

State of Oklahoma

DRUG FORMULARY

January 1 - December 31, 2027

This document contains a list of covered drugs for the GlobalHealth State of Oklahoma Employees and Educators plan. The Drug Formulary was updated on 9/24/2026. For more recent information or other questions, please contact GlobalHealth Customer Care.

1-877-280-5600

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

www.GlobalHealth.com



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MDF27

TABLE OF CONTENTS

Table of Contents	1
Important Information	2
Member Materials	2
Preferred Drugs	3
Exception Requests	3
Helpful Numbers	5
Preventive Care Index	6
Therapeutic Class Index	6
Key	6
Alphabetical Listing Index	8
Notice Of Privacy Practices	183
How GlobalHealth May Use or Disclose Your Health Information	183
Your Health Information Rights	186

IMPORTANT INFORMATION

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

Member Materials

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

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

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

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

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

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

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

Preferred Drugs

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

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

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

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

EXCEPTION REQUESTS

Call 1-800-424-1789 to ask for an exception.

Others that may help with this process include.

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

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

Exception Type	Process
	○ Would have harmful side effects. You should contact us to find out how to ask for an exception. Your doctor will need to send us information. We make a decision within 72 hours if we have the required information. • If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an External Review. They will send you their decision within 72 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover your drug during an External Review.
Expedited Exception	You may ask for a fast exceptions process when: • You are suffering from a health condition that may risk your life, health, or ability to regain maximum function; or • You are already using a non-formulary drug. We will tell you our decision within 24 hours after you ask us for a review if we have enough information. • If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an External Review. They will send you their decision within 24 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover the drug during an External Review.

HELPFUL NUMBERS

Plan Issuer:

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

GlobalHealth Customer Care and Language Assistance:

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

Appeals and Grievances:

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

Hearing Aid Benefits:

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

24/7 Nurse Help Line:

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

24/7 GlobalHealth Compliance Recorded Hotline:

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

Behavioral Health/Telehealth:

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

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

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

Pharmacy Benefits Manager:

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

Prior Authorizations:
1-800-424-1789 (toll-free)

Mail Claims to:
MedImpact – DMR
10181 Scripps Gateway Ct.
San Diego, CA 92131

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

Prescription Drug Appeals:
MedImpact
Attn: Clinical Services
10181 Scripps Gateway Ct.
San Diego, CA 92131

Mail Order Pharmacy:

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

Have your Member ID card with you when you call.

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

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

PREVENTIVE CARE INDEX

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

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

Immunizations

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

THERAPEUTIC CLASS INDEX

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

Key

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

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

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

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

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

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

QLL: Quantity Limit. For certain drugs, GlobalHealth limits the amount of the drug that

we will cover.

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

List of Abbreviations

Tier 1: Generic Drug

Tier 2: Preferred Brand

Tier 3: Non-Preferred Drug

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

Tier 4 (SP Preferred): Specialty Preferred

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Drug Name	Drug Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 3	ST; TRIAL OF CLONIDINE 0.1 MG ER IN THE PAST 120 DAYS; QL (120 ML per 30 days)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (30 EA per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER, GUANFACINE ER, METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE; QL (90 EA per 30 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral</i>	Tier 1	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Notes
<i>dextroamphetamine sulfate tablet 7.5 mg oral</i>	Tier 1	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL (1800 ML per 30 days)
*Analeptics***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	Tier 1	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA; QL (30 EA per 30 days)
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Stimulant Combinations***		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	QL (30 EA per 30 days)
<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 (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	Tier 1	QL (180 EA per 30 days)
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Tier 1	ST; TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETA MINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (180 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 2	PA; QL (30 EA per 30 days)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 2	PA; QL (30 EA per 30 days)
*Mixed Allergenic Extracts***		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 2	PA; QL (30 EA per 30 days)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 2	PA; QL (30 EA per 30 days)
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (252 ML per 30 days)
HUMATIN ORAL CAPSULE 250 MG	Tier 2	PA
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (224 EA per 28 days)
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (224 ML per 28 days)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (280 ML per 28 days)

Drug Name	Drug Tier	Notes
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 4 (SP Preferred)	PA; Specialty
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
<i>tofacitinib citrate oral solution 1 mg/ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (300 ML per 30 days)
<i>tofacitinib citrate oral tablet 10 mg, 5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Antirheumatic Antimetabolites***		
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.8 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	Tier 2	QL (1 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	Tier 2	QL (1.2 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	Tier 2	QL (1.4 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	Tier 2	QL (1.6 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	Tier 2	QL (1.8 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	Tier 2	QL (2 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	Tier 2	QL (2.4 ML per 28 days)
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	Tier 2	QL (0.6 ML per 28 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Tier 4 (SP Preferred)	PA; Specialty
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
VYSCOXIA ORAL SUSPENSION 10 MG/ML	Tier 3	PA; QL (1200 ML per 30 days)
*Gold Compounds***		
<i>auranofin oral capsule 3 mg</i>	Tier 3	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Interleukin-1Beta Blockers***		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Interleukin-6 Receptor Inhibitors***		
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.28 ML per 28 days)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4 (SP Preferred)	PA; Specialty
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)s***		
<i>diclofenac potassium oral tablet 25 mg, 50 mg</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	

Drug Name	Drug Tier	Notes
<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	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>ketoprofen capsule 25 mg oral</i>	Tier 1	
<i>ketoprofen capsule 50 mg oral</i>	Tier 3	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Tier 1	
<i>ketorolac tromethamine + rfid injection solution 30 mg/ml</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 oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
LOFENA ORAL TABLET 25 MG	Tier 1	
LURBIRO ORAL TABLET 100 MG	Tier 3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
TOLECTIN DS ORAL CAPSULE 400 MG	Tier 3	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 3	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	Tier 3	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (55 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (41 EA per 28 days)

Drug Name	Drug Tier	Notes
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1.6 ML per 28 days)
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.8 ML per 28 days)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
Analgesics - Nonnarcotic		
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA; QL (29 EA per 14 days)
*Analgesics-Sedatives***		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
*Salicylates***		
<i>aspirin 81 oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin childrens oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA

Drug Name	Drug Tier	Notes
<i>aspirin low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Tier 1	ACA
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	ACA
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
<i>childrens aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>kp aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>mm aspirin oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	ACA
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	Tier 1	ACA
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	Tier 1	ACA
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	ACA
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA

Drug Name	Drug Tier	Notes
Analgesics - Opioid		
*Codeine Combinations***		
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	
acetaminophen-codeine solution 120-12 mg/5ml oral	Tier 1	QL (150 ML per 1 day)
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 1	QL (150 ML per 1 day)
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 3	QL (150 ML per 1 day)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Tier 1	
*Hydrocodone Combinations***		
hydrocodone-acetaminophen solution 10-300 mg/15ml oral	Tier 3	QL (6000 ML per 30 days)
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	Tier 1	QL (5520 ML per 30 days)
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	Tier 1	QL (5520 ML per 30 days)
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	Tier 1	QL (5520 ML per 30 days)
hydrocodone-acetaminophen tablet 10-300 mg oral	Tier 1	QL (390 EA per 30 days)
hydrocodone-acetaminophen tablet 10-325 mg oral	Tier 1	QL (360 EA per 30 days)
hydrocodone-acetaminophen tablet 2.5-325 mg oral	Tier 3	
hydrocodone-acetaminophen tablet 5-300 mg oral	Tier 1	QL (390 EA per 30 days)
hydrocodone-acetaminophen tablet 5-325 mg oral	Tier 1	QL (360 EA per 30 days)
hydrocodone-acetaminophen tablet 7.5-300 mg oral	Tier 1	QL (390 EA per 30 days)
hydrocodone-acetaminophen tablet 7.5-325 mg oral	Tier 1	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
*Opioid Agonists***		
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
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	Tier 1	PA
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	QL (60 EA per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
hydromorphone hcl er tablet extended release 24 hour 12 mg oral	Tier 1	PA; QL (30 EA per 30 days)
hydromorphone hcl er tablet extended release 24 hour 16 mg oral	Tier 1	PA; QL (30 EA per 30 days)
hydromorphone hcl er tablet extended release 24 hour 32 mg oral	Tier 1	PA; QL (60 EA per 30 days)
hydromorphone hcl er tablet extended release 24 hour 8 mg oral	Tier 1	PA; QL (30 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	Tier 1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	

Drug Name	Drug Tier	Notes
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>methadone hcl oral tablet soluble 40 mg</i>	Tier 1	
<i>methadone hcl solution 10 mg/5ml oral</i>	Tier 1	
<i>methadone hcl solution 5 mg/5ml oral</i>	Tier 1	QL (1200 ML per 30 days)
<i>methadone hcl tablet 10 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>methadone hcl tablet 5 mg oral</i>	Tier 1	QL (240 EA per 30 days)
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	PA
<i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	QL (60 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	PA
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	
<i>oxycodone hcl tablet 10 mg oral</i>	Tier 1	
<i>oxycodone hcl tablet 10 mg oral</i>	Tier 2	
<i>oxycodone hcl tablet 15 mg oral</i>	Tier 2	
<i>oxycodone hcl tablet 15 mg oral</i>	Tier 1	
<i>oxycodone hcl tablet 20 mg oral</i>	Tier 1	
<i>oxycodone hcl tablet 20 mg oral</i>	Tier 2	
<i>oxycodone hcl tablet 30 mg oral</i>	Tier 2	
<i>oxycodone hcl tablet 30 mg oral</i>	Tier 1	
<i>oxycodone hcl tablet 5 mg oral</i>	Tier 2	
<i>oxycodone hcl tablet 5 mg oral</i>	Tier 1	
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	Tier 2	QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	Tier 2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	Tier 2	QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	Tier 2	QL (60 EA per 30 days)
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	Tier 2	QL (60 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>tapentadol hcl oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 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>	Tier 3	PA; QL (2400 ML per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL	Tier 2	QL (60 EA per 30 days)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL	Tier 2	QL (60 EA per 30 days)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL	Tier 2	QL (120 EA per 30 days)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL	Tier 2	QL (240 EA per 30 days)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL	Tier 2	QL (60 EA per 30 days)
XYVONA ORAL TABLET 2 MG	Tier 1	
*Opioid Combinations***		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Tier 3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (360 EA per 30 days)
*Opioid Partial Agonists***		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	QL (60 EA per 30 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Tier 4 (SP Non-Preferred)	PA; Specialty
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Notes
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (0.5 ML per 30 days)
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1.5 ML per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 3	QL (90 EA per 30 days)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
Androgens-Anabolic		
*Androgens***		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Tier 3	PA; QL (150 GM per 30 days)
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 3	QL (2 ML per 28 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	Tier 3	PA; QL (10 ML per 28 days)
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	Tier 1	PA; QL (10 ML per 28 days)
JATENZO CAPSULE 158 MG ORAL	Tier 3	PA; QL (120 EA per 30 days)
JATENZO CAPSULE 198 MG ORAL	Tier 3	PA; QL (120 EA per 30 days)
JATENZO CAPSULE 237 MG ORAL	Tier 3	PA; QL (60 EA per 30 days)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 3	PA; QL (120 EA per 30 days)
<i>methitest oral tablet 10 mg</i>	Tier 3	
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	
NATESTO NASAL GEL 5.5 MG/ACT	Tier 3	PA; QL (21.96 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (300 GM per 30 days)
<i>testosterone cypionate solution 100 mg/ml intramuscular</i>	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	Tier 2	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA; QL (5 ML per 28 days)
<i>testosterone gel 1.62 % transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	Tier 1	PA; QL (37.5 GM per 30 days)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	Tier 3	PA; QL (150 GM per 30 days)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA; QL (180 ML per 30 days)
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL (120 EA per 30 days)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA; QL (300 GM per 30 days)

Drug Name	Drug Tier	Notes
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (300 GM per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
Anorectal And Related Products		
*Intrarectal Steroids***		
budesonide rectal foam 2 mg, 2 mg/act	Tier 1	ST; TRIAL OF MESALAMINE ENEMA IN THE PAST 120 DAYS
CORTIFOAM EXTERNAL FOAM 10 %	Tier 2	
hydrocortisone rectal enema 100 mg/60ml	Tier 1	
*Nitrate Vasodilating Agents***		
nitroglycerin rectal ointment 0.4 %	Tier 1	
*Rectal Anesthetic/Steroids***		
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 3	
hydrocortisone ace-pramoxine external cream 1-1 %	Tier 1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 3	
*Rectal Steroids***		
anucort-hc rectal suppository 25 mg	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	
Anthelmintics		
*Anthelmintics***		
albendazole oral tablet 200 mg	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg	Tier 2	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2	PA
ivermectin oral tablet 3 mg	Tier 1	
praziquantel oral tablet 600 mg	Tier 1	
STROMEKTOL ORAL TABLET 3 MG	Tier 3	
Antianginal Agents		
*Antianginals-Other***		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 1	
*Nitrates***		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	

Drug Name	Drug Tier	Notes
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal ointment 2 %</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Tier 1	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 3	

Drug Name	Drug Tier	Notes
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 3	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG	Tier 1	
Antiasthmatic And Bronchodilator Agents		
*Adrenergic Combinations***		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 2	QL (32.1 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT	Tier 2	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Tier 1	QL (10.2 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Tier 1	QL (30.6 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Tier 1	QL (10.2 GM per 30 days)
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Tier 1	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	QL (4 GM per 20 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL (13 GM per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	Tier 3	QL (28 EA per 14 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	Tier 2	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL (60 EA per 30 days)
*Anti-Ige Monoclonal Antibodies***		
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
*Beta Adrenergics***		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (14 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (36 GM per 30 days)
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	Tier 3	
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	Tier 3	ST; SWITCH TO STEP ONE: Generic albuterol HFA; QL (16 GM per 30 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 2	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL (30 EA per 30 days)
<i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>	Tier 1	QL (12.9 GM per 25 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	Tier 1	QL (30 EA per 30 days)
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML	Tier 3	QL (90 ML per 30 days)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Preferred)	PA; Specialty
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (150 ML per 30 days)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	
*Steroid Inhalants***		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (13 GM per 30 days)
<i>beclomethasone diprop hfa inhalation aerosol solution 40 mcg/act, 80 mcg/act</i>	Tier 1	QL (8.7 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	Tier 2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>	Tier 2	QL (24 GM per 30 days)
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	Tier 1	QL (21.2 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL (21.2 GM per 30 days)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.91 ML per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.91 ML per 28 days)
*Xanthines***		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	

Drug Name	Drug Tier	Notes
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	
<i>theophylline er tablet extended release 12 hour 100 mg oral</i>	Tier 2	
<i>theophylline er tablet extended release 12 hour 200 mg oral</i>	Tier 2	
<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		
*Coumarin Anticoagulants***		
<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***		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 2	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 2	QL (120 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 2	QL (960 EA per 30 days)
ELIQUIS TABLET 2.5 MG ORAL	Tier 2	QL (60 EA per 30 days)
ELIQUIS TABLET 5 MG ORAL	Tier 2	QL (74 EA per 30 days)
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Tier 1	QL (600 ML per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (60 EA per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	QL (600 ML per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	
XARELTO TABLET 10 MG ORAL	Tier 2	QL (30 EA per 30 days)
XARELTO TABLET 15 MG ORAL	Tier 2	QL (60 EA per 30 days)
XARELTO TABLET 2.5 MG ORAL	Tier 2	QL (60 EA per 30 days)
XARELTO TABLET 20 MG ORAL	Tier 2	QL (30 EA per 30 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%</i>	Tier 1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) +rfid injection solution 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i>	Tier 1	

Drug Name	Drug Tier	Notes
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	Tier 1	
heparin sodium (porcine) pf solution 5000 unit/ml injection	Tier 3	
*Low Molecular Weight Heparins***		
enoxaparin sodium injection solution 300 mg/3ml	Tier 1	
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	Tier 1	
*Synthetic Heparinoid-Like Agents***		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 1	
*Thrombin Inhibitors - Selective Direct & Reversible***		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (60 EA per 30 days)
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
perampanel oral suspension 0.5 mg/ml	Tier 1	QL (680 ML per 28 days)
perampanel tablet 10 mg oral	Tier 1	QL (30 EA per 30 days)
perampanel tablet 12 mg oral	Tier 1	QL (30 EA per 30 days)
perampanel tablet 2 mg oral	Tier 1	QL (120 EA per 30 days)
perampanel tablet 4 mg oral	Tier 1	QL (60 EA per 30 days)
perampanel tablet 6 mg oral	Tier 1	QL (60 EA per 30 days)
perampanel tablet 8 mg oral	Tier 1	QL (30 EA per 30 days)
*Anticonvulsants - Benzodiazepines***		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	
midazolam intramuscular solution auto-injector 10 mg/0.7ml	Tier 3	QL (7 ML per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
*Anticonvulsants - Misc.***		
brivaracetam oral solution 10 mg/ml	Tier 1	QL (600 ML per 30 days)

