Exclusion | PA; Specialty; QL |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG | Tier 2 | PA; Specialty |
| ZEPOSIA ORAL CAPSULE 0.92 MG | Tier 2 | PA; Specialty; QL |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG, 0.23MG & 0.46MG 0.92MG(21) | Tier 2 | PA; Specialty; QL |
| *Thienbenzodiazepines & Opioid Antagonists*** - Drugs For Severe Mental Disorders | | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | Exclusion | |
| *Thienbenzodiazepines & Ssrís*** - Drugs For Severe Mental Disorders | | |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> | Tier 1 | |
| SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|---------------|
| *Vasomotor Symptom Agents - SsrIs*** - Drugs For The Nervous System | | |
| BRISDELLE ORAL CAPSULE 7.5 MG | Exclusion | |
| paroxetine mesylate oral capsule 7.5 mg | Tier 1 | |
| *Respiratory Agents - Misc.* - Drugs For The Lungs | | |
| *Alpha-Proteinase Inhibitor (Human)*** - Drugs For Asthma/Copd | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | Exclusion | PA; Specialty |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML | Tier 3 | PA; Specialty |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML | Tier 2 | PA; Specialty |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | Tier 2 | PA; Specialty |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG | Exclusion | PA; Specialty |
| *Cftr Potentiators*** - Drugs For Cystic Fibrosis | | |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | Tier 2 | PA; Specialty |
| KALYDECO ORAL TABLET 150 MG | Tier 2 | PA; Specialty |
| *Cystic Fibrosis Agent - Combinations*** - Drugs For Cystic Fibrosis | | |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG | Tier 3 | PA; Specialty |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | Tier 3 | PA; Specialty |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | Tier 2 | PA; Specialty |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | Tier 2 | PA; Specialty |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG | Tier 2 | PA; Specialty |

| Drug | Tier | Notes |
|--|-----------|-------------------|
| *Cystic Fibrosis Agents - Miscellaneous*** - Drugs For Cystic Fibrosis | | |
| BRONCHITOL INHALATION CAPSULE 40 MG | Tier 3 | PA; Specialty; QL |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG | Tier 3 | PA; Specialty; QL |
| *Hydrolytic Enzymes*** - Drugs For The Lungs | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | Tier 2 | PA; Specialty; QL |
| *Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | Tier 3 | PA; Specialty; QL |
| *Pulmonary Fibrosis Agents*** - Drugs For The Lungs | | |
| ESBRIET ORAL CAPSULE 267 MG | Exclusion | PA; Specialty; QL |
| ESBRIET ORAL TABLET 267 MG, 801 MG | Exclusion | PA; Specialty; QL |
| <i>pirfenidone oral capsule 267 mg</i> | Tier 1 | PA; Specialty; QL |
| <i>pirfenidone tablet 267 mg oral</i> | Tier 1 | PA; Specialty; QL |
| <i>pirfenidone tablet 534 mg oral</i> | Tier 3 | PA; Specialty; QL |
| <i>pirfenidone tablet 801 mg oral</i> | Tier 1 | PA; Specialty; QL |
| *Sulfonamides* - Drugs For Infections | | |
| *Sulfonamides*** - Antibiotics | | |
| <i>sulfadiazine oral tablet 500 mg</i> | Tier 1 | |
| *Tetracyclines* - Drugs For Infections | | |
| *Aminomethylcyclines*** - Antibiotics | | |
| NUZYRA ORAL TABLET 150 MG | Tier 3 | QL |
| *Tetracyclines*** - Antibiotics | | |
| ACTICLATE ORAL TABLET 150 MG, 75 MG | Exclusion | Drug Not Covered |
| <i>avidoxy oral tablet 100 mg</i> | Exclusion | Drug Not Covered |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG | Exclusion | Drug Not Covered |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG | Exclusion | Drug Not Covered |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | Tier 1 | |
| <i>doxycycline hyclate tablet 100 mg oral</i> | Tier 1 | |
| <i>doxycycline hyclate tablet 150 mg oral</i> | Exclusion | Drug Not Covered |
| <i>doxycycline hyclate tablet 20 mg oral</i> | Tier 1 | |
| <i>doxycycline hyclate tablet 50 mg oral</i> | Tier 1 | |
| <i>doxycycline hyclate tablet 75 mg oral</i> | Exclusion | Drug Not Covered |
| <i>doxycycline hyclate tablet delayed release 100 mg oral</i> | Tier 1 | |
| <i>doxycycline hyclate tablet delayed release 150 mg oral</i> | Tier 1 | |
| <i>doxycycline hyclate tablet delayed release 200 mg oral</i> | Exclusion | Drug Not Covered |
| <i>doxycycline hyclate tablet delayed release 50 mg oral</i> | Exclusion | Drug Not Covered |
| <i>doxycycline hyclate tablet delayed release 75 mg oral</i> | Tier 1 | |
| <i>doxycycline hyclate tablet delayed release 80 mg oral</i> | Exclusion | Drug Not Covered |
| <i>doxycycline monohydrate capsule 100 mg oral</i> | Tier 1 | |
| <i>doxycycline monohydrate capsule 150 mg oral</i> | Tier 1 | |
| <i>doxycycline monohydrate capsule 50 mg oral</i> | Tier 1 | |
| <i>doxycycline monohydrate capsule 75 mg oral</i> | Exclusion | Drug Not Covered |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i> | Tier 1 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | Tier 1 | |
| LYMEPAK ORAL TABLET 100 MG | Tier 1 | |
| <i>minocycline hcl er (biphasic) oral tablet extended release 24 hour 105 mg, 135 mg</i> | Exclusion | Drug Not Covered |
| <i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i> | Exclusion | Drug Not Covered |
| <i>minocycline hcl er tablet extended release 24 hour 105 mg oral</i> | Exclusion | |