Drug Name	Drug Tier	Notes
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine tablet chewable 100 mg oral</i>	Tier 1	
<i>carbamazepine tablet chewable 200 mg oral</i>	Tier 3	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT CAPSULE 250 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)
DIACOMIT CAPSULE 500 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (180 EA per 30 days)
DIACOMIT PACKET 250 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)
DIACOMIT PACKET 500 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (180 EA per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4 (SP Preferred)	ST; Specialty; TRIAL OF OR CONTRAINDICATION TO 2 OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, AND TOPIRAMATE IN THE PAST 365 DAYS
<i>eslicarbazepine acetate tablet 200 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>eslicarbazepine acetate tablet 400 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>eslicarbazepine acetate tablet 600 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>eslicarbazepine acetate tablet 800 mg oral</i>	Tier 1	QL (60 EA per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (354 ML per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	PA; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	
<i>lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	Tier 1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 3	
<i>oxcarbazepine er tablet extended release 24 hour 150 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>oxcarbazepine er tablet extended release 24 hour 300 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>oxcarbazepine er tablet extended release 24 hour 600 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	PA; QL (900 ML per 30 days)
<i>primidone tablet 125 mg oral</i>	Tier 3	
<i>primidone tablet 250 mg oral</i>	Tier 1	
<i>primidone tablet 50 mg oral</i>	Tier 1	
RELGAABI ORAL CAPSULE 300 MG, 400 MG	Tier 1	
ROWEEPRAL ORAL TABLET 500 MG	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (2400 ML per 30 days)

Drug Name	Drug Tier	Notes
<i>rufinamide tablet 200 mg oral</i>	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (480 EA per 30 days)
<i>rufinamide tablet 400 mg oral</i>	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (240 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 3	
<i>topiramate er capsule er 24 hour sprinkle 100 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (90 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 150 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 200 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 25 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>topiramate er capsule er 24 hour sprinkle 50 mg oral</i>	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (210 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 100 mg oral</i>	Tier 1	QL (90 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 200 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 25 mg oral</i>	Tier 1	QL (240 EA per 30 days)
<i>topiramate er capsule extended release 24 hour 50 mg oral</i>	Tier 1	QL (210 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	Tier 1	
<i>topiramate oral solution 25 mg/ml</i>	Tier 1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 3	PA; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1080 ML per 30 days)
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (60 EA per 30 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 100 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET 150 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET 200 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 25 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 50 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL	Tier 2	QL (30 EA per 30 days)
*Gaba Modulators***		
<i>tiagabine hcl tablet 12 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
<i>tiagabine hcl tablet 16 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>tiagabine hcl tablet 2 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
<i>tiagabine hcl tablet 4 mg oral</i>	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)

Drug Name	Drug Tier	Notes
<i>vigabatrin oral packet 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET 500 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (900 ML per 30 days)
*Hydantoins***		
DILANTIN CAPSULE 100 MG ORAL	Tier 3	
DILANTIN CAPSULE 30 MG ORAL	Tier 2	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5ML	Tier 3	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	Tier 1	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	
*Antidepressant - Miscellaneous Combinations***		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	Tier 3	QL (51 EA per 29 days)
*Antidepressants - Misc.***		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral	Tier 3	ST; TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (30 EA per 30 days)
bupropion hcl tablet 100 mg oral	Tier 1	ST; TRIAL OF GENERIC WELLBUTRIN AND 2 ADDITIONAL GENERIC ANTIDEPRESSANTS IN THE PAST 365 DAYS
bupropion hcl tablet 100 mg oral	Tier 1	
bupropion hcl tablet 75 mg oral	Tier 1	ST; TRIAL OF GENERIC WELLBUTRIN AND 2 ADDITIONAL GENERIC ANTIDEPRESSANTS IN THE PAST 365 DAYS
bupropion hcl tablet 75 mg oral	Tier 1	
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE CAPSULE 20 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 14 days)
ZURZUVAE CAPSULE 25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 14 days)
ZURZUVAE CAPSULE 30 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (14 EA per 14 days)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
phenelzine sulfate oral tablet 15 mg	Tier 1	
tranylcypromine sulfate oral tablet 10 mg	Tier 1	
*N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 4 (SP Preferred)	PA; Specialty
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 4 (SP Preferred)	PA; Specialty
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	Tier 1	

Drug Name	Drug Tier	Notes
<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 10 mg oral</i>	Tier 2	
<i>fluoxetine hcl tablet 20 mg oral</i>	Tier 1	
<i>fluoxetine hcl tablet 20 mg oral</i>	Tier 2	
<i>fluoxetine hcl tablet 60 mg oral</i>	Tier 1	
<i>fluoxetine hcl tablet 60 mg oral</i>	Tier 2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Tier 1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Serotonin Modulators***		
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA; QL (1200 ML per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	Tier 1	ST; GENERIC ANTIDEPRESSANT AGENT
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	Tier 1	
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	Tier 1	ST; GENERIC ANTIDEPRESSANT AGENT

Drug Name	Drug Tier	Notes
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	Tier 1	
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DULOXETINE 20 MG CAPS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	Tier 1	ST; GENERIC ANTIDEPRESSANT AGENT
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	Tier 3	ST; SWITCH TO STEP ONE: Generic antidepressant agent; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
*Biguanides***		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>metformin hcl oral solution 500 mg/5ml</i>	Tier 1	PA; QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	
*Diabetic Other***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (2 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
<i>glucagon emergency injection solution reconstituted 1 mg</i>	Tier 1	ST; TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (2 EA per 30 days)
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	Tier 2	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	Tier 2	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.4 ML per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 2	QL (0.4 ML per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (30 EA per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>sitagliptin phos-metformin hcl er tablet extended release 24 hour 100-1000 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>sitagliptin phos-metformin hcl er tablet extended release 24 hour 50-1000 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>sitagliptin phos-metformin hcl er tablet extended release 24 hour 50-500 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Tier 1	QL (60 EA per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST; TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS; QL (180 EA per 30 days)
*Human Insulin***		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Tier 3	PA; QL (180 EA per 28 days)

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

Drug Name	Drug Tier	Notes
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	ST; TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO, OR TRESIBA IN THE PAST 120 DAYS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Tier 2	QL (18 ML per 28 days)
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Tier 2	QL (30 ML per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Drug Name	Drug Tier	Notes
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	PA; QL (9 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>repaglinide tablet 0.5 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>repaglinide tablet 1 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>repaglinide tablet 2 mg oral</i>	Tier 1	QL (240 EA per 30 days)
*Progesterone Receptor Antagonists***		
<i>mifepristone oral tablet 300 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
JARDIANCE TABLET 10 MG ORAL	Tier 2	QL (60 EA per 30 days)
JARDIANCE TABLET 25 MG ORAL	Tier 2	QL (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
dapaglifloz base-metformin er tablet extended release 24 hour 10-1000 mg oral	Tier 1	QL (30 EA per 30 days)
dapaglifloz base-metformin er tablet extended release 24 hour 10-500 mg oral	Tier 1	QL (30 EA per 30 days)
dapaglifloz base-metformin er tablet extended release 24 hour 5-1000 mg oral	Tier 1	QL (60 EA per 30 days)
dapaglifloz base-metformin er tablet extended release 24 hour 5-500 mg oral	Tier 1	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Tier 2	QL (60 EA per 30 days)
*Sulfonylurea-Biguanide Combinations***		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL (120 EA per 30 days)
*Sulfonylureas***		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide er tablet extended release 24 hour 10 mg oral	Tier 1	
glipizide er tablet extended release 24 hour 2.5 mg oral	Tier 1	QL (30 EA per 30 days)
glipizide er tablet extended release 24 hour 5 mg oral	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	

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

Drug Name	Drug Tier	Notes
*Opioid Antagonists***		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Tier 1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	Tier 1	
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 1	
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 3	
naltrexone hcl oral tablet 50 mg	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL (4 EA per 30 days)
REZENOPY NASAL LIQUID 10 MG/0.11ML	Tier 3	QL (4 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 4 (SP Non-Preferred)	Specialty; QL (1 EA per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	QL (4 ML per 30 days)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
granisetron hcl oral tablet 1 mg	Tier 1	QL (10 EA per 21 days)
ondansetron hcl oral solution 4 mg/5ml	Tier 1	QL (150 ML per 21 days)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 1	
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	ST; TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (1 EA per 21 days)
*Antiemetic Combinations***		
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Tier 1	
*Antiemetics - Anticholinergic***		
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	
meclizine hcl oral tablet chewable 25 mg	Tier 3	
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 1	
trimethobenzamide hcl oral capsule 300 mg	Tier 1	
*Antiemetics - Miscellaneous***		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
aprepitant capsule 125 mg oral	Tier 1	QL (1 EA per 21 days)
aprepitant capsule 40 mg oral	Tier 1	QL (1 EA per 28 days)
aprepitant capsule 80 mg oral	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule therapy pack 80 & 125 mg	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	PA; QL (4 EA per 28 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 2	QL (2 EA per 21 days)

Drug Name	Drug Tier	Notes
Antifungals		
*Antifungals***		
<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***		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
*Tetrazoles***		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 3	PA; QL (18 EA per 84 days)
*Triazoles***		
CRESEMBA CAPSULE 186 MG ORAL	Tier 3	PA; QL (60 EA per 30 days)
CRESEMBA CAPSULE 74.5 MG ORAL	Tier 3	PA; QL (150 EA per 30 days)
<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	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL ORAL PACKET 300 MG	Tier 2	PA
<i>posaconazole oral suspension 40 mg/ml</i>	Tier 1	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 1	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antihistamines		
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	Tier 3	ST; TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Tier 3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbzah oral solution 4 mg/5ml</i>	Tier 3	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 3	
CLEMSZA ORAL TABLET 2.68 MG	Tier 2	
<i>diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)</i>	Tier 3	
<i>diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 3	ST; TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
desloratadine tablet dispersible 2.5 mg oral	Tier 3	
desloratadine tablet dispersible 2.5 mg oral	Tier 1	
desloratadine tablet dispersible 5 mg oral	Tier 3	
desloratadine tablet dispersible 5 mg oral	Tier 1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 1	ST; Trial of desloratadine tablet, levocetirizine tablet or cetirizine solution
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1	
*Antihistamines - Phenothiazines***		
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	Tier 1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
*Antihistamines - Piperidines***		
ciproheptadine hcl oral syrup 2 mg/5ml	Tier 1	
ciproheptadine hcl oral tablet 4 mg	Tier 1	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
*Antihyperlipidemics - Misc.***		
icosapent ethyl oral capsule 0.5 gm, 1 gm	Tier 1	
*Bile Acid Sequestrants***		
cholestyramine light oral powder 4 gm/dose	Tier 1	
cholestyramine oral packet 4 gm	Tier 1	
cholestyramine oral powder 4 gm/dose	Tier 1	
colesevelam hcl oral tablet 625 mg	Tier 1	
colestipol hcl oral granules 5 gm	Tier 1	
colestipol hcl oral packet 5 gm	Tier 1	
colestipol hcl oral tablet 1 gm	Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	
*Fibric Acid Derivatives***		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 3	

Drug Name	Drug Tier	Notes
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
*Hmg Coa Reductase Inhibitors***		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 3	PA
<i>atorvastatin calcium tablet 10 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>atorvastatin calcium tablet 10 mg oral</i>	Tier 2	ACA, Some restrictions may apply.
<i>atorvastatin calcium tablet 20 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>atorvastatin calcium tablet 20 mg oral</i>	Tier 2	ACA, Some restrictions may apply.
<i>atorvastatin calcium tablet 40 mg oral</i>	Tier 1	
<i>atorvastatin calcium tablet 40 mg oral</i>	Tier 2	
<i>atorvastatin calcium tablet 80 mg oral</i>	Tier 1	
<i>atorvastatin calcium tablet 80 mg oral</i>	Tier 2	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	Tier 3	PA; QL (150 ML per 30 days)
<i>fluvastatin sodium capsule 20 mg oral</i>	Tier 1	ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>fluvastatin sodium capsule 20 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>fluvastatin sodium capsule 40 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; ACA, Some restrictions may apply.; QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>pitavastatin calcium tablet 1 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>pitavastatin calcium tablet 2 mg oral</i>	Tier 1	
<i>pitavastatin calcium tablet 2 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>pitavastatin calcium tablet 4 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>rosuvastatin calcium tablet 10 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>rosuvastatin calcium tablet 20 mg oral</i>	Tier 1	
<i>rosuvastatin calcium tablet 40 mg oral</i>	Tier 1	
<i>rosuvastatin calcium tablet 5 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 10 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 20 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 40 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 5 mg oral</i>	Tier 1	ACA, Some restrictions may apply.
<i>simvastatin tablet 80 mg oral</i>	Tier 1	PA; QL (30 EA per 30 days)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin tablet 10-10 mg oral</i>	Tier 1	
<i>ezetimibe-simvastatin tablet 10-20 mg oral</i>	Tier 1	
<i>ezetimibe-simvastatin tablet 10-40 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
ezetimibe-simvastatin tablet 10-80 mg oral	Tier 1	PA; QL (30 EA per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
ezetimibe oral tablet 10 mg	Tier 1	
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID CAPSULE 10 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
JUXTAPID CAPSULE 2 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
JUXTAPID CAPSULE 20 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
JUXTAPID CAPSULE 30 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
JUXTAPID CAPSULE 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Nicotinic Acid Derivatives***		
niacin (antihyperlipidemic) oral tablet 500 mg	Tier 3	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
*Pcsk9 Inhibitors***		
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	ST; SWITCH TO STEP 1: generic statin or generic statin combination; QL (6 ML per 84 days)
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
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	Tier 1	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
*Ace Inhibitors***		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	PA; QL (1200 ML per 30 days)
enalapril maleate tablet 10 mg oral	Tier 1	
enalapril maleate tablet 10 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
<i>enalapril maleate tablet 2.5 mg oral</i>	Tier 1	
<i>enalapril maleate tablet 20 mg oral</i>	Tier 1	
<i>enalapril maleate tablet 5 mg oral</i>	Tier 1	
<i>enalapril maleate tablet 5 mg oral</i>	Tier 2	
<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	
<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	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA; QL (1200 ML per 30 days)
<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	
*Agents For Pheochromocytoma***		
<i>metyrosine oral capsule 250 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (168 EA per 14 days)
*Aldosterone Synthase Inhibitors***		
BAXFENDY ORAL TABLET 1 MG, 2 MG	Tier 3	PA; QL (30 EA per 30 days)
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<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	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	ST; SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN
<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	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<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 Ii Receptor Antagonists***		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 3	PA; QL (300 ML per 30 days)
<i>azilsartan medoxomil oral tablet 40 mg, 80 mg</i>	Tier 1	ST; IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN

Drug Name	Drug Tier	Notes
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan medoxomil tablet 20 mg oral	Tier 1	
olmesartan medoxomil tablet 20 mg oral	Tier 2	
olmesartan medoxomil tablet 40 mg oral	Tier 1	
olmesartan medoxomil tablet 5 mg oral	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan tablet 160 mg oral	Tier 1	
valsartan tablet 320 mg oral	Tier 2	
valsartan tablet 320 mg oral	Tier 1	
valsartan tablet 40 mg oral	Tier 1	
valsartan tablet 80 mg oral	Tier 1	
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
*Antiadrenergics - Centrally Acting***		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 1	
guanfacine hcl oral tablet 1 mg, 2 mg	Tier 1	
JAVADIN ORAL SOLUTION 0.02 MG/ML	Tier 3	PA; QL (3600 ML per 30 days)
methyldopa tablet 250 mg oral	Tier 1	
methyldopa tablet 500 mg oral	Tier 3	
*Antiadrenergics - Peripherally Acting***		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA; QL (600 ML per 30 days)
*Antihypertensives - Misc.***		
VECAMYL ORAL TABLET 2.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Beta Blocker & Diuretic Combinations***		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	