| Drug | Tier | Notes |
|--|-------------|------------------|
| <i>minocycline hcl er tablet extended release 24 hour 115 mg oral</i> | Tier 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 135 mg oral</i> | Exclusion | |
| <i>minocycline hcl er tablet extended release 24 hour 45 mg oral</i> | Tier 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 55 mg oral</i> | Tier 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 65 mg oral</i> | Tier 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 80 mg oral</i> | Tier 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 90 mg oral</i> | Tier 1 | |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG | Exclusion | Drug Not Covered |
| MONDOXYNE NL CAPSULE 100 MG ORAL | Tier 1 | |
| MONDOXYNE NL CAPSULE 75 MG ORAL | Exclusion | Drug Not Covered |
| MORGIDOX ORAL CAPSULE 100 MG | Exclusion | Drug Not Covered |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG | Exclusion | QL |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | Exclusion | |
| TARGADOX ORAL TABLET 50 MG | Tier 1 | |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>tetracycline hcl oral tablet 250 mg, 500 mg</i> | Exclusion | Drug Not Covered |
| VIBRAMYCIN ORAL CAPSULE 100 MG | Exclusion | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML | Exclusion | |
| VIBRAMYCIN ORAL SYRUP 50 MG/5ML | Exclusion | |
| XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Thyroid Agents* - Hormones | | |
| *Antithyroid Agents - Radiopharmaceuticals*** - Drugs For Thyroid | | |
| <i>sodium iodide i-131 oral solution 1000 mcil/ml</i> | Exclusion | |
| *Antithyroid Agents*** - Drugs For Thyroid | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 1 | |
| TAPAZOLE ORAL TABLET 10 MG | Exclusion | |
| *Thyroid Hormones*** - Drugs For Thyroid | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | Tier 3 | |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG | Exclusion | |
| ERMEZA ORAL SOLUTION 150 MCG/5ML | Tier 3 | |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | |
| <i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 3 | |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i> | Tier 1 | |
| <i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Tier 3 | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | Tier 1 | |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 2 | |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML | Exclusion | Drug Not Covered |
| <i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Tier 3 | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG | Tier 3 | |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 | |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | |

***Toxoids* - Biological Agents**

Toxoid Combinations - Vaccines**

| | | |
|--|--------|--|
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | Tier 2 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | Tier 2 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | Tier 2 | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | Tier 2 | |
| <i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i> | Tier 2 | |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | Tier 2 | |
| KINRIX INTRAMUSCULAR SUSPENSION | Tier 2 | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |

| Drug | Tier | Notes |
|---|--------|-------|
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 2 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION | Tier 2 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | Tier 2 | |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU | Tier 2 | |
| VAXELIS INTRAMUSCULAR SUSPENSION | Tier 2 | |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | |

***Ulcer**

Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach

Anticholinergic Combinations - Drugs For Stomach Cramps**

| | | |
|---|-----------|------------------|
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i> | Tier 3 | |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> | Exclusion | |
| DONNATAL ELIXIR 16.2 MG/5ML ORAL | Exclusion | |
| DONNATAL ELIXIR 16.2 MG/5ML ORAL | Tier 3 | |
| DONNATAL ORAL TABLET 16.2 MG | Tier 3 | |
| LIBRAX ORAL CAPSULE 5-2.5 MG | Exclusion | Drug Not Covered |
| <i>phenobarbital-belladonna alk oral elixir 16.2 mg/5ml</i> | Tier 1 | |
| <i>phenobarbital-belladonna alk oral tablet 16.2 mg</i> | Tier 1 | |
| PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML | Tier 1 | |
| PHENOHYTRO ORAL TABLET 16.2 MG | Tier 1 | |

Antispasmodics - Drugs For Stomach Cramps**

| | | |
|--|--------|--|
| <i>dicyclomine hcl oral capsule 10 mg</i> | Tier 1 | |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i> | Tier 1 | |
| <i>dicyclomine hcl oral tablet 20 mg</i> | Tier 1 | |

| Drug | Tier | Notes |
|---|-----------|-------|
| *Belladonna Alkaloids*** - Drugs For Stomach Cramps | | |
| ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG | Tier 3 | |
| <i>ed-spaz oral tablet dispersible 0.125 mg</i> | Tier 1 | |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i> | Tier 1 | |
| <i>hyoscyamine sulfate injection solution 0.5 mg/ml</i> | Tier 1 | |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i> | Tier 1 | |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i> | Tier 1 | |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> | Tier 1 | |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i> | Tier 1 | |
| <i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i> | Tier 1 | |
| <i>hyosyne oral elixir 0.125 mg/5ml</i> | Tier 1 | |
| <i>hyosyne oral solution 0.125 mg/ml</i> | Tier 1 | |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG | Tier 3 | |
| LEVSIN INJECTION SOLUTION 0.5 MG/ML | Tier 3 | |
| LEVSIN ORAL TABLET 0.125 MG | Tier 3 | |
| LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG | Tier 3 | |
| NULEV ORAL TABLET DISPERSIBLE 0.125 MG | Tier 1 | |
| <i>oscimin oral tablet 0.125 mg</i> | Tier 1 | |
| <i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i> | Tier 1 | |
| <i>oscimin sublingual tablet sublingual 0.125 mg</i> | Tier 1 | |
| SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG | Exclusion | |
| SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG | Exclusion | |
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG | Exclusion | |
| *H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid | | |
| <i>cimetidine hcl solution 300 mg/5ml oral</i> | Tier 2 | |

| Drug | Tier | Notes |
|--|-----------|----------------------|
| <i>cimetidine hcl solution 300 mg/5ml oral</i> | Tier 1 | |
| <i>cimetidine hcl solution 400 mg/6.67ml oral</i> | Tier 1 | |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> | Tier 1 | |
| <i>famotidine (pf) intravenous solution 20 mg/2ml</i> | Tier 1 | |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i> | Tier 1 | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | Tier 1 | |
| <i>nizatidine capsule 150 mg oral</i> | Tier 1 | |
| <i>nizatidine capsule 300 mg oral</i> | Tier 1 | |
| <i>nizatidine capsule 300 mg oral</i> | Tier 3 | |
| <i>nizatidine oral solution 15 mg/ml</i> | Tier 1 | |
| PEPCID ORAL TABLET 20 MG, 40 MG | Exclusion | |
| *Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid | | |
| CARAFATE ORAL SUSPENSION 1 GM/10ML | Exclusion | |
| CARAFATE ORAL TABLET 1 GM | Exclusion | |
| <i>sucralfate oral suspension 1 gm/10ml</i> | Tier 1 | |
| <i>sucralfate oral tablet 1 gm</i> | Tier 1 | |
| *Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** - Drugs For Ulcers And Stomach Acid | | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | Tier 3 | PA |
| *Proton Pump Inhibitor-Antacid Combinations*** - Drugs For Ulcers And Stomach Acid | | |
| KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML | Exclusion | Drug Not Covered |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i> | Exclusion | Drug Not Covered; QL |
| <i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i> | Exclusion | Drug Not Covered |
| ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG | Exclusion | Drug Not Covered; QL |
| ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG | Exclusion | Drug Not Covered |

| Drug | Tier | Notes |
|--|-----------|-------|
| *Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid | | |
| ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG | Exclusion | QL |
| ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG | Tier 3 | QL |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG | Exclusion | QL |
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i> | Tier 1 | QL |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i> | Tier 1 | QL |
| <i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i> | Tier 1 | QL |
| <i>esomeprazole strontium oral capsule delayed release 49.3 mg</i> | Tier 3 | QL |
| FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML | Tier 3 | |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML | Tier 3 | |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML | Tier 1 | |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i> | Tier 1 | QL |
| <i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i> | Tier 1 | QL |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG | Exclusion | QL |
| NEXIUM PACKET 10 MG ORAL | Exclusion | QL |
| NEXIUM PACKET 2.5 MG ORAL | Tier 2 | QL |
| NEXIUM PACKET 20 MG ORAL | Exclusion | QL |
| NEXIUM PACKET 40 MG ORAL | Exclusion | QL |
| NEXIUM PACKET 5 MG ORAL | Tier 2 | QL |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | Tier 1 | QL |
| <i>pantoprazole sodium oral packet 40 mg</i> | Tier 1 | |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i> | Tier 1 | QL |
| PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG, 30 MG | Exclusion | QL |

| Drug | Tier | Notes |
|---|-----------|------------------|
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG | Exclusion | QL |
| PRILOSEC ORAL PACKET 10 MG, 2.5 MG | Tier 3 | |
| PROTONIX ORAL PACKET 40 MG | Exclusion | |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG | Exclusion | QL |
| <i>rabeprazole sodium oral capsule sprinkle 10 mg</i> | Tier 3 | QL |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i> | Tier 1 | QL |
| *Quaternary Anticholinergics*** - Drugs For Stomach Cramps | | |
| CUVPOSA ORAL SOLUTION 1 MG/5ML | Exclusion | |
| DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG | Exclusion | Drug Not Covered |
| GLYCATE ORAL TABLET 1.5 MG | Tier 3 | |
| <i>glycopyrrolate oral solution 1 mg/5ml</i> | Tier 1 | |
| <i>glycopyrrolate tablet 1 mg oral</i> | Tier 1 | |
| <i>glycopyrrolate tablet 1.5 mg oral</i> | Tier 1 | |
| <i>glycopyrrolate tablet 1.5 mg oral</i> | Tier 3 | |
| <i>glycopyrrolate tablet 2 mg oral</i> | Tier 1 | |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i> | Tier 1 | |
| ROBINUL ORAL TABLET 1 MG | Exclusion | |
| ROBINUL-FORTE ORAL TABLET 2 MG | Exclusion | |
| *Ulcer Anti-Infective W/ Bismuth Combinations*** - Drugs For Ulcers And Stomach Acid | | |
| <i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i> | Exclusion | |
| <i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i> | Tier 1 | |
| <i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i> | Tier 1 | |
| HELIDAC THERAPY ORAL | Exclusion | |
| PYLERA ORAL CAPSULE 140-125-125 MG | Exclusion | |

| Drug | Tier | Notes |
|---|-----------|------------------|
| *Ulcer Anti-Infective W/ Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid | | |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i> | Tier 1 | |
| OMECLAMOX-PAK ORAL 500-500-20 MG | Exclusion | |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG | Tier 2 | QL |
| *Ulcer Anti-Infective-Pcab Combinations*** - Drugs For The Stomach | | |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG | Exclusion | |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG | Exclusion | |
| *Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid | | |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG | Exclusion | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | Tier 1 | |
| *Urinary Antispasmodics* - Drugs For The Urinary System | | |
| *Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder | | |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | Exclusion | |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG | Exclusion | |
| DETROL ORAL TABLET 1 MG, 2 MG | Exclusion | |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG | Exclusion | |
| ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG | Exclusion | |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i> | Tier 1 | |
| GELNIQUE TRANSDERMAL GEL 10 % | Exclusion | Drug Not Covered |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | Tier 1 | |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i> | Tier 1 | |