Drug Name	Drug Tier	Notes
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
IMPAVIDO CAPSULE 50 MG ORAL	Tier 2	PA; QL (84 EA per 28 days)
IMPAVIDO CAPSULE 50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (84 EA per 28 days)
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	PA; QL (1200 ML per 30 days)
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
XIFAXAN TABLET 200 MG ORAL	Tier 3	PA
XIFAXAN TABLET 550 MG ORAL	Tier 2	QL (90 EA per 30 days)
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
*Antiprotozoal Agents***		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	
*Glycopeptides***		
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	Tier 3	QL (300 ML per 1 day)
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	Tier 3	QL (600 ML per 1 day)
<i>vancomycin hcl capsule 125 mg oral</i>	Tier 1	QL (77 EA per 28 days)
<i>vancomycin hcl capsule 250 mg oral</i>	Tier 1	QL (112 EA per 1 day)
<i>vancomycin hcl solution reconstituted 25 mg/ml oral</i>	Tier 1	QL (300 ML per 1 day)
<i>vancomycin hcl solution reconstituted 250 mg/5ml oral</i>	Tier 1	QL (600 ML per 1 day)
<i>vancomycin hcl solution reconstituted 50 mg/ml oral</i>	Tier 1	QL (600 ML per 1 day)
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Lincosamides***		
<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***		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (84 ML per 56 days)
*Oxazolidinones***		
<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	PA; QL (6 EA per 6 days)
*Penem Combinations**		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (60 EA per 30 days)
*Urinary Anti-Infectives***		
BLUJEPAL ORAL TABLET 750 MG	Tier 3	PA; QL (20 EA per 5 days)
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<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	PA; QL (2400 ML per 30 days)
<i>nitrofurantoin suspension 50 mg/5ml oral</i>	Tier 3	PA
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
URELLE ORAL TABLET 81 MG	Tier 1	
URETRON D/S ORAL TABLET 81.6 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 3	
<i>uro-mp oral capsule 118 mg</i>	Tier 1	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
*Antimalarials***		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>chloroquine phosphate tablet 250 mg oral</i>	Tier 2	
<i>chloroquine phosphate tablet 500 mg oral</i>	Tier 1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	
KRINTAFEL ORAL TABLET 150 MG	Tier 3	QL (2 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 1	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
quinine sulfate oral capsule 324 mg	Tier 1	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
FIRDAPSE ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (300 EA per 30 days)
pyridostigmine bromide er oral tablet extended release 180 mg	Tier 1	
pyridostigmine bromide oral solution 60 mg/5ml	Tier 1	
pyridostigmine bromide tablet 30 mg oral	Tier 3	
pyridostigmine bromide tablet 60 mg oral	Tier 1	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
cycloserine capsule 250 mg oral	Tier 2	
cycloserine capsule 250 mg oral	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
pretomanid oral tablet 200 mg	Tier 3	QL (30 EA per 30 days)
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
rifapentine oral tablet 150 mg	Tier 1	
SIRTURO TABLET 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (24 EA per 28 days)
SIRTURO TABLET 20 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 28 days)
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG	Tier 4 (SP Preferred)	Specialty; OC
*Androgen Biosynthesis Inhibitors***		
abiraterone acetate oral tablet 250 mg, 500 mg	Tier 4 (SP Preferred)	PA; Specialty; OC
ABIRTEGA ORAL TABLET 250 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
YONSA ORAL TABLET 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	Tier 4 (SP Preferred)	Specialty; OC
*Antiandrogens***		
bicalutamide oral tablet 50 mg	Tier 1	OC
ERLEADA TABLET 240 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
ERLEADA TABLET 60 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	Tier 3	OC
nilutamide oral tablet 150 mg	Tier 4 (SP Preferred)	Specialty; OC

Drug Name	Drug Tier	Notes
NUBEQA ORAL TABLET 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
XTANDI TABLET 40 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
XTANDI TABLET 80 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Antiestrogens***		
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	OC
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	OC; ACA, Some restrictions may apply.
<i>toremifene citrate oral tablet 60 mg</i>	Tier 4 (SP Preferred)	Specialty; OC; QL (30 EA per 30 days)
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA; OC
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Tier 4 (SP Preferred)	ST; Specialty; TRIAL OF GENERIC MERCAPTOPYRINE TABS IN PAST 120 DAYS; OC
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OC
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OC
<i>methotrexate sodium solution 250 mg/10ml injection</i>	Tier 1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	Tier 1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	Tier 3	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (14 EA per 28 days)
TABLOID ORAL TABLET 40 MG	Tier 4 (SP Preferred)	Specialty; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	OC
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	PA; OC
*Antineoplastic - Akt Inhibitors***		
TRUQAP ORAL TABLET 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (64 EA per 28 days)
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
ALUNBRIG TABLET 180 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
ALUNBRIG TABLET 30 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
ALUNBRIG TABLET 90 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
LORBRENA TABLET 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
LORBRENA TABLET 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
*Antineoplastic - Anti-Her2 Agents***		
HERNEXEOS ORAL TABLET 60 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
TUKYSA TABLET 150 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
TUKYSA TABLET 50 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (300 EA per 30 days)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF CAPSULE 100 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (180 EA per 30 days)
BOSULIF CAPSULE 50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
<i>bosutinib tablet 100 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (180 EA per 30 days)
<i>bosutinib tablet 400 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
<i>bosutinib tablet 500 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
<i>dasatinib tablet 100 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
<i>dasatinib tablet 140 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
<i>dasatinib tablet 20 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
<i>dasatinib tablet 50 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
<i>dasatinib tablet 70 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
<i>dasatinib tablet 80 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>imkeldi oral solution 80 mg/ml</i>	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

Drug Name	Drug Tier	Notes
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (24 EA per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (900 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
*Antineoplastic - Btk Inhibitors***		
BRUKINSA ORAL CAPSULE 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
IMBRUVICA CAPSULE 140 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
IMBRUVICA CAPSULE 70 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (216 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
JAYPIRCA TABLET 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
JAYPIRCA TABLET 50 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
*Antineoplastic - Csf1r Kinase Inhibitors***		
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (8 EA per 28 days)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl tablet 100 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
<i>erlotinib hcl tablet 150 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
<i>erlotinib hcl tablet 25 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
LAZCLUZE TABLET 240 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
LAZCLUZE TABLET 80 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA TABLET 3 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
BALVERSA TABLET 4 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
BALVERSA TABLET 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (150 EA per 30 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (150 EA per 30 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (150 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Gamma Secretase Inhibitors***		
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO TABLET 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
DAURISMO TABLET 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
*Antineoplastic - Histone Deacetylase Inhibitors***		
ZOLINZA ORAL CAPSULE 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
*Antineoplastic - Hormonal And Related Agent Combinations***		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
*Antineoplastic - Immunomodulators***		
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (21 EA per 28 days)
*Antineoplastic - Kras Inhibitors***		
KRAZATI ORAL TABLET 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (180 EA per 30 days)
LUMAKRAS TABLET 120 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
LUMAKRAS TABLET 240 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
LUMAKRAS TABLET 320 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (63 EA per 28 days)
GOMEKLI CAPSULE 1 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
GOMEKLI CAPSULE 2 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
KOSELUGO CAPSULE 10 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (300 EA per 30 days)
KOSELUGO CAPSULE 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
KOSELUGO CAPSULE SPRINKLE 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (600 EA per 30 days)
KOSELUGO CAPSULE SPRINKLE 7.5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (390 EA per 30 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (1260 ML per 30 days)
MEKINIST TABLET 0.5 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
MEKINIST TABLET 2 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (180 EA per 30 days)
*Antineoplastic - Menin Inhibitors***		
KOMZIFTI ORAL CAPSULE 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
REVUFORJ TABLET 110 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
REVUFORJ TABLET 160 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
REVUFORJ TABLET 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
*Antineoplastic - Met Inhibitors***		
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)

Drug Name	Drug Tier	Notes
TEPMETKO ORAL TABLET 225 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX TABLET 20 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
CABOMETYX TABLET 40 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
CABOMETYX TABLET 60 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
CAPRELSA TABLET 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
CAPRELSA TABLET 300 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (112 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (112 EA per 28 days)
ENSACOVE CAPSULE 100 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
ENSACOVE CAPSULE 25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (270 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (21 EA per 28 days)
HYRNUO ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
NERLYNX ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (180 EA per 30 days)
<i>pazopanib hcl tablet 200 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
<i>pazopanib hcl tablet 400 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
QINLOCK ORAL TABLET 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)

Drug Name	Drug Tier	Notes
STIVARGA ORAL TABLET 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (84 EA per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
XOSPATA ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
*Antineoplastic - Protease Activators***		
MODEYSO ORAL CAPSULE 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (20 EA per 28 days)
*Antineoplastic - Proteasome Inhibitors***		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (3 EA per 28 days)
*Antineoplastic - Ras Gtpase Inhibitors***		
RASONQUE ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Antineoplastic - Ret Inhibitors***		
GAVRETO ORAL CAPSULE 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
RETEVMO TABLET 120 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
RETEVMO TABLET 160 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
RETEVMO TABLET 40 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
RETEVMO TABLET 80 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
AUGTYRO CAPSULE 160 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
AUGTYRO CAPSULE 40 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
IBTROZI ORAL CAPSULE 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
ROZLYTREK CAPSULE 100 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (150 EA per 30 days)
ROZLYTREK CAPSULE 200 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (360 EA per 30 days)

Drug Name	Drug Tier	Notes
VITRAKVI CAPSULE 100 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
VITRAKVI CAPSULE 25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (300 ML per 30 days)
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 80 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (32 EA per 28 days)
*Antineoplastic Combinations***		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (66 EA per 28 days)
INQOVI ORAL TABLET 35-100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (5 EA per 28 days)
LONSURF TABLET 15-6.14 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (100 EA per 28 days)
LONSURF TABLET 20-8.19 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (80 EA per 28 days)
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2 ML per 28 days)
hydroxyurea oral capsule 500 mg	Tier 1	OC
MATULANE ORAL CAPSULE 50 MG	Tier 4 (SP Preferred)	Specialty; OC
*Aromatase Inhibitors***		
anastrozole oral tablet 1 mg	Tier 1	OC; ACA, Some restrictions may apply.
exemestane oral tablet 25 mg	Tier 1	OC; ACA, Some restrictions may apply.
letrozole oral tablet 2.5 mg	Tier 1	OC

Drug Name	Drug Tier	Notes
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (21 EA per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (28 EA per 14 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (63 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
*Estrogen Receptor Antagonist***		
INLURIYO ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
*Folic Acid Antagonists Rescue Agents***		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG	Tier 3	OC
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	OC
*Glucocorticoid Receptor (Gr) Antagonists***		
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 4 (SP Preferred)	PA; Specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4 (SP Preferred)	PA; Specialty
ORGOVYX ORAL TABLET 120 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***		
VORANIGO TABLET 10 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
VORANIGO TABLET 40 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
*Lhrh Analogs***		
ELIGARD KIT 22.5 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
ELIGARD KIT 45 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 168 days)
ELIGARD KIT 7.5 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (2 EA per 28 days)
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 112 days)
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 168 days)
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 168 days)

Drug Name	Drug Tier	Notes
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
ZOLADEX IMPLANT 10.8 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 84 days)
ZOLADEX IMPLANT 3.6 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
*Mitotic Inhibitors***		
etoposide oral capsule 50 mg	Tier 2	OC
*Nitrogen Mustards And Related Analogues***		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4 (SP Preferred)	Specialty; OC
cyclophosphamide oral tablet 50 mg	Tier 4 (SP Non-Preferred)	Specialty; OC
LEUKERAN ORAL TABLET 2 MG	Tier 4 (SP Preferred)	Specialty; OC
*Nitrosoureas***		
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 4 (SP Preferred)	PA; Specialty; OC
*Ornithine Decarboxylase (Odc) Inhibitors***		
IWILFIN ORAL TABLET 192 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (240 EA per 30 days)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
ITOVEBI TABLET 3 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
ITOVEBI TABLET 9 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (56 EA per 28 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
*Progestins-Antineoplastic***		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	

Drug Name	Drug Tier	Notes
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	OC
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	Tier 4 (SP Preferred)	Specialty; OC
*Selective Estrogen Receptor Degradars***		
ORSERDU TABLET 345 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
ORSERDU TABLET 86 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
VEPPANU ORAL TABLET 100 MG, 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (30 EA per 30 days)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; OC
*Topoisomerase I Inhibitors***		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4 (SP Preferred)	Specialty; OC
*Urinary Tract Protective Agents***		
<i>mesna oral tablet 400 mg</i>	Tier 1	OC
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
FRUZAQLA CAPSULE 1 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (84 EA per 28 days)
FRUZAQLA CAPSULE 5 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (21 EA per 28 days)
INLYTA TABLET 1 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (180 EA per 30 days)
INLYTA TABLET 5 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

Drug Name	Drug Tier	Notes
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Antiparkinson Anticholinergics***		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	
*Antiparkinson Dopaminergics***		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
bromocriptine mesylate oral capsule 5 mg	Tier 1	
bromocriptine mesylate oral tablet 2.5 mg	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (300 EA per 30 days)
*Antiparkinson Monoamine Oxidase Inhibitors***		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Tier 1	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	ST; TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
*Central/Peripheral Comt Inhibitors***		
tolcapone oral tablet 100 mg	Tier 1	ST; TRIAL OF COMTAN IN THE PAST 120 DAYS; QL (90 EA per 30 days)
*Decarboxylase Inhibitors***		
carbidopa oral tablet 25 mg	Tier 1	
*Levodopa Combinations***		
carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	Tier 3	ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (300 EA per 30 days)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	Tier 2	
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	Tier 1	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>	Tier 2	
<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 2	
<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 2	
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>	Tier 1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (3000 ML per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (300 EA per 30 days)
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (600 ML per 30 days)
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 ML per 30 days)
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 ML per 30 days)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (600 ML per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS.; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS.; QL (30 EA per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA; QL (30 EA per 30 days)
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	
*Antipsychotics - Misc.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (30 EA per 30 days)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Tier 1	
*Benzisoxazoles***		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 2	QL (1 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 2	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 2	

Drug Name	Drug Tier	Notes
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 3	QL (1 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone solution 1 mg/ml oral</i>	Tier 1	QL (480 ML per 30 days)
<i>risperidone solution 1 mg/ml oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (480 ML per 30 days)
<i>risperidone tablet dispersible 0.25 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: generic atypical antipsychotic; QL (60 EA per 30 days)
<i>risperidone tablet dispersible 0.5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>risperidone tablet dispersible 0.5 mg oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
<i>risperidone tablet dispersible 1 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>risperidone tablet dispersible 1 mg oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
<i>risperidone tablet dispersible 2 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>risperidone tablet dispersible 2 mg oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
<i>risperidone tablet dispersible 3 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>risperidone tablet dispersible 3 mg oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
<i>risperidone tablet dispersible 4 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>risperidone tablet dispersible 4 mg oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	
*Butyrophenones***		
<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	

Drug Name	Drug Tier	Notes
*Dibenzodiazepines***		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine tablet dispersible 100 mg oral	Tier 1	
clozapine tablet dispersible 12.5 mg oral	Tier 1	ST; SWITCH TO STEP ONE: generic atypical antipsychotic
clozapine tablet dispersible 150 mg oral	Tier 1	
clozapine tablet dispersible 200 mg oral	Tier 1	
clozapine tablet dispersible 25 mg oral	Tier 1	
*Dibenzo-Oxepino Pyrroles***		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST; SWITCH TO STEP ONE: generic atypical antipsychotic; QL (30 EA per 30 days)
*Dibenzothiazepines***		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
*Dibenzoxazepines***		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
*Dihydroindolones***		
molindone hcl tablet 10 mg oral	Tier 3	QL (120 EA per 30 days)
molindone hcl tablet 25 mg oral	Tier 3	
molindone hcl tablet 5 mg oral	Tier 3	QL (120 EA per 30 days)
*Muscarinic Agent - Combinations***		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST; TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST; TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
*Phenothiazines***		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	Tier 1	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
fluphenazine decanoate injection solution 25 mg/ml	Tier 1	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 2	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 3	
fluphenazine hcl oral elixir 2.5 mg/5ml	Tier 3	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine edisylate injection solution 10 mg/2ml	Tier 1	

Drug Name	Drug Tier	Notes
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 4 (SP Preferred)	Specialty
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 4 (SP Preferred)	Specialty
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST; TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole tablet dispersible 10 mg oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>aripiprazole tablet dispersible 15 mg oral</i>	Tier 1	ST; TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (60 EA per 30 days)
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***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	Tier 3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Tier 4 (SP Preferred)	Specialty
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (30 EA per 30 days)
DESCOVY TABLET 120-15 MG ORAL	Tier 2	QL (30 EA per 30 days)
DESCOVY TABLET 200-25 MG ORAL	Tier 2	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i>	Tier 2	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 100-150 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	Tier 1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (30 EA per 30 days)
IDVYNZO ORAL TABLET 100-0.25 MG	Tier 2	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	Tier 1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	Tier 1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (30 EA per 30 days)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	QL (180 EA per 30 days)
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET 300 MG	Tier 3	PA
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Tier 3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 3	PA
YEZTUGO ORAL TABLET 300 MG	Tier 4 (SP Preferred)	Specialty
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 4 (SP Preferred)	Specialty
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc tablet 150 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>maraviroc tablet 300 mg oral</i>	Tier 1	QL (120 EA per 30 days)

Drug Name	Drug Tier	Notes
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 3	PA; QL (60 EA per 30 days)
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Tier 4 (SP Non-Preferred)	Specialty; ACA, Some restrictions may apply.; QL (3 ML per 21 days)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100 MG ORAL	Tier 2	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25 MG ORAL	Tier 2	QL (720 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 2	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2	QL (180 EA per 30 days)
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL (120 EA per 30 days)
atazanavir sulfate capsule 150 mg oral	Tier 1	QL (60 EA per 30 days)
atazanavir sulfate capsule 200 mg oral	Tier 1	QL (60 EA per 30 days)
atazanavir sulfate capsule 300 mg oral	Tier 1	QL (30 EA per 30 days)
darunavir tablet 600 mg oral	Tier 1	QL (60 EA per 30 days)
darunavir tablet 800 mg oral	Tier 1	QL (30 EA per 30 days)
fosamprenavir calcium oral tablet 700 mg	Tier 1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	Tier 3	
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	QL (400 ML per 30 days)
PREZISTA TABLET 150 MG ORAL	Tier 2	QL (240 EA per 30 days)
PREZISTA TABLET 75 MG ORAL	Tier 2	QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	Tier 3	QL (180 EA per 30 days)
ritonavir oral tablet 100 mg	Tier 1	QL (360 EA per 30 days)
VIRACEPT TABLET 250 MG ORAL	Tier 3	QL (300 EA per 30 days)
VIRACEPT TABLET 625 MG ORAL	Tier 3	QL (120 EA per 30 days)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 2	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	Tier 1	QL (30 EA per 30 days)
etravirine tablet 100 mg oral	Tier 1	QL (120 EA per 30 days)
etravirine tablet 200 mg oral	Tier 1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (480 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 1	QL (30 EA per 30 days)
nevirapine oral suspension 50 mg/5ml	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 1	QL (60 EA per 30 days)
rilpivirine hcl oral tablet 25 mg	Tier 1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	Tier 1	QL (960 ML per 30 days)
<i>lamivudine tablet 150 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>lamivudine tablet 300 mg oral</i>	Tier 1	QL (30 EA per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (30 EA per 30 days)
*Antiviral Combinations***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 28 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL (11 EA per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 28 days)
*Cmv Agents***		
LIVTENCITY ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA; QL (30 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	
*Hepatitis B Agents***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4 (SP Preferred)	Specialty; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 30 days)
*Hepatitis C Agent - Combinations***		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
EPCLUSA PACKET 150-37.5 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
EPCLUSA PACKET 200-50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
MAVYRET ORAL PACKET 50-20 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (84 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (4 ML per 28 days)
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
*Herpes Agents - Purine Analogues***		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 1	
*Herpes Agents - Thymidine Analogues***		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
*Neuraminidase Inhibitors***		
oseltamivir phosphate capsule 30 mg oral	Tier 1	QL (40 EA per 180 days)
oseltamivir phosphate capsule 45 mg oral	Tier 1	
oseltamivir phosphate capsule 75 mg oral	Tier 1	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL (40 EA per 180 days)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	QL (2 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	QL (2 EA per 180 days)
Beta Blockers		
*Alpha-Beta Blockers***		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	

Drug Name	Drug Tier	Notes
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	
*Beta Blockers Cardio-Selective***		
<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 tablet 10 mg oral</i>	Tier 1	
<i>bisoprolol fumarate tablet 2.5 mg oral</i>	Tier 2	
<i>bisoprolol fumarate tablet 5 mg oral</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA; QL (1350 ML per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate tablet 100 mg oral</i>	Tier 1	
<i>metoprolol tartrate tablet 12.5 mg oral</i>	Tier 3	QL (120 EA per 30 days)
<i>metoprolol tartrate tablet 25 mg oral</i>	Tier 1	
<i>metoprolol tartrate tablet 37.5 mg oral</i>	Tier 1	
<i>metoprolol tartrate tablet 50 mg oral</i>	Tier 1	
<i>metoprolol tartrate tablet 75 mg oral</i>	Tier 1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
*Beta Blockers Non-Selective***		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 ML per 30 days)
<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	
<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	ST; TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (1920 ML per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE	Tier 3	QL (2 EA per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	

Drug Name	Drug Tier	Notes
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA; QL (30 EA per 30 days)
<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	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	Tier 1	
<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>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1	
<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	QL (360 EA per 30 days)
<i>nimodipine oral solution 60 mg/20ml</i>	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (3600 ML per 30 days)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA; QL (300 ML per 30 days)
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	PA; QL (1800 ML per 30 days)
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Cardiotonics		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	
<i>digoxin tablet 125 mcg oral</i>	Tier 1	
<i>digoxin tablet 250 mcg oral</i>	Tier 1	
<i>digoxin tablet 62.5 mcg oral</i>	Tier 1	PA; QL (30 EA per 30 days)
LANOXIN TABLET 125 MCG ORAL	Tier 3	
LANOXIN TABLET 250 MCG ORAL	Tier 1	
LANOXIN TABLET 62.5 MCG ORAL	Tier 3	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin tablet 10-10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-20 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-40 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 10-80 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 2.5-10 mg oral</i>	Tier 1	
<i>amlodipine-atorvastatin tablet 2.5-20 mg oral</i>	Tier 1	
<i>amlodipine-atorvastatin tablet 2.5-40 mg oral</i>	Tier 1	
<i>amlodipine-atorvastatin tablet 5-10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-20 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-40 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin tablet 5-80 mg oral</i>	Tier 1	QL (30 EA per 30 days)
*Cardiac Myosin Inhibitors***		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 3	QL (240 EA per 30 days)
<i>sacubitril-valsartan tablet 24-26 mg oral</i>	Tier 1	QL (180 EA per 30 days)
<i>sacubitril-valsartan tablet 49-51 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>sacubitril-valsartan tablet 97-103 mg oral</i>	Tier 1	QL (60 EA per 30 days)
*Nitrate & Vasodilator Combinations***		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Prostaglandin Vasodilators***		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4 (SP Preferred)	PA; Specialty
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4 (SP Preferred)	PA; Specialty
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG	Tier 4 (SP Preferred)	PA; Specialty
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 4 (SP Preferred)	PA; Specialty
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 48MCG & 112 X80MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 21 days)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>bosentan oral tablet soluble 32 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
<i>macitentan oral tablet 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Tier 1	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI TABLET 100 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (480 EA per 30 days)
UPTRAVI TABLET 1000 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 1200 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 1400 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 150 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (300 EA per 30 days)
UPTRAVI TABLET 1600 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 200 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (240 EA per 30 days)
UPTRAVI TABLET 400 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 600 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 800 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (200 EA per 28 days)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	ST; TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (450 ML per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 1	ST; TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
*Transthyretin Stabilizers***		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (112 EA per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA; QL (30 EA per 30 days)
Cephalosporins		
*Cephalosporins - 1St Generation***		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	
cefadroxil oral tablet 1 gm	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
*Cephalosporins - 2Nd Generation***		
cefactor er oral tablet extended release 12 hour 500 mg	Tier 3	
cefactor oral capsule 250 mg, 500 mg	Tier 1	
cefactor oral suspension reconstituted 250 mg/5ml	Tier 3	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
*Cephalosporins - 3Rd Generation***		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 2	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 1	

Drug Name	Drug Tier	Notes
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1	ACA, Some restrictions may apply.
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 2	ACA, Some restrictions may apply.
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1	ACA, Some restrictions may apply.
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
*Combination Contraceptives - Oral***		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AVERI ORAL TABLET 0.15-0.03 MG	Tier 3	ACA, Some restrictions may apply.
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AYUNA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	ACA, Some restrictions may apply.
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	Tier 3	ACA, Some restrictions may apply.
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1	ACA, Some restrictions may apply.
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JASMIEL ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	ACA, Some restrictions may apply.
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	Tier 1	ACA, Some restrictions may apply.
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LORYNA ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	ACA, Some restrictions may apply.
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Tier 3	ACA, Some restrictions may apply.
NIKKI ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Tier 1	ACA, Some restrictions may apply.
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Tier 1	ACA, Some restrictions may apply.
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA, Some restrictions may apply.
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	ACA, Some restrictions may apply.
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Tier 1	ACA, Some restrictions may apply.
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VESTURA ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Tier 1	ACA, Some restrictions may apply.
*Combination Contraceptives - Transdermal***		
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24HR	Tier 2	ACA
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Tier 1	ACA
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Tier 3	ACA
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1	ACA
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1	ACA
*Combination Contraceptives - Vaginal***		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 3	ACA; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	ACA
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 1	ACA
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	Tier 1	ACA, Some restrictions may apply.
DOLISHALE ORAL TABLET 90-20 MCG	Tier 1	ACA, Some restrictions may apply.
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 1	ACA, Some restrictions may apply.
*Copper Contraceptives - Iud***		
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE	Tier 3	ACA
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3	ACA
*Emergency Contraceptives***		
AFTERA ORAL TABLET 1.5 MG	Tier 1	ACA
AFTERPILL ORAL TABLET 1.5 MG	Tier 1	ACA
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 1	ACA
ELLA ORAL TABLET 30 MG	Tier 2	ACA
HER STYLE ORAL TABLET 1.5 MG	Tier 1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1	ACA

Drug Name	Drug Tier	Notes
MY CHOICE ORAL TABLET 1.5 MG	Tier 1	ACA
MY WAY ORAL TABLET 1.5 MG	Tier 1	ACA
NEW DAY ORAL TABLET 1.5 MG	Tier 1	ACA
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 1	ACA
OPTION 2 ORAL TABLET 1.5 MG	Tier 1	ACA
TAKE ACTION ORAL TABLET 1.5 MG	Tier 1	ACA
*Extended-Cycle Contraceptives - Oral***		
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
ICLEVIA ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
JOLESSA ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	Tier 1	ACA, Some restrictions may apply.
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Tier 1	ACA, Some restrictions may apply.
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	Tier 1	ACA, Some restrictions may apply.
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 3	ACA, Some restrictions may apply.
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 3	ACA, Some restrictions may apply.
*Progestin Contraceptives - Injectable***		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3	ACA, Some restrictions may apply.
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1	ACA, Some restrictions may apply.
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 1	ACA, Some restrictions may apply.
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 2	ACA
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3	ACA
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY	Tier 2	ACA

Drug Name	Drug Tier	Notes
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 2	ACA
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
EMZAHH ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
ERRIN ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
HEATHER ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
INCASSIA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
JENCYCLA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
LYLEQ ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
LYZA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
MELEYA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
NORA-BE ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
norethindrone oral tablet 0.35 mg	Tier 1	ACA, Some restrictions may apply.
NORLYROC ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
ORQUIDEA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
SLYND ORAL TABLET 4 MG	Tier 3	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
*Triphasic Contraceptives - Oral***		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Tier 1	ACA, Some restrictions may apply.
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 1	ACA, Some restrictions may apply.
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Tier 1	ACA, Some restrictions may apply.
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Tier 1	ACA, Some restrictions may apply.
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1	ACA, Some restrictions may apply.
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
Corticosteroids		
*Glucocorticosteroids***		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (230.7 ML per 30 days)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	ST; TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
<i>cortisone acetate oral tablet 25 mg</i>	Tier 3	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (39 ML per 30 days)
<i>deflazacort tablet 18 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
<i>deflazacort tablet 30 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>deflazacort tablet 36 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>deflazacort tablet 6 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>jaythari oral suspension 22.75 mg/ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (39 ML per 30 days)
<i>jaythari tablet 18 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
<i>jaythari tablet 30 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>jaythari tablet 36 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>jaythari tablet 6 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
KYMBEE ORAL SUSPENSION 22.75 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (39 ML per 30 days)
KYMBEE TABLET 18 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
KYMBEE TABLET 30 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
KYMBEE TABLET 36 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
KYMBEE TABLET 6 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
MEDROL ORAL TABLET 2 MG	Tier 3	

Drug Name	Drug Tier	Notes
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 3	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (39 ML per 30 days)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Tier 3	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	Tier 1	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>	Tier 1	
<i>benzonatate capsule 150 mg oral</i>	Tier 2	
<i>benzonatate capsule 200 mg oral</i>	Tier 1	
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (900 ML per 30 days)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Tier 1	QL (180 EA per 30 days)
*Decongestant & Antihistamine***		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1	
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	Tier 3	
*Misc. Respiratory Inhalants***		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	Tier 3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Tier 1	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	Tier 1	QL (300 ML per 30 days)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (900 ML per 30 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (900 ML per 30 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	QL (60 EA per 30 days)
Dermatologicals		
*Acne Antibiotics***		
AMZEEQ EXTERNAL FOAM 4 %	Tier 3	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN EXTERNAL FOAM 1 %	Tier 1	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 1	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1	
<i>clindamycin phosphate external foam 1 %</i>	Tier 1	
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
<i>dapsone external gel 5 %, 7.5 %</i>	Tier 1	
<i>ery external pad 2 %</i>	Tier 1	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
<i>erythromycin external gel 2 %</i>	Tier 1	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
<i>erythromycin external solution 2 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Tier 1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 1	
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	Tier 2	
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	Tier 2	
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	Tier 1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 1	
*Acne Products***		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>adapalene external cream 0.1 %</i>	Tier 1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	ST; SWITCH TO STEP 1: Generic topical retinoid
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
AZELEX EXTERNAL CREAM 20 %	Tier 3	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>tretinoin microsphere gel 0.04 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
<i>tretinoin microsphere gel 0.08 % external</i>	Tier 1	
<i>tretinoin microsphere gel 0.1 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
<i>tretinoin microsphere pump gel 0.04 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
<i>tretinoin microsphere pump gel 0.08 % external</i>	Tier 1	
<i>tretinoin microsphere pump gel 0.1 % external</i>	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
WINLEVI EXTERNAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO ORAL CAPSULE 50 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Antibiotics - Topical***		
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	
<i>mupirocin external ointment 2 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
XEPI EXTERNAL CREAM 1 %	Tier 3	ST; TRIAL OF MUPIROCIN OINTMENT IN THE PAST 120 DAYS
*Antifungals - Topical Combinations***		
clotrimazole-betamethasone external cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 1	
*Antifungals - Topical***		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	
ciclopirox external gel 0.77 %	Tier 1	
ciclopirox external shampoo 1 %	Tier 1	
ciclopirox external solution 8 %	Tier 1	
ciclopirox olamine external cream 0.77 %	Tier 1	
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
naftifine hcl external cream 1 %	Tier 1	
naftifine hcl external gel 2 %	Tier 1	
nystatin external cream 100000 unit/gm	Tier 1	
nystatin external ointment 100000 unit/gm	Tier 1	
nystatin external powder 100000 unit/gm	Tier 1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
*Anti-Inflammatory Agents - Topical***		
diclofenac epolamine patch 1.3 % external	Tier 1	
diclofenac epolamine patch 1.3 % external	Tier 3	
diclofenac sodium solution 1.5 % external	Tier 1	QL (300 ML per 28 days)
diclofenac sodium solution 2 % external	Tier 1	ST; TRIAL OF GENERIC DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR EXTERNAL GEL 0.016 %	Tier 4 (SP Preferred)	PA; Specialty; QL (60 GM per 30 days)
*Antineoplastic Antimetabolites - Topical***		
fluorouracil external cream 5 %	Tier 1	
fluorouracil external solution 2 %, 5 %	Tier 1	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
diclofenac sodium external gel 3 %	Tier 1	

Drug Name	Drug Tier	Notes
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	Tier 4 (SP Non-Preferred)	Specialty; QL (60 GM per 28 days)
*Antipsoriatics - Systemic***		
<i>acitretin capsule 10 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>acitretin capsule 17.5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>acitretin capsule 25 mg oral</i>	Tier 1	QL (60 EA per 30 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
ICOTYDE ORAL TABLET 200 MG	Tier 4 (SP Preferred)	PA; Specialty
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty
SKYRIZI SOLUTION PREFILLED SYRINGE 55 MG/0.37ML SUBCUTANEOUS	Tier 2	PA
SOTYKTU ORAL TABLET 6 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	Tier 1	
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	
<i>calcipotriene external solution 0.005 %</i>	Tier 1	
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	