| Drug | Tier | Notes |
|--|-----------|-------|
| <i>oxybutynin chloride tablet 2.5 mg oral</i> | Exclusion | |
| <i>oxybutynin chloride tablet 5 mg oral</i> | Tier 1 | |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR | Tier 3 | |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> | Tier 1 | |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | Exclusion | |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i> | Tier 1 | |
| <i>trospium chloride oral tablet 20 mg</i> | Tier 1 | |
| VESICARE LS ORAL SUSPENSION 5 MG/5ML | Exclusion | |
| VESICARE ORAL TABLET 10 MG, 5 MG | Exclusion | |
| *Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder | | |
| GEMTESA ORAL TABLET 75 MG | Tier 3 | |
| <i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i> | Tier 1 | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | Tier 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | Tier 2 | |
| *Urinary Antispasmodics - Cholinergic Agonists*** - Drugs For The Bladder | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | |
| *Urinary Antispasmodics - Direct Muscle Relaxants*** - Drugs For The Bladder | | |
| <i>flavoxate hcl oral tablet 100 mg</i> | Exclusion | |
| *Vaccines* - Biological Agents | | |
| *Bacterial Vaccines*** - Vaccines | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 2 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>bcg vaccine injection solution reconstituted 50 mg</i> | Tier 3 | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | |
| BIOTHRAX INTRAMUSCULAR SUSPENSION | Tier 3 | |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | Tier 2 | |
| MENACTRA INTRAMUSCULAR SOLUTION | Tier 2 | |
| MENQUADFI INTRAMUSCULAR SOLUTION | Tier 2 | |
| MENVEO INTRAMUSCULAR SOLUTION | Tier 2 | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 2 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | Tier 2 | |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 2 | |
| PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML | Tier 2 | |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION | Tier 2 | |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | |
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| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | Tier 3 | |
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| Drug | Tier | Notes |
|---|-------------|--------------|
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| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | Tier 2 | |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML | Tier 2 | |
| COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR | Tier 2 | |
| COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR | Tier 3 | |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 3 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | Tier 2 | |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | Tier 2 | |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | Tier 2 | |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| FLUMIST QUADRIVALENT NASAL SUSPENSION | Tier 2 | |
| FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML | Tier 2 | |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION | Tier 2 | |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | Tier 2 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | Tier 2 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | Tier 2 | |
| IPOL INJECTION INJECTABLE | Tier 2 | |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 3 | |
| IXIARO INTRAMUSCULAR SUSPENSION | Tier 3 | |
| <i>janssen covid-19 vaccine intramuscular suspension 0.5 ml</i> | Tier 3 | |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | Tier 2 | |
| <i>moderna covid-19 bival 6m-5y intramuscular suspension 10 mcg/0.2ml</i> | Tier 3 | |
| <i>moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml</i> | Tier 3 | |

| Drug | Tier | Notes |
|---|-------------|--------------|
| <i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i> | Tier 3 | |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML | Tier 2 | |
| <i>moderna covid-19 vacc 6-11y intramuscular suspension 50 mcg/0.5ml</i> | Tier 3 | |
| <i>moderna covid-19 vacc 6m-5y intramuscular suspension 25 mcg/0.25ml</i> | Tier 3 | |
| <i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i> | Tier 3 | |
| <i>novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular</i> | Tier 2 | |
| <i>novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular</i> | Tier 3 | |
| <i>pfizer covid-19 bival 6mo-4yr intramuscular suspension 3 mcg/0.2ml</i> | Tier 3 | |
| <i>pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml</i> | Tier 3 | |
| <i>pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml</i> | Tier 3 | |
| <i>pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular</i> | Tier 3 | |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR | Tier 2 | |
| <i>pfizer covid-19 vac-tris 6m-4y suspension 3 mcg/0.2ml intramuscular</i> | Tier 3 | |
| <i>pfizer covid-19 vac-tris 6m-4y suspension 3 mcg/0.3ml intramuscular</i> | Tier 2 | |
| <i>pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml</i> | Tier 3 | |
| <i>pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml</i> | Tier 3 | |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML | Tier 2 | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 2 | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | Tier 2 | |

| Drug | Tier | Notes |
|--|--------|-------|
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | Tier 2 | |
| ROTARIX ORAL SUSPENSION | Tier 2 | |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | Tier 2 | |
| ROTATEQ ORAL SOLUTION | Tier 2 | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | Tier 2 | |
| SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML | Tier 3 | |
| SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML | Tier 2 | |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | Tier 2 | |
| <i>stamaril injection suspension reconstituted</i> | Tier 3 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML | Tier 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | Tier 2 | |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML | Tier 2 | |
| YF-VAX SUBCUTANEOUS INJECTABLE | Tier 3 | |
| *Vaginal And Related Products* - Drugs For Women | | |
| <i>*Imidazole-Related Antifungals*** - Drugs For Infections</i> | | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | Tier 3 | |
| <i>miconazole 3 vaginal suppository 200 mg</i> | Tier 3 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | Tier 1 | |
| <i>terconazole vaginal suppository 80 mg</i> | Tier 1 | |
| <i>*Miscellaneous Vaginal Products*** - Drugs For Women</i> | | |
| INTRAROSA VAGINAL INSERT 6.5 MG | Tier 3 | |
| <i>*Spermicides*** - Birth Control Pills</i> | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG | Tier 2 | |