Drug Name	Drug Tier	Notes
<i>calcitriol ointment 3 mcg/gm external</i>	Tier 3	
<i>calcitriol ointment 3 mcg/gm external</i>	Tier 1	
PELLIX EXTERNAL SOLUTION 0.005 %	Tier 1	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tier 1	
TRILITAS EXTERNAL GEL 0.1 %	Tier 1	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	
VTAMA EXTERNAL CREAM 1 %	Tier 2	PA; QL (60 GM per 30 days)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<i>sodium sulfacetamide wash liquid 10 % external</i>	Tier 1	
<i>sodium sulfacetamide wash liquid 10 % external</i>	Tier 2	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Tier 1	
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 3	PA
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL (60 GM per 30 days)
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
*Burn Products***		
<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***		
ALA SCALP EXTERNAL LOTION 2 %	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>ala-cort external cream 1 %</i>	Tier 1	
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>amcinonide external cream 0.1 %</i>	Tier 3	ST; TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS
<i>amcinonide external ointment 0.1 %</i>	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	
<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 lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	
<i>clocortolone pivalate external cream 0.1 %</i>	Tier 1	ST; TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	
<i>desonide external cream 0.05 %</i>	Tier 1	
<i>desonide external gel 0.05 %</i>	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>desonide external lotion 0.05 %</i>	Tier 1	
<i>desonide external ointment 0.05 %</i>	Tier 1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone external gel 0.05 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>desoximetasone external liquid 0.25 %</i>	Tier 1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	
EVESSE EXTERNAL LOTION 0.1 %	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide external gel 0.05 %</i>	Tier 1	
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	
<i>fluocinonide external solution 0.05 %</i>	Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>halcinonide external cream 0.1 %</i>	Tier 1	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
<i>halcinonide external solution 0.1 %</i>	Tier 1	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	
HALOG EXTERNAL SOLUTION 0.1 %	Tier 3	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
<i>hydrocortisone acetate external cream 2.5 %</i>	Tier 3	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external solution 2.5 %</i>	Tier 3	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone lotion 2 % external</i>	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone lotion 2.5 % external</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
<i>mometasone furoate ointment 0.1 % external</i>	Tier 2	
<i>mometasone furoate ointment 0.1 % external</i>	Tier 1	
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 3	ST; TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 3	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 1	
*Emollient/Keratolytic Agents***		
<i>urea external lotion 40 %</i>	Tier 1	
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	Tier 1	
<i>ammonium lactate external lotion 12 %</i>	Tier 1	
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	PA

Drug Name	Drug Tier	Notes
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>econazole nitrate external cream 1 %</i>	Tier 1	
EXELDERM EXTERNAL CREAM 1 %	Tier 3	
EXELDERM EXTERNAL SOLUTION 1 %	Tier 3	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (180 GM per 1 day)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	
<i>luliconazole external cream 1 %</i>	Tier 3	
LUZU EXTERNAL CREAM 1 %	Tier 3	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
<i>sulconazole nitrate external cream 1 %</i>	Tier 3	
<i>sulconazole nitrate external solution 1 %</i>	Tier 3	
*Immunomodulators		
Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	Tier 1	
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>podofilox external gel 0.5 %</i>	Tier 1	
<i>podofilox external solution 0.5 %</i>	Tier 1	
*Local Anesthetics - Topical***		
<i>dyclopro external solution 0.5 %</i>	Tier 3	
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
LIDOCAN EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
*Macrolide Immunosuppressants - Topical***		
HYFTOR EXTERNAL GEL 0.2 %	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>pimecrolimus external cream 1 %</i>	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
*Microtubule Inhibitors - Topical***		
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 day)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 day)
*Misc. Topical***		
DRYSOL EXTERNAL SOLUTION 20 %	Tier 3	

Drug Name	Drug Tier	Notes
QBREXZA EXTERNAL PAD 2.4 %	Tier 3	PA; QL (30 EA per 30 days)
SOFDRA EXTERNAL GEL 12.45 %	Tier 3	PA; QL (40.2 ML per 30 days)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %, 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
ZORYVE EXTERNAL FOAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
*Rosacea Agents***		
azelaic acid external gel 15 %	Tier 1	
brimonidine tartrate external gel 0.33 %	Tier 1	
doxycycline oral capsule delayed release 40 mg	Tier 1	PA; QL (30 EA per 30 days)
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA; QL (30 EA per 30 days)
FINACEA EXTERNAL FOAM 15 %	Tier 2	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
ivermectin external cream 1 %	Tier 1	ST; TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS
metronidazole external cream 0.75 %	Tier 1	
metronidazole external gel 0.75 %, 1 %	Tier 1	
*Scabicides & Pediculicides***		
malathion external lotion 0.5 %	Tier 1	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	
permethrin cream 5 % external	Tier 1	
permethrin cream 5 % external	Tier 2	
spinosad external suspension 0.9 %	Tier 3	
*Steroid-Local Anesthetic Combinations***		
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST; TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 2	
*Topical Anesthetic Combinations***		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	QL (30 GM per 30 days)
*Topical Selective Retinoid X Receptor Agonists***		
bexarotene external gel 1 %	Tier 4 (SP Preferred)	PA; Specialty; QL (240 GM per 30 days)
*Topical Steroid Combinations***		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Tier 3	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
*Wound Dressings***		
FILSUEZ EXTERNAL GEL 10 %	Tier 4 (SP Non-Preferred)	PA; Specialty
Diagnostic Products		
*Diagnostic Drugs***		
PROVOCHOLINE INHALATION KIT	Tier 3	
*Diagnostic Tests***		
A1CNOW + PROFESSIONAL SYSTEM IN VITRO KIT	Tier 1	
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
ph strips in vitro diagnostic test	Tier 3	
Digestive Aids		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 30000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
Diuretics		
*Carbonic Anhydrase Inhibitors***		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
*Diuretic Combinations***		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolactone-hctz oral tablet 25-25 mg	Tier 1	
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
*Loop Diuretics***		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	

Drug Name	Drug Tier	Notes
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 1 day)
<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 ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 1 day)
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	
<i>spironolactone oral suspension 25 mg/5ml</i>	Tier 1	PA; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	PA; QL (320 ML per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
THALITONE ORAL TABLET 15 MG	Tier 3	
Endocrine And Metabolic Agents - Misc.		
*Adenosine Deaminase Scid Treatment - Agents***		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty
*Alkaptonuria (Aku) Treatment - Agents***		
HARLIKU ORAL TABLET 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Arginase 1 Deficiency (Arg1-D) - Agents***		
LOARGYS INJECTION SOLUTION 2 MG/0.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Atp-Sensitive Potassium Channel Activators***		
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (210 EA per 30 days)

Drug Name	Drug Tier	Notes
*Bisphosphonates***		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1	QL (300 ML per 28 days)
<i>alendronate sodium tablet 10 mg oral</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate sodium tablet 35 mg oral</i>	Tier 1	QL (4 EA per 28 days)
<i>alendronate sodium tablet 70 mg oral</i>	Tier 1	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 3	QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate sodium tablet 150 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (1 EA per 30 days)
<i>risedronate sodium tablet 30 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (30 EA per 30 days)
<i>risedronate sodium tablet 35 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (4 EA per 28 days)
<i>risedronate sodium tablet 5 mg oral</i>	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (30 EA per 30 days)
*Calcimimetic Agents***		
<i>cinacalcet hcl tablet 30 mg oral</i>	Tier 4 (SP Preferred)	Specialty
<i>cinacalcet hcl tablet 60 mg oral</i>	Tier 4 (SP Preferred)	Specialty
<i>cinacalcet hcl tablet 90 mg oral</i>	Tier 4 (SP Preferred)	Specialty; QL (120 EA per 30 days)
*Calcitonins***		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	QL (15 ML per 30 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	
*Corticotropin***		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY CAPSULE 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
CRENESSITY CAPSULE 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
CRENESSITY CAPSULE 50 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 ML per 30 days)

Drug Name	Drug Tier	Notes
*Cortisol Synthesis Inhibitors***		
ISTURISA TABLET 1 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 EA per 30 days)
ISTURISA TABLET 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)
*Dopamine Receptor Agonists***		
cabergoline oral tablet 0.5 mg	Tier 1	
*Fabry Disease - Agents***		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML	Tier 3	PA
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (3 EA per 14 days)
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (6 EA per 14 days)
GALAFOLD ORAL CAPSULE 123 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 28 days)
*Familial Chylomicronemia Syndrome (Fcs) - Agents***		
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.8ML, 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (0.8 ML per 28 days)
*Gnrh/Lhrh Antagonists***		
ORILISSA TABLET 150 MG ORAL	Tier 2	PA; QL (28 EA per 28 days)
ORILISSA TABLET 200 MG ORAL	Tier 2	PA; QL (56 EA per 28 days)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 4 (SP Preferred)	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4 (SP Preferred)	PA; Specialty
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (6 ML per 28 days)
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN ORAL PACKET 2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4 (SP Preferred)	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
*Homocystinuria Treatment - Agents***		
betaine oral powder	Tier 4 (SP Preferred)	PA; Specialty; QL (600 GM per 30 days)
*Hyperammonemia Treatment - Agents***		
carglumic acid oral tablet soluble 200 mg	Tier 4 (SP Preferred)	PA; Specialty
*Hyperparathyroid Treatment - Vitamin D Analogs***		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 2	QL (60 EA per 30 days)
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1.12 ML per 28 days)
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1.96 ML per 28 days)
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.8 ML per 28 days)
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4 (SP Preferred)	PA; Specialty
*Leptin Analogues***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 180 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 168 days)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 365 days)
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 168 days)
*Melanocortin 4 (Mc4) Receptor Agonists***		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (9 ML per 30 days)
*Metabolic Modifier Combinations**		
KYGEVVI ORAL PACKET 2-2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
*Mitochondrial Cardiolipin Binders***		
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
*Natriuretic Peptides***		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
YUVIWEL SOLUTION RECONSTITUTED 1.3 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
YUVIWEL SOLUTION RECONSTITUTED 2.8 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
YUVIWEL SOLUTION RECONSTITUTED 5.5 MG SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2 EA per 28 days)
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH ORAL TABLET 45 MG	Tier 3	QL (30 EA per 30 days)
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	QL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Tier 4 (SP Preferred)	PA; Specialty; QL (2.24 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.56 ML per 30 days)

Drug Name	Drug Tier	Notes
*Phenylketonuria Treatment - Agents***		
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 4 (SP Preferred)	Specialty
JAVYGTOR ORAL TABLET 100 MG	Tier 4 (SP Preferred)	Specialty
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 4 (SP Preferred)	Specialty
KUVAN ORAL TABLET 100 MG	Tier 4 (SP Preferred)	Specialty
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (15 ML per 30 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 ML per 30 days)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 4 (SP Preferred)	Specialty
sapropterin dihydrochloride oral tablet 100 mg	Tier 4 (SP Preferred)	Specialty
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 4 (SP Preferred)	Specialty
*Rank Ligand (Rankl) Inhibitors***		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.7 ML per 28 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 1 day)
*Selective Estrogen Receptor Modulators (Serms)***		
raloxifene hcl oral tablet 60 mg	Tier 1	ACA, Some restrictions may apply.
*Selective Vasopressin V2-Receptor Antagonists***		
tolvaptan (hyponatremia) tablet 15 mg oral	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 365 days)
tolvaptan (hyponatremia) tablet 30 mg oral	Tier 4 (SP Preferred)	Specialty; QL (60 EA per 365 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
tolvaptan tablet 15 mg oral	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
tolvaptan tablet 30 mg oral	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Somatostatic Agents***		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	Tier 4 (SP Preferred)	PA; Specialty
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	Tier 4 (SP Preferred)	Specialty
octreotide acetate kit 10 mg intramuscular	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
octreotide acetate kit 20 mg intramuscular	Tier 4 (SP Preferred)	PA; Specialty; QL (2 EA per 28 days)
octreotide acetate kit 30 mg intramuscular	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4 (SP Preferred)	Specialty
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	Tier 4 (SP Preferred)	PA; Specialty
*Urea Cycle Disorder - Agents***		
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (525 ML per 30 days)
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (450 EA per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (270 EA per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (270 EA per 30 days)
PHEBURANE ORAL PELLETT 483 MG/GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1245 GM per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (639 GM per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (1200 EA per 30 days)
*Vasopressin***		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	
*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Estrogens		
*Estrogen & Progestin***		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	QL (30 EA per 30 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	QL (8 EA per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	

Drug Name	Drug Tier	Notes
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2	QL (30 EA per 30 days)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	QL (30 EA per 30 days)
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA; QL (30 EA per 30 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA; QL (60 EA per 30 days)
*Estrogens***		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	Tier 1	
<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	Tier 2	
<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	Tier 1	
<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	Tier 2	
<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	Tier 1	
<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	Tier 2	
<i>estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal</i>	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol gel 1 mg/gm transdermal</i>	Tier 1	
<i>estradiol gel 1 mg/gm transdermal</i>	Tier 2	
<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	Tier 1	
<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	Tier 2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	Tier 1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	

Drug Name	Drug Tier	Notes
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	QL (30 EA per 30 days)
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA; QL (28 EA per 14 days)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl oral tablet 400 mg	Tier 1	
ofloxacin tablet 300 mg oral	Tier 1	
ofloxacin tablet 400 mg oral	Tier 2	
ofloxacin tablet 400 mg oral	Tier 1	
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
prucalopride succinate oral tablet 1 mg, 2 mg	Tier 1	QL (30 EA per 30 days)
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CTEXLI ORAL TABLET 250 MG	Tier 4 (SP Preferred)	PA; Specialty
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (30 EA per 30 days)
*Gallstone Solubilizing Agents***		
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
*Gastrointestinal Antiallergy Agents***		
cromolyn sodium oral concentrate 100 mg/5ml	Tier 1	
*Gastrointestinal Chloride Channel Activators***		
lubiprostone capsule 24 mcg oral	Tier 1	QL (60 EA per 30 days)
lubiprostone capsule 8 mcg oral	Tier 1	QL (120 EA per 30 days)
*Gastrointestinal Stimulants***		
GIMOTI NASAL SOLUTION 15 MG/ACT	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (9.8 ML per 28 days)
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 30 days)

Drug Name	Drug Tier	Notes
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (30 EA per 30 days)
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL (60 EA per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 1	
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Inflammatory Bowel Agents***		
balsalazide disodium oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	
mesalamine er oral capsule extended release 250 mg, 500 mg	Tier 1	
mesalamine oral capsule delayed release 400 mg	Tier 1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	Tier 1	
mesalamine rectal enema 4 gm	Tier 1	
mesalamine rectal suppository 1000 mg	Tier 1	
mesalamine-cleanser rectal kit 4 gm	Tier 1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Tier 3	
ROWASA RECTAL KIT 4 GM	Tier 3	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet delayed release 500 mg	Tier 1	
*Integrin Receptor Antagonists***		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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

Drug Name	Drug Tier	Notes
*Phosphate Binder Agents***		
<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	
FOSRENOL ORAL PACKET 750 MG	Tier 3	ST; TRIAL OF THREE GENERIC PHOSPHATE BINDERS IN THE PAST 365 DAYS; QL (90 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	
<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	
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
*Tumor Necrosis Factor Alpha Blockers***		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
<i>infliximab intravenous solution reconstituted 100 mg</i>	Tier 4 (SP Non-Preferred)	PA; Specialty
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
General Anesthetics		
*Volatile Anesthetics***		
<i>sevoflurane inhalation solution</i>	Tier 1	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	
*Citrates***		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml</i>	Tier 2	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4 (SP Preferred)	Specialty
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Igan Agents - Endothelin Receptor Antagonist***		
VANRAFIA ORAL TABLET 0.75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 2	
*Prostatic Hypertrophy Agent Combinations***		
JALYN ORAL CAPSULE 0.5-0.4 MG	Tier 3	ST; TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.8 ML per 28 days)
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 30 days)
*Urinary Analgesics***		
<i>phenazopyridine hcl tablet 100 mg oral</i>	Tier 2	
<i>phenazopyridine hcl tablet 100 mg oral</i>	Tier 1	
<i>phenazopyridine hcl tablet 200 mg oral</i>	Tier 2	
<i>phenazopyridine hcl tablet 200 mg oral</i>	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	
*Urinary Stone Agents***		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
<i>tiopronin oral tablet 100 mg</i>	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hematological Agents - Misc.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
<i>adzynma intravenous kit 1500 unit, 500 unit</i>	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antihemophilic Products - Antithrombin-Directed Sirna***		
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Antihemophilic Products - Monoclonal Antibodies***		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (8 ML per 28 days)
HYMPAVZI SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.5 ML per 28 days)
*Antihemophilic Products***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Tier 4 (SP Preferred)	Specialty
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty

Drug Name	Drug Tier	Notes
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
ALTUVIIIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4 (SP Preferred)	Specialty
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 4 (SP Preferred)	Specialty
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4 (SP Non-Preferred)	Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 4 (SP Non-Preferred)	Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 4 (SP Non-Preferred)	Specialty

Drug Name	Drug Tier	Notes
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
<i>obizur intravenous solution reconstituted 500 unit</i>	Tier 4 (SP Non-Preferred)	Specialty
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 4 (SP Non-Preferred)	Specialty
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 4 (SP Non-Preferred)	Specialty
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 4 (SP Non-Preferred)	Specialty
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 4 (SP Non-Preferred)	Specialty
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
*Anti-Von Willebrand Factor Agents***		
CABLIVI INJECTION KIT 11 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (18 ML per 1 day)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 4 (SP Preferred)	PA; Specialty; QL (18 ML per 1 day)
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 90 MG	Tier 2	
<i>ticagrelor tablet 60 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>ticagrelor tablet 90 mg oral</i>	Tier 1	
*Hematorheologic Agents***		
<i>pentoxifylline er tablet extended release 400 mg oral</i>	Tier 1	
<i>pentoxifylline er tablet extended release 400 mg oral</i>	Tier 2	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Plasma Factor Xiia Inhibitors - Monoclonal Antibodies***		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.2 ML per 30 days)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty; QL (4 ML per 28 days)
*Plasma Kallikrein Inhibitors***		
EKTERLY ORAL TABLET 300 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (12 ML per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
*Platelet Aggregation Inhibitor Combinations***		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 1	
*Platelet Aggregation Inhibitors***		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (0.8 ML per 28 days)
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (30 EA per 30 days)
*Pyruvate Kinase Activators***		
AQVESME ORAL TABLET 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7 EA per 7 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 14 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 14 days)
*Quinazoline Agents***		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate tablet 300 mg oral</i>	Tier 1	QL (1 EA per 1 day)
<i>clopidogrel bisulfate tablet 75 mg oral</i>	Tier 1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE 84 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
<i>miglustat oral capsule 100 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
YARGESA ORAL CAPSULE 100 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
*Amino Acids***		
<i>l-glutamine oral packet 5 gm</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (180 EA per 30 days)
*Cobalamin Combinations***		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Tier 1	
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	Tier 3	
*Cxcr4 Receptor Antagonist***		
XOLREMDI ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG	Tier 3	PA
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
RETACRIT SOLUTION 20000 UNIT/ML INJECTION	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	Tier 4 (SP Preferred)	PA; Specialty; QL (4 ML per 28 days)
*Folic Acid/Folate Combinations***		
AIRAVITE ORAL TABLET 2.5-25-1 MG	Tier 1	
<i>folbee oral tablet 2.5-25-1 mg</i>	Tier 1	ACA
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	Tier 1	
NUFOL ORAL TABLET 2.5-25-1 MG	Tier 1	
<i>westab one oral tablet 2.5-25-1 mg</i>	Tier 1	ACA
*Folic Acid/Folates***		
<i>cvs folic acid oral tablet 800 mcg</i>	Tier 1	ACA
FA-8 ORAL CAPSULE 0.8 MG	Tier 1	ACA

Drug Name	Drug Tier	Notes
<i>folate oral tablet 400 mcg</i>	Tier 1	ACA
<i>folic acid oral capsule 0.8 mg</i>	Tier 1	ACA
<i>folic acid tablet 1 mg oral (rx)</i>	Tier 1	
<i>folic acid tablet 400 mcg oral</i>	Tier 1	ACA
<i>folic acid tablet 800 mcg oral</i>	Tier 1	ACA
<i>gnp folic acid oral tablet 400 mcg</i>	Tier 1	ACA
<i>kp folic acid oral tablet 800 mcg</i>	Tier 1	ACA
<i>qc folic acid oral tablet 800 mcg</i>	Tier 1	ACA
<i>yl folic acid oral tablet 400 mcg</i>	Tier 1	ACA
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4 (SP Preferred)	PA; Specialty
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4 (SP Preferred)	PA; Specialty
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
VAFSEO TABLET 150 MG ORAL	Tier 3	PA; QL (120 EA per 30 days)
VAFSEO TABLET 300 MG ORAL	Tier 3	PA; QL (60 EA per 30 days)
*Iron Combinations***		
<i>ferottrinsic oral capsule</i>	Tier 1	
<i>foltrin oral capsule</i>	Tier 1	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	Tier 1	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 1	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
TRICON ORAL CAPSULE	Tier 1	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Tier 1	
*Iron W/ Folic Acid***		
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Tier 1	
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4 (SP Preferred)	PA; Specialty
DOPTELET ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 4 (SP Preferred)	PA; Specialty
<i>eltrombopag olamine packet 12.5 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (240 EA per 30 days)
<i>eltrombopag olamine packet 25 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
<i>eltrombopag olamine tablet 12.5 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (240 EA per 30 days)
<i>eltrombopag olamine tablet 25 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
<i>eltrombopag olamine tablet 50 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>eltrombopag olamine tablet 75 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
MULPLETA ORAL TABLET 3 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (210 EA per 30 days)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
Hemostatics		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital elixir 20 mg/5ml oral</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml oral</i>	Tier 2	
<i>phenobarbital elixir 30 mg/7.5ml oral</i>	Tier 1	
<i>phenobarbital elixir 30 mg/7.5ml oral</i>	Tier 2	
<i>phenobarbital elixir 60 mg/15ml oral</i>	Tier 1	
<i>phenobarbital elixir 60 mg/15ml oral</i>	Tier 2	
<i>phenobarbital tablet 100 mg oral</i>	Tier 2	
<i>phenobarbital tablet 100 mg oral</i>	Tier 1	
<i>phenobarbital tablet 15 mg oral</i>	Tier 1	
<i>phenobarbital tablet 15 mg oral</i>	Tier 2	
<i>phenobarbital tablet 16.2 mg oral</i>	Tier 2	
<i>phenobarbital tablet 16.2 mg oral</i>	Tier 1	
<i>phenobarbital tablet 30 mg oral</i>	Tier 1	
<i>phenobarbital tablet 30 mg oral</i>	Tier 2	
<i>phenobarbital tablet 32.4 mg oral</i>	Tier 2	
<i>phenobarbital tablet 32.4 mg oral</i>	Tier 1	
<i>phenobarbital tablet 60 mg oral</i>	Tier 2	
<i>phenobarbital tablet 60 mg oral</i>	Tier 1	
<i>phenobarbital tablet 64.8 mg oral</i>	Tier 2	
<i>phenobarbital tablet 64.8 mg oral</i>	Tier 1	
<i>phenobarbital tablet 97.2 mg oral</i>	Tier 2	
<i>phenobarbital tablet 97.2 mg oral</i>	Tier 1	
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>flurazepam hcl capsule 15 mg oral</i>	Tier 2	QL (60 EA per 30 days)
<i>flurazepam hcl capsule 15 mg oral</i>	Tier 3	QL (60 EA per 30 days)
<i>flurazepam hcl capsule 30 mg oral</i>	Tier 2	QL (30 EA per 30 days)
<i>flurazepam hcl capsule 30 mg oral</i>	Tier 3	QL (30 EA per 30 days)
<i>quazepam oral tablet 15 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Tier 1	ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days)
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days)
QUVIVIQ TABLET 25 MG ORAL	Tier 3	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (60 EA per 30 days)
QUVIVIQ TABLET 50 MG ORAL	Tier 3	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days)
*Selective Melatonin Receptor Agonists***		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (150 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	Tier 1	
<i>tasimelteon oral capsule 20 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
Laxatives		
*Bowel Evacuant Combinations***		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1	ACA, Some restrictions may apply.
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 1	ACA, Some restrictions may apply.
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	ACA, Some restrictions may apply.
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	Tier 2	

Drug Name	Drug Tier	Notes
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 1	ACA, Some restrictions may apply.
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	ACA, Some restrictions may apply.
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	ACA, Some restrictions may apply.
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 1	ACA, Some restrictions may apply.
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	
Macrolides		
*Azithromycin***		
<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	
*Clarithromycin***		
<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***		
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 3	
<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 oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	QL (300 ML per 30 days)
<i>fidaxomicin oral tablet 200 mg</i>	Tier 1	QL (60 EA per 30 days)
Medical Devices And Supplies		
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 2	ACA
*Condoms - Male***		
<i>aimsco lubricated</i>	Tier 2	ACA, Some restrictions may apply.
<i>condoms</i>	Tier 2	ACA, Some restrictions may apply.
DUREX EXTRA SENSITIVE THIN DEVICE	Tier 2	ACA, Some restrictions may apply.
DUREX REALFEEL DEVICE	Tier 2	ACA, Some restrictions may apply.
FANTASY LUBRICATED	Tier 2	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
FANTASY LUBRICATED/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
KAMELEON LUBRICATED	Tier 2	ACA, Some restrictions may apply.
<i>kimono</i>	Tier 2	ACA, Some restrictions may apply.
KIMONO COLORS DEVICE	Tier 2	ACA, Some restrictions may apply.
KIMONO MAXX-LARGE FLARE	Tier 2	ACA, Some restrictions may apply.
<i>kimono micro thin</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono micro thin plus</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono plus</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono ps</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono ps plus</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono sensation</i>	Tier 2	ACA, Some restrictions may apply.
<i>kimono sensation plus</i>	Tier 2	ACA, Some restrictions may apply.
KIMONO SPECIAL DEVICE	Tier 2	ACA, Some restrictions may apply.
<i>maxx</i>	Tier 2	ACA, Some restrictions may apply.
<i>maxx plus</i>	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX CONDOMS	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX/ULTRA TEXTURED DEVICE	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX/ULTRA THIN DEVICE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX COLOR CONDOMS + LUBE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/RIBBED/STUDD	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/SPERMICIDE EX ST	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/SPERMICIDE XL	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED EX LARGE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED EXTRA ST	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX NATURAL CONDOMS + LUBE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX NON-LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA LUB/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA NON-LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX-NONOXYNOL-9/RIB/STUD	Tier 2	ACA, Some restrictions may apply.
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM	Tier 2	ACA
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA

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

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

Drug Name	Drug Tier	Notes
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	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 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	
EMBRACE LANCETS ULTRA THIN 30G	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G	Tier 2	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA; QL (1 EA per 365 days)
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA; QL (1 EA per 365 days)
EVERSENSE SENSOR/HOLDER	Tier 3	PA; QL (3 EA per 90 days)
FIFTY50 SAFETY SEAL LANCETS	Tier 2	
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINGERSTIX LANCETS	Tier 2	
<i>fondcircle lancing device</i>	Tier 2	
<i>fondcircle single use lancets</i>	Tier 2	
FORA LANCETS	Tier 2	
FREESTYLE LANCETS	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE UNISTICK II LANCETS	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
<i>global inject ease lancets 28g</i>	Tier 2	
<i>global inject ease lancets 30g</i>	Tier 2	
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
<i>gnp sterile lancets 28g</i>	Tier 2	
<i>gnp sterile lancets 30g</i>	Tier 2	
<i>gnp sterile lancets 33g</i>	Tier 2	
GOJJI STERILE LANCETS	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA; QL (15 EA per 90 days)
GUARDIAN 4 TRANSMITTER	Tier 3	PA; QL (1 EA per 90 days)
GUARDIAN SENSOR (3)	Tier 3	PA; QL (15 EA per 90 days)
<i>guardian sensor 3</i>	Tier 3	PA; QL (15 EA per 90 days)
HAEMOLANCE PLUS	Tier 2	
HAEMOLANCE PLUS HIGH FLOW	Tier 2	
HAEMOLANCE PLUS LOW FLOW	Tier 2	
HAEMOLANCE PLUS MAX FLOW	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 2	
<i>h-e-b incontrol adv lancing</i>	Tier 2	
<i>h-e-b incontrol lancets 28g</i>	Tier 2	
<i>h-e-b incontrol lancets 30g</i>	Tier 2	
<i>h-e-b incontrol lancets 33g</i>	Tier 2	
HYPOLANCE AST LANCING KIT	Tier 2	
HY-VEE LANCETS	Tier 2	
<i>hy-vee thin lancets</i>	Tier 2	
IN TOUCH STERILE LANCETS 30G	Tier 2	
<i>kinney lancets</i>	Tier 2	
<i>kinney thin lancets</i>	Tier 2	
KROGER AUTOLET LANCING DEVICE	Tier 2	
KROGER HEALTHPRO LANCET 26G	Tier 2	

Drug Name	Drug Tier	Notes
<i>croger lancets</i>	Tier 2	
<i>croger lancets super thin</i>	Tier 2	
<i>croger lancets thin</i>	Tier 2	
<i>lancet device with ejector</i>	Tier 2	
<i>lancets</i>	Tier 2	
<i>lancets 28g thin</i>	Tier 2	
<i>lancets 30g</i>	Tier 2	
<i>lancets 33g</i>	Tier 2	
<i>lancets micro thin 33g</i>	Tier 2	
LANCETS SUPER THIN	Tier 2	
<i>lancets super thin 28g</i>	Tier 2	
LANCETS ULTRA THIN	Tier 2	
<i>lancets ultra thin 30g</i>	Tier 2	
<i>lancing device</i>	Tier 2	
LANZO	Tier 2	
<i>leader advanced lancing device</i>	Tier 2	
LIBERTY MEDICAL LANCETS	Tier 2	
<i>lite touch lancets</i>	Tier 2	
LITETOUCH LANCETS	Tier 2	
<i>live better lancet super thin</i>	Tier 2	
<i>medichoice safety lancet</i>	Tier 2	
<i>medichoice safety lancet extra</i>	Tier 2	
<i>medichoice safety lancet norm</i>	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
MICROLET LANCETS	Tier 2	
MICROLET NEXT LANCING DEVICE	Tier 2	
<i>mini lancing device</i>	Tier 2	
MM TWIST LANCETS	Tier 2	
<i>mobile lancets 30g</i>	Tier 3	
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
<i>multi-lancet device</i>	Tier 2	
MULTI-LANCET DEVICE 2 KIT	Tier 2	
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA SAFETY LANCETS 23G	Tier 2	

Drug Name	Drug Tier	Notes
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
NOVA SUREFLEX LANCING DEVICE	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 2	
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
ONETOUCH VERIO IN VITRO LIQUID	Tier 3	
<i>oval tape</i>	Tier 3	
PERFECT LANCETS 28G	Tier 2	
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE LANCETS	Tier 2	
<i>pip lancets 28g</i>	Tier 2	
<i>pip lancets 30g</i>	Tier 2	
<i>pro comfort lancets 30g</i>	Tier 2	
<i>pro comfort lancets 31g</i>	Tier 2	
<i>pro comfort safety lancets 30g</i>	Tier 2	
PRODIGY LANCETS 28G	Tier 2	
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
<i>pure comfort lancets 30g</i>	Tier 2	
<i>pure comfort safety lancet 30g</i>	Tier 2	
<i>px advanced lancing device</i>	Tier 2	
<i>px lancets microthin 33g</i>	Tier 2	
<i>px lancets ultra thin 28g</i>	Tier 2	
<i>qc advanced lancing device</i>	Tier 2	
<i>qc lancets super thin 30g</i>	Tier 2	
<i>qc lancets ultra thin</i>	Tier 2	
<i>qc unilet lancets 28g</i>	Tier 2	
<i>qc unilet lancets micro thin</i>	Tier 2	
READYLANCE SAFETY LANCETS	Tier 2	
<i>reality lancets</i>	Tier 2	
<i>reality trigger lancets</i>	Tier 2	
RELION LANCETS	Tier 2	
RELION LANCETS MICRO-THIN 33G	Tier 2	
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION ULTRA THIN LANCETS 30G	Tier 2	
RIGHTTEST ALTERNATE SITE ADAPT	Tier 2	
RIGHTTEST GD500 LANCING DEVICE	Tier 2	

Drug Name	Drug Tier	Notes
RIGHTTEST GL300 LANCETS	Tier 2	
<i>safety lancet 30g/pressure act</i>	Tier 2	
SAFETY LANCETS	Tier 2	
SAFETY LANCETS 21G	Tier 2	
SAFETY LANCETS 23G	Tier 2	
<i>safety lancets 28g</i>	Tier 2	
<i>saps health plus lancets</i>	Tier 2	
<i>saps health twist top lancets</i>	Tier 2	
<i>saps twist top lancets</i>	Tier 2	
<i>sapscore twist top lancets</i>	Tier 2	
<i>sb lancets thin</i>	Tier 2	
<i>sb lancets ultra thin</i>	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
SIMPLERA SYSTEM	Tier 3	PA
SINGLE-LET	Tier 2	
SMART DIABETES VANTAGE LANCING	Tier 2	
SMARTEST LANCETS 28G	Tier 2	
SOLUS V2 LANCETS 28G	Tier 2	
SOLUS V2 LANCING DEVICE	Tier 2	
SOLUS V2 TWIST LANCETS 30G	Tier 2	
STERILANCE TL	Tier 2	
<i>super thin lancets</i>	Tier 2	
<i>sure comfort lancets 18g</i>	Tier 2	
<i>sure comfort lancets 21g</i>	Tier 2	
<i>sure comfort lancets 23g</i>	Tier 2	
<i>sure comfort lancets 28g</i>	Tier 2	
<i>sure comfort lancets 30g</i>	Tier 2	
SURELITE LANCETS	Tier 2	
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	Tier 2	
<i>todays health lancing device</i>	Tier 2	
<i>todays health thin lancets 28g</i>	Tier 2	
<i>todays health thin lancets 30g</i>	Tier 2	
TRAVEL LANCETS ADVANCED 28G	Tier 2	
<i>true comfort safety lancets</i>	Tier 2	
<i>true comfort safety lancets</i>	Tier 3	
<i>true comfort twist top lancets</i>	Tier 2	
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS 26G	Tier 2	
TRUEPLUS LANCETS 28G	Tier 2	
TRUEPLUS LANCETS 30G	Tier 2	
TRUEPLUS LANCETS 33G	Tier 2	