| Drug | Tier | Notes |
|--|-------------|--------------|
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % | Tier 2 | |
| SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % | Tier 2 | |
| TODAY SPONGE VAGINAL 1000 MG | Tier 2 | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % | Tier 2 | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % | Tier 2 | |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % | Tier 3 | |
| *Vaginal Anti-Infectives*** - Drugs For Infections | | |
| CLEOCIN VAGINAL CREAM 2 % | Exclusion | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | Exclusion | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | Tier 1 | |
| CLINDESSE VAGINAL CREAM 2 % | Tier 3 | |
| <i>metronidazole vaginal gel 0.75 %</i> | Tier 1 | |
| NUVESSA VAGINAL GEL 1.3 % | Tier 3 | |
| VANDAZOLE VAGINAL GEL 0.75 % | Tier 1 | |
| XACIATO VAGINAL GEL 2 % | Exclusion | |
| *Vaginal Contraceptive Ph Modulator - Combinations*** - Drugs For Women | | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | Tier 3 | |
| *Vaginal Estrogens*** - Drugs For Women | | |
| ESTRACE VAGINAL CREAM 0.1 MG/GM | Exclusion | |
| <i>estradiol vaginal cream 0.1 mg/gm</i> | Tier 1 | |
| <i>estradiol vaginal tablet 10 mcg</i> | Tier 1 | |
| ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR | Tier 2 | |
| FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR | Exclusion | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | Exclusion | |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|-------|
| PREMARIN VAGINAL CREAM 0.625 MG/GM | Tier 2 | |
| VAGIFEM VAGINAL TABLET 10 MCG | Exclusion | |
| YUVAFEM VAGINAL TABLET 10 MCG | Tier 1 | |
| *Vaginal Progestins*** - Drugs For Women | | |
| CRINONE GEL 4 % VAGINAL | Exclusion | |
| CRINONE GEL 8 % VAGINAL | Exclusion | PA |
| ENDOMETRIN VAGINAL INSERT 100 MG | Tier 2 | PA |
| FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG | Tier 3 | |
| *Vasopressors* - Drugs For The Heart | | |
| *Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction | | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML | Tier 3 | |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML | Tier 2 | |
| <i>epinephrine (anaphylaxis) solution 1 mg/ml injection</i> | Exclusion | |
| <i>epinephrine (anaphylaxis) solution 30 mg/30ml injection</i> | Tier 1 | |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i> | Exclusion | |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i> | Tier 1 | |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i> | Exclusion | |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i> | Tier 1 | |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML | Exclusion | |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML | Exclusion | |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML | Exclusion | |

| Drug | Tier | Notes |
|--|-----------|---------------|
| *Neurogenic Orthostatic Hypotension (Noh) - Agents*** - Drugs For Serious Allergic Reaction | | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 1 | PA; Specialty |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | Exclusion | PA; Specialty |
| *Vasopressors*** - Drugs For Serious Allergic Reaction | | |
| <i>epinephrine pf injection solution 1 mg/ml</i> | Tier 3 | |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i> | Tier 1 | |
| <i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i> | Tier 3 | |
| VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML | Tier 3 | |
| *Vitamins* - Drugs For Nutrition | | |
| *Paba*** - Drugs For Nutrition | | |
| POTABA ORAL CAPSULE 500 MG | Exclusion | |
| *Vitamin C*** - Drugs For Nutrition | | |
| <i>ascorbic acid injection solution 500 mg/ml</i> | Exclusion | |
| *Vitamin D*** - Drugs For Nutrition | | |
| DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) | Exclusion | |
| <i>ergocal oral capsule 62.5 mcg (2500 ut)</i> | Exclusion | |
| <i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i> | Tier 1 | |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i> | Tier 1 | |
| *Vitamin E*** - Drugs For Nutrition | | |
| <i>wheat germ oil oral oil</i> | Exclusion | |
| *Vitamin K*** - Drugs For Nutrition | | |
| MEPHYTON ORAL TABLET 5 MG | Exclusion | |
| <i>phytonadione oral tablet 5 mg</i> | Tier 1 | |

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lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

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