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

Drug Name	Drug Tier	Notes
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	
VIVAGUARD LANCETS	Tier 2	
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
zevrx twist top lancets 30g	Tier 2	
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	QL (4 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 LIBRE INTRO KIT	Tier 2	QL (4 EA per 365 days)
OMNIPOD 5 LIBRE PODS	Tier 2	
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	QL (4 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier 2	
V-GO 20 KIT 20 UNIT/24HR	Tier 2	
V-GO 30 KIT 30 UNIT/24HR	Tier 2	
V-GO 40 KIT 40 UNIT/24HR	Tier 2	
*Needles & Syringes***		
BD AUTOSHIELD DUO 30G X 5 MM	Tier 2	
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 2	

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

Drug Name	Drug Tier	Notes
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 3	PA; QL (38.4 ML per 30 days)
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	ST; TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.; QL (30 ML per 28 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST; TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.; QL (8 ML per 28 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan solution 20 mg/act nasal</i>	Tier 1	SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB); QL (18 EA per 30 days)
<i>sumatriptan solution 5 mg/act nasal</i>	Tier 1	SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB); QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>	Tier 1	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	Tier 3	ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	QL (18 EA per 30 days)
Minerals & Electrolytes		
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	ACA, Some restrictions may apply.
<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	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
*Phosphate***		
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 2	
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	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	
*Potassium***		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	Tier 1	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	Tier 2	
<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 tablet extended release 10 meq oral</i>	Tier 1	
<i>potassium chloride er tablet extended release 15 meq oral</i>	Tier 3	
<i>potassium chloride er tablet extended release 20 meq oral</i>	Tier 1	
<i>potassium chloride er tablet extended release 8 meq oral</i>	Tier 1	
<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***		
<i>sodium chloride (pf) injection solution 0.9 %</i>	Tier 1	
<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 Minerals***		
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Zinc***		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA ORAL TABLET 70 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Antileptics***		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
*Chelating Agents***		
penicillamine oral tablet 250 mg	Tier 4 (SP Preferred)	PA; Specialty
trientine hcl capsule 250 mg oral	Tier 4 (SP Preferred)	PA; Specialty; QL (240 EA per 30 days)
trientine hcl capsule 500 mg oral	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
*Cyclosporine Analogs***		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (180 EA per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
*Farnesyltransferase Inhibitors***		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Immunomodulators For Myelodysplastic Syndromes***		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4 (SP Preferred)	PA; Specialty; OC
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CELLCEPT ORAL CAPSULE 250 MG	Tier 3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Tier 3	
CELLCEPT ORAL TABLET 500 MG	Tier 3	

Drug Name	Drug Tier	Notes
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate mofetil suspension reconstituted 200 mg/ml oral</i>	Tier 1	
<i>mycophenolate mofetil suspension reconstituted 200 mg/ml oral</i>	Tier 2	
<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 (450 ML per 30 days)
*Irrigation Solutions***		
<i>ringers irrigation irrigation solution</i>	Tier 1	
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 4 (SP Preferred)	Specialty
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 3	
<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 er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg</i>	Tier 1	ST; TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
<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 4 (SP Non-Preferred)	Specialty
*Monoclonal Antibodies***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 28 days)
*Patient Assessment Services - No Drug Dispensed***		
<i>eua patient assessment</i>	Tier 3	
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE ORAL PACKET 50 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
VIJOICE TABLET THERAPY PACK 125 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
VIJOICE TABLET THERAPY PACK 50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
*Potassium Removing Agents***		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
LOKELMA PACKET 10 GM ORAL	Tier 2	QL (34 EA per 30 days)

Drug Name	Drug Tier	Notes
LOKELMA PACKET 5 GM ORAL	Tier 2	QL (30 EA per 30 days)
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 1	
VELTASSA PACKET 1 GM ORAL	Tier 3	PA; QL (360 EA per 30 days)
VELTASSA PACKET 16.8 GM ORAL	Tier 3	PA; QL (30 EA per 30 days)
VELTASSA PACKET 25.2 GM ORAL	Tier 3	PA; QL (30 EA per 30 days)
VELTASSA PACKET 8.4 GM ORAL	Tier 3	PA; QL (30 EA per 30 days)
*Purine Analogs***		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
IMURAN ORAL TABLET 50 MG	Tier 3	
*Rock Inhibitors***		
REZUROCK ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Type I Interferon (Ifn) Receptor Antagonists***		
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (3.2 ML per 28 days)
SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; QL (3.2 ML per 28 days)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral - Combinations***		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
*Anesthetics Topical Oral***		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 1	
*Anti-Infectives - Throat***		
clotrimazole mouth/throat troche 10 mg	Tier 1	
nystatin mouth/throat suspension 100000 unit/ml	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 3	
*Antiseptics - Mouth/Throat***		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
*Saliva Stimulants***		
cevimeline hcl oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
*Steroids - Mouth/Throat/Dental***		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 1	

Drug Name	Drug Tier	Notes
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
Multivitamins		
*Prenatal Mv & Min W/Fe-Fa***		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3	ACA
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 3	ACA
CO-NATAL FA ORAL TABLET	Tier 3	ACA
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 3	ACA
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3	ACA
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3	ACA
INATAL GT ORAL TABLET	Tier 3	ACA
NATALCORE ORAL TABLET CHEWABLE 29-1 MG	Tier 3	ACA
NIVA-PLUS ORAL TABLET 27-1 MG	Tier 3	ACA
<i>one vite womens plus oral tablet 27-1 mg</i>	Tier 3	ACA
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	Tier 3	ACA
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	Tier 3	ACA
PRENATABS RX ORAL TABLET 29-1 MG	Tier 2	ACA
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	ACA
<i>prenatal 19 oral tablet chewable</i>	Tier 2	ACA
<i>prenatal oral tablet 27-1 mg</i>	Tier 3	ACA
<i>prenatal plus oral tablet 27-1 mg</i>	Tier 2	ACA
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2	ACA
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	Tier 3	ACA
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 3	ACA
<i>thrivite rx oral tablet 29-1 mg</i>	Tier 3	ACA
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 3	ACA
TRINATE ORAL TABLET	Tier 2	ACA
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Tier 3	ACA
<i>westab plus oral tablet 27-1 mg</i>	Tier 3	ACA
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha oral 29-1-200 & 200 mg</i>	Tier 3	ACA
*Prenatal Mv & Min W/Fe-Fa-Dha***		
OBSTETRIX DHA ORAL 29-1 & 350 MG	Tier 3	ACA
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
ATMEKSI ORAL SUSPENSION 750 MG/5ML	Tier 3	PA; QL (1620 ML per 30 days)
<i>baclofen oral suspension 25 mg/5ml</i>	Tier 1	PA; QL (480 ML per 30 days)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>baclofen solution 10 mg/5ml oral</i>	Tier 1	PA; QL (1200 ML per 30 days)
<i>baclofen solution 5 mg/5ml oral</i>	Tier 1	PA; QL (2400 ML per 30 days)

Drug Name	Drug Tier	Notes
<i>baclofen solution 5 mg/5ml oral</i>	Tier 3	PA; QL (2400 ML per 30 days)
<i>carisoprodol tablet 250 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>carisoprodol tablet 350 mg oral</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metaxalone tablet 400 mg oral</i>	Tier 1	QL (240 EA per 30 days)
<i>metaxalone tablet 800 mg oral</i>	Tier 1	QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	
OZOBAX DS ORAL SOLUTION 10 MG/5ML	Tier 3	PA; QL (1200 ML per 30 days)
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
*Viscosupplements***		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	Tier 2	PA; QL (12 ML per 180 days)
Nasal Agents - Systemic And Topical		
*Antihistamine-Steroid***		
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	Tier 1	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (23 GM per 30 days)
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	Tier 1	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (23 GM per 30 days)
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Tier 1	
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 1	
*Nasal Steroids***		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Tier 1	

Drug Name	Drug Tier	Notes
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Tier 3	ST; SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY; QL (5 GM per 12 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 3	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 3	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 2	ST; TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS
Neuromuscular Agents		
*Als Agents - Miscellaneous***		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (50 ML per 28 days)
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	Tier 4 (SP Preferred)	Specialty
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (600 ML per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (600 ML per 30 days)
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
*Muscular Dystrophy - Histone Deacetylase Inhibitors**		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 ML per 30 days)
*Neuromuscular Blocking Agent - Neurotoxins***		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty
DYSPORT SOLUTION RECONSTITUTED 300 UNIT INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (5 EA per 90 days)
DYSPORT SOLUTION RECONSTITUTED 500 UNIT INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (3 EA per 90 days)
MYOBLOC SOLUTION 10000 UNIT/2ML INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2 ML per 90 days)
MYOBLOC SOLUTION 2500 UNIT/0.5ML INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 90 days)
MYOBLOC SOLUTION 5000 UNIT/ML INTRAMUSCULAR	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 90 days)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (3600 ML per 30 days)
DAYBUE STIX PACKET 5000 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
DAYBUE STIX PACKET 6000 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
DAYBUE STIX PACKET 8000 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
Ophthalmic Agents		
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	QL (60 ML per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 1	QL (60 EA per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 1	QL (60 EA per 30 days)
<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 solution 0.25 % ophthalmic</i>	Tier 1	
<i>timolol maleate pf solution 0.5 % ophthalmic</i>	Tier 1	QL (60 EA per 30 days)
*Cholinergic Agonists***		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA; QL (8.4 ML per 30 days)
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
*Cycloplegic Mydriatics***		
<i>atropine sulfate solution 1 % ophthalmic</i>	Tier 1	
<i>atropine sulfate solution 1 % ophthalmic</i>	Tier 3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	QL (60 EA per 30 days)
*Miotic Combinations***		
YUVEZZI OPHTHALMIC SOLUTION 2.75-0.1 %	Tier 3	ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days)
*Miotics - Direct Acting Pupil Selective***		
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 3	ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (25 EA per 25 days)
*Miotics - Direct Acting***		
<i>pilocarpine hcl solution 1 % ophthalmic</i>	Tier 1	
<i>pilocarpine hcl solution 1.25 % ophthalmic</i>	Tier 1	QL (10 ML per 30 days)
<i>pilocarpine hcl solution 2 % ophthalmic</i>	Tier 1	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	Tier 1	
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 3	ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (60 EA per 30 days)
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Tier 1	ST; TRIAL OF GENERIC OPHTH EPINASTINE, AZELASTINE, OR OLAPATADINE IN THE PAST 120 DAYS
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	QL (50 ML per 30 days)
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	
*Ophthalmic Antibiotics***		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	Tier 2	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2	

Drug Name	Drug Tier	Notes
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	ST; TRIAL OF BOTH ORAL ANTIVIRALS (ACYCLOVIR & VALACYCLOVIR) IN THE PAST 365 DAYS
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
*Ophthalmic Diagnostic Products***		
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	Tier 1	
*Ophthalmic Ectoparasiticide**		
XDEMVI OPTHALMIC SOLUTION 0.25 %	Tier 4 (SP Preferred)	PA; Specialty; QL (10 ML per 1 day)
*Ophthalmic Immunomodulators***		
<i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i>	Tier 1	
<i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS OPTHALMIC EMULSION 0.05 %	Tier 2	QL (60 EA per 30 days)
VERKAZIA OPTHALMIC EMULSION 0.1 %	Tier 3	PA; QL (120 EA per 30 days)
*Ophthalmic Local Anesthetics***		
ALTACAINE OPTHALMIC SOLUTION 0.5 %	Tier 1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
*Ophthalmic Nerve Growth Factors***		
OXERVATE OPTHALMIC SOLUTION 0.002 %	Tier 4 (SP Non-Preferred)	PA; Specialty
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	ST; TRIAL OF DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 120 DAYS; QL (5 ML per 16 days)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	QL (20 ML per 28 days)
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	QL (20 ML per 30 days)

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

Drug Name	Drug Tier	Notes
<i>loteprednol etabonate suspension 0.2 % ophthalmic</i>	Tier 1	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (20 ML per 28 days)
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	Tier 1	
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	Tier 1	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	QL (40 ML per 28 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 3	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Tier 3	PA
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 ML per 28 days)
*Ophthalmics Misc. - Other***		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost solution 0.01 % ophthalmic</i>	Tier 1	QL (2.5 ML per 25 days)
<i>bimatoprost solution 0.03 % ophthalmic</i>	Tier 1	
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	QL (30 EA per 30 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	Tier 1	
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 3	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
<i>qivigy intravenous solution 10 gm/100ml, 5 gm/50ml</i>	Tier 4 (SP Non-Preferred)	PA; Specialty
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 3	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML	Tier 3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Preferred)	PA; Specialty
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Penicillins		
*Amidinopenicillins***		
PIVYA ORAL TABLET 185 MG	Tier 3	PA; QL (21 EA per 1 day)
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin tablet chewable 125 mg oral</i>	Tier 2	
<i>amoxicillin tablet chewable 250 mg oral</i>	Tier 2	
<i>amoxicillin tablet chewable 250 mg oral</i>	Tier 1	
<i>amoxicillin trihydrate oral suspension reconstituted 250 mg/5ml</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
*Natural Penicillins***		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>	Tier 3	

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

Drug Name	Drug Tier	Notes
<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	
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
<i>lofexidine hcl oral tablet 0.18 mg</i>	Tier 1	PA; QL (264 EA per 18 days)
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7.2 ML per 28 days)
*Anti-Cataleptic Agents***		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
<i>sodium oxybate solution 500 mg/ml oral</i>	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (540 ML per 30 days)
<i>sodium oxybate solution 500 mg/ml oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (540 ML per 30 days)
*Anti-Cataleptic Combinations***		
XYWAV ORAL SOLUTION 500 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (540 ML per 30 days)
*Antidementia Agent Combinations***		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1	ST; TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG	Tier 3	ST; TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS; QL (30 EA per 30 days)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (0.8 ML per 30 days)
*Benzodiazepines & Tricyclic Agents***		
<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***		
<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	

Drug Name	Drug Tier	Notes
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	PA; QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST; TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS; QL (60 EA per 30 days)
*Fibromyalgia Agent - Snris***		
<i>milnacipran hcl oral 12.5 & 25 & 50 mg</i>	Tier 1	ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine
<i>milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine
*Melanocortin Receptor Agonists***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA; QL (2.4 ML per 30 days)
*Movement Disorder Drug Therapy***		
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Multiple Sclerosis Agents - Antimetabolites***		
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (14 EA per 28 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 30 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (4.2 ML per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (40 ML per 365 days)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 ML per 30 days)
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (30 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine hcl tablet 10 mg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral</i>	Tier 1	QL (49 EA per 28 days)
<i>memantine hcl tablet 5 mg oral</i>	Tier 1	QL (60 EA per 30 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline tablet 2-10 mg oral</i>	Tier 3	
<i>perphenazine-amitriptyline tablet 2-25 mg oral</i>	Tier 1	
<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	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Tier 3	
*Pseudobulbar Affect Agent Combinations***		
<i>dextromethorphan-quinidine oral capsule 20-10 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
*Psychotherapeutic And Neurological Agents - Misc.***		
AQNEURSA ORAL PACKET 1 GM	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
*Small Interfering Ribonucleic Acid (Sirna) Agents***		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (0.5 ML per 84 days)
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>eq nicotine mouth/throat lozenge 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>ft nicotine mouth/throat lozenge 2 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>gnp nicotine mouth/throat gum 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	Tier 1	ACA, Some restrictions may apply.
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Tier 1	ACA, Some restrictions may apply.
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 2	ACA, Some restrictions may apply.
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 1	ACA, Some restrictions may apply.
THRIVE MOUTH/THROAT GUM 2 MG	Tier 1	ACA, Some restrictions may apply.
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	Tier 1	ACA, Some restrictions may apply.
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 1	ACA, Some restrictions may apply.
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (24 EA per 365 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (7 EA per 30 days)
MAYZENT TABLET 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
MAYZENT TABLET 1 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
MAYZENT TABLET 2 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7 EA per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
*Thienbenzodiazepines & Opioid Antagonists***		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	ST; SWITCH TO STEP ONE: generic atypical antipsychotic; QL (30 EA per 30 days)
*Thienbenzodiazepines & Ssris***		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (30 EA per 30 days)
*Vasomotor Symptom Agents - Ssris***		
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Tier 1	ST; TRIAL OF PAROXETINE HCL OR VENLAFAXINE IN THE PAST 120 DAYS; QL (30 EA per 30 days)
Respiratory Agents - Misc.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 4 (SP Non-Preferred)	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Cystic Fibrosis Agent - Combinations***		
ALYFTREK TABLET 10-50-125 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
ALYFTREK TABLET 4-20-50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)

Drug Name	Drug Tier	Notes
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 4 (SP Non-Preferred)	ST; Specialty; TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS; QL (560 EA per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 4 (SP Non-Preferred)	ST; Specialty; TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS; QL (10 EA per 30 days)
*Dipeptidyl Peptidase 1 (Dpp1) Inhibitors***		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (150 ML per 30 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Pulmonary Fibrosis Agents - Phosphodiesterase 4 (Pde4) Inhibitors***		
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral capsule 267 mg</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
<i>pirfenidone tablet 267 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
<i>pirfenidone tablet 534 mg oral</i>	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
<i>pirfenidone tablet 801 mg oral</i>	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA ORAL TABLET 150 MG	Tier 3	PA; QL (30 EA per 14 days)
*Tetracyclines***		
<i>avidoxy oral tablet 100 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
<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>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
<i>doxycycline hyclate tablet 20 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet 50 mg oral</i>	Tier 1	ST; TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
<i>doxycycline hyclate tablet 75 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
<i>doxycycline monohydrate capsule 100 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 150 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS
<i>doxycycline monohydrate capsule 50 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 75 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tablet 100 mg oral</i>	Tier 2	
<i>doxycycline monohydrate tablet 100 mg oral</i>	Tier 1	
<i>doxycycline monohydrate tablet 150 mg oral</i>	Tier 2	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS
<i>doxycycline monohydrate tablet 150 mg oral</i>	Tier 1	ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS
<i>doxycycline monohydrate tablet 50 mg oral</i>	Tier 2	
<i>doxycycline monohydrate tablet 50 mg oral</i>	Tier 1	
<i>doxycycline monohydrate tablet 75 mg oral</i>	Tier 2	
<i>doxycycline monohydrate tablet 75 mg oral</i>	Tier 1	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	

Drug Name	Drug Tier	Notes
TARGADOX ORAL TABLET 50 MG	Tier 1	ST; TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
*Thyroid Hormones***		
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 3	ST; TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 100 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 112 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 125 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 137 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 150 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 175 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 200 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 25 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 300 mcg oral</i>	Tier 1	
<i>levothyroxine sodium tablet 50 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 75 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
<i>levothyroxine sodium tablet 88 mcg oral</i>	Tier 1	QL (60 EA per 30 days)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (60 EA per 30 days)
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	PA; QL (600 ML per 30 days)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 3	ST; TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 3	ST; TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA; QL (60 ML per 30 days)
UNITHROID TABLET 100 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 112 MCG ORAL	Tier 1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
UNITHROID TABLET 125 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 137 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 150 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 175 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 200 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 25 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 300 MCG ORAL	Tier 1	
UNITHROID TABLET 50 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 75 MCG ORAL	Tier 1	QL (60 EA per 30 days)
UNITHROID TABLET 88 MCG ORAL	Tier 1	QL (60 EA per 30 days)
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 2	ACA, Some restrictions may apply.
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 2	ACA, Some restrictions may apply.
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	ACA, Some restrictions may apply.
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	Tier 2	ACA, Some restrictions may apply.
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	ACA, Some restrictions may apply.
*Ulcer		
Drugs/Antispasmodics/Anticholinergics		
*		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 3	
DONNATAL ORAL ELIXIR 16.2 MG/5ML	Tier 3	
DONNATAL ORAL TABLET 16.2 MG	Tier 3	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML	Tier 1	
PHENOHYTRO ORAL TABLET 16.2 MG	Tier 1	

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

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

Drug Name	Drug Tier	Notes
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Tier 3	PA; QL (112 EA per 14 days)
*Ulcer Drugs - Prostaglandins***		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	
oxybutynin chloride tablet 2.5 mg oral	Tier 1	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM
oxybutynin chloride tablet 2.5 mg oral	Tier 2	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM
oxybutynin chloride tablet 5 mg oral	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM
solifenacin succinate oral tablet 10 mg, 5 mg	Tier 1	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Tier 1	
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 1	
trospium chloride oral tablet 20 mg	Tier 1	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
mirabegron er oral suspension reconstituted er 8 mg/ml	Tier 1	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 1	QL (30 EA per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2	QL (30 EA per 30 days)
*Urinary Antispasmodics - Cholinergic Agonists***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	

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

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

Drug Name	Drug Tier	Notes
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2	ACA, Some restrictions may apply.
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 2	ACA, Some restrictions may apply.
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
*Spermicides***		
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 2	ACA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 2	ACA
TODAY SPONGE VAGINAL 1000 MG	Tier 2	ACA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 2	ACA
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 3	ACA
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
VANAZOLE VAGINAL GEL 0.75 %	Tier 1	
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXX VAGINAL GEL 1.8-1-0.4 %	Tier 3	ACA; QL (60 GM per 30 days)

Drug Name	Drug Tier	Notes
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.01 %</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS; QL (18 EA per 28 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
Vasopressors		
*Anaphylaxis Therapy Agents***		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Tier 2	QL (4 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (4 EA per 30 days)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 2	QL (4 EA per 30 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa capsule 100 mg oral</i>	Tier 4 (SP Preferred)	ST; Specialty; TRIAL OF MIDODRINE OR FLUDROCORTISONE IN THE PAST 120 DAYS; QL (180 EA per 30 days)
<i>droxidopa capsule 200 mg oral</i>	Tier 4 (SP Preferred)	Specialty; QL (180 EA per 30 days)
<i>droxidopa capsule 300 mg oral</i>	Tier 4 (SP Preferred)	Specialty; QL (180 EA per 30 days)
*Vasopressors***		
<i>midodrine hcl tablet 10 mg oral</i>	Tier 2	
<i>midodrine hcl tablet 10 mg oral</i>	Tier 1	
<i>midodrine hcl tablet 2.5 mg oral</i>	Tier 1	
<i>midodrine hcl tablet 5 mg oral</i>	Tier 1	

Index

A1CNOW + PROFESSIONAL SYSTEM	99	ADVOCATE SAFETY LANCETS 21G	123	<i>amantadine hcl</i>	66
<i>abacavir sulfate</i>	74	ADVOCATE SAFETY LANCETS 23G	123	<i>ambrisentan</i>	79
<i>abacavir sulfate-lamivudine</i>	71	ADVOCATE SAFETY LANCETS 26G	123	<i>amcinonide</i>	94
ABANEU-SL	117	ADVOCATE SAFETY LANCETS 28G	123	AMETHYST	84
ABIGALE	106	<i>adynovate</i>	113	<i>amiloride hcl</i>	100
ABIGALE LO	106	<i>adzynma</i>	113	<i>amiloride-hydrochlorothiazide</i>	99
ABILIFY ASIMTUFII	71	AFIRMELLE	81	<i>aminocaproic acid</i>	119
ABILIFY MAINTENA	71	AFREZZA	38	<i>amiodarone hcl</i>	24
<i>abiraterone acetate</i>	53	AFSTYLA	113	<i>amitriptyline hcl</i>	37
ABIRTEGA	53	AFTERA	84	<i>amlodipine besy-benazepril hcl</i>	48
ABRYSVO	162	AFTERPILL	84	<i>amlodipine besylate</i>	76
<i>acamprosate calcium</i>	149	AGAMATRIX ULTRA-THIN LANCETS	123	<i>amlodipine besylate-valsartan</i>	49
<i>acarbose</i>	37	AGAMREE	87	<i>amlodipine-atorvastatin</i>	78
ACCU-CHEK FASTCLIX LANCET	123	AIMOVIG	132	<i>amlodipine-olmesartan</i>	49
ACCU-CHEK FASTCLIX LANCETS	123	<i>aimsco lubricated</i>	121	<i>amlodipine-valsartan-hctz</i>	50
ACCU-CHEK SAFE-T PRO LANCETS	123	<i>aimsco twist lancets 32g</i>	123	<i>ammonium lactate</i>	96
ACCU-CHEK SOFTCLIX LANCET DEV	123	AIMSCO TWIST LANCETS 33G	123	AMNESTEEM	90
ACCU-CHEK SOFTCLIX LANCETS	123	AIRAVITE	117	<i>amoxapine</i>	37
AC CUTANE	90	AIRSUPRA	24	<i>amoxicill-clarithro-lansopraz</i>	160
<i>acebutolol hcl</i>	76	AJOVY	132	<i>amoxicillin</i>	147
<i>acetaminophen-codeine</i>	18	AKEEGA	57	<i>amoxicillin trihydrate</i>	147
<i>acetazolamide</i>	99	ALA SCALP	93	<i>amoxicillin-pot clavulanate</i>	148
<i>acetazolamide er</i>	99	<i>ala-cort</i>	93	<i>amoxicillin-pot clavulanate er</i>	148
<i>acetic acid</i>	145	<i>albendazole</i>	22	<i>amphetamine sulfate</i>	9
<i>acetylcysteine</i>	89	<i>albuterol sulfate</i>	25, 26	<i>amphetamine-dextroamphet er</i>	8
<i>acitretin</i>	92	<i>albuterol sulfate hfa</i>	25	<i>amphetamine-dextroamphetamine</i>	9
ACTHAR	101	<i>alclometasone dipropionate</i>	93	<i>amphet-dextroamphet 3-bead er</i>	9
ACTHAR GEL	101	ALECENSA	54	<i>ampicillin</i>	147
ACTHIB	162	<i>alendronate sodium</i>	101	AMVUTTRA	152
<i>acti-lance 28g</i>	123	<i>alfuzosin hcl er</i>	111	AMZEEQ	89
<i>acti-lance lite lancets 28g</i>	123	ALHEMO	113	<i>anagrelide hcl</i>	116
<i>acti-lance special lancets 17g</i>	123	<i>aliskiren fumarate</i>	51	ANALPRAM HC	22
<i>acti-lance universal 23g</i>	123	ALKINDI SPRINKLE	87	<i>anastrozole</i>	61
ACTIMMUNE	61	<i>allopurinol</i>	113	ANDEMBRY	116
<i>acyclovir</i>	75, 93	<i>almotriptan malate</i>	133	ANDROGEL PUMP	21
ADACEL	158	ALORA	107	ANGELIQ	106
<i>adalimumab-aaty (1 pen)</i>	13	<i>alosetron hcl</i>	109	ANNOVERA	84
<i>adalimumab-aaty (2 pen)</i>	13	ALPHANATE	114	ANORO ELLIPTA	24
<i>adalimumab-aaty (2 syringe)</i>	13	ALPHANINE SD	114	<i>anucort-hc</i>	22
<i>adalimumab-aaty cd/uc/hs start</i>	13	<i>alprazolam</i>	23	ANUSOL-HC	22
<i>adalimumab-adaz</i>	13	<i>alprazolam er</i>	23	APOKYN	67
<i>adalimumab-ryvk (1 pen)</i>	13	ALPRAZOLAM INTENSOL	23	<i>apomorphine hcl</i>	67
<i>adalimumab-ryvk (2 pen)</i>	13	<i>alprazolam xr</i>	23	<i>apraclonidine hcl</i>	144
<i>adapalene</i>	90	ALPROLIX	114	<i>aprepitant</i>	44
<i>adapalene-benzoyl peroxide</i>	89	ALREX	144	APRETUDE	73
ADBRY	93	ALTACAINA	143	APRI	81
<i>adefovir dipivoxil</i>	74	ALTAVERA	81	APTIVUS	73
ADEMPAS	79	ALTRENO	90	AQNEURSA	152
<i>adjustable lancing device</i>	123	ALTUVIIIIO	114	AQUALANCE LANCETS 30G	123
ADVAIR HFA	24	ALUNBRIG	54	AQVESME	116
<i>advanced mobile lancet</i>	123	ALVAIZ	118	ARAKODA	52
ADVATE	113	<i>alyacen 1/35</i>	81	ARALAST NP	154
ADVOCATE LANCETS	123	<i>alyacen 7/7/7</i>	86	ARANELLE	86
ADVOCATE LANCETS 30G	123	ALYFTREK	154	ARBLI	49
ADVOCATE SAFETY LANCETS	123	ALYGLO	146	ARCALYST	14
		ALYQ	79	AREXVY	162
				<i>arformoterol tartrate</i>	26
				ARIKAYCE	12
				<i>aripiprazole</i>	71
				ARISTADA	71
				ARISTADA INITIO	71

<i>armodafinil</i>	10	AUVELITY	34	BD PEN NEEDLE SHORT	
ARNUTTY ELLIPTA	27	AUVELITY TITRATION PACK	35	ULTRAFINE	131
ASCOMP-CODEINE	18	AUVI-Q	165	BD SAFETYGLIDE INSULIN	
<i>asenapine maleate</i>	70	AVERI	81	SYRINGE	132
ASHLYNA	85	AVIANE	81	BD VEO INSULIN SYR U/F	
ASMANEX (120 METERED		<i>avidoxy</i>	155	1/2UNIT	132
DOSES)	27	AVMAPKI FAKZYNJA CO-PACK ..	61	BD VEO INSULIN SYR	
ASMANEX (14 METERED DOSES) ..	27	AVONEX PEN	151	ULTRAFINE	132
ASMANEX (30 METERED DOSES) ..	27	AVONEX PREFILLED	151	<i>beclomethasone diprop hfa</i>	27
ASMANEX (60 METERED DOSES) ..	27	AVSOLA	111	BELBUCA	20
ASMANEX HFA	27	AVTOZMA	14	<i>belladonna alkaloids-opium</i>	158
<i>aspirin</i>	17	AYUNA	81	BELSOMRA	120
<i>aspirin 81</i>	16	AYVAKIT	60	<i>benazepril hcl</i>	48
<i>aspirin adult low dose</i>	16	AZASAN	137	<i>benazepril-hydrochlorothiazide</i>	48
<i>aspirin adult low strength</i>	16	<i>azathioprine</i>	137	BENEFIX	114
<i>aspirin childrens</i>	16	<i>azelaic acid</i>	98	BENLYSTA	135
<i>aspirin ec adult low dose</i>	16	<i>azelastine hcl</i>	139, 142	<i>benznidazole</i>	22
<i>aspirin ec low dose</i>	16	<i>azelastine-fluticasone</i>	139	<i>benzonatate</i>	88
<i>aspirin ec low strength</i>	16	AZELEX	90	<i>benzoyl peroxide-erythromycin</i>	89
<i>aspirin low dose</i>	17	<i>azilsartan medoxomil</i>	49	<i>benztropine mesylate</i>	66
<i>aspirin regimen</i>	17	<i>azithromycin</i>	121	<i>bepotastine besilate</i>	142
<i>aspirin-dipyridamole er</i>	116	AZMIRO	21	BESIVANCE	142
<i>assure comfort lancets 28g</i>	123	AZSTARYS	10	BESREMI	61
ASSURE LANCE LANCETS	123	AZURETTE	81	BESREMI PEN	61
ASSURE LANCE LANCETS 21G ...	123	BAC (BUTALBITAL-ACETAMIN-		<i>betaine</i>	103
ASSURE LANCE PLUS SAFETY		CAFF)	16	<i>betamethasone dipropionate</i>	94
25G	123	<i>bacitracin-polymyxin b</i>	143	<i>betamethasone dipropionate aug</i>	94
ASSURE LANCE PLUS SAFETY		<i>bacitra-neomycin-polymyxin-hc</i>	144	<i>betamethasone valerate</i>	94
30G	123	<i>baclofen</i>	138, 139	BETASERON	151
ASSURE LANCE SAFETY		<i>bacteriostatic water(benz alc)</i>	148	<i>betaxolol hcl</i>	76, 141
LANCET 28G	123	<i>balsalazide disodium</i>	109	<i>bethanechol chloride</i>	161
ATABEX EC	138	BALVERSA	57	<i>bexarotene</i>	65, 98
<i>atazanavir sulfate</i>	73	BALZIVA	81	BEXSERO	162
<i>atenolol</i>	76	BAQSIMI ONE PACK	38	BEYFORTUS	146
<i>atenolol-chlorthalidone</i>	50	BAQSIMI TWO PACK	38	<i>bicalutamide</i>	53
ATMEKSI	138	BARACLUDE	74	BIJUVA	106
<i>atomoxetine hcl</i>	8	BAXDELA	108	BIKTARVY	72
ATORVALIQ	47	BAXFENDY	49	<i>bimatoprost</i>	145
<i>atorvastatin calcium</i>	47	BAYER ASPIRIN EC LOW DOSE ...	17	BIMZELX	92
<i>atovaquone</i>	51	BAYER LOW DOSE	17	<i>bis subcit-metronid-tetracycl</i>	160
<i>atovaquone-proguanil hcl</i>	52	BD AUTOSHIELD DUO	131	<i>bismuth/metronidaz/tetracyclin</i>	160
<i>atropine sulfate</i>	141	BD INS SYR ULTRAFINE 1/2UNIT		<i>bisoprolol fumarate</i>	76
ATROVENT HFA	26		131	<i>bisoprolol-hydrochlorothiazide</i>	50
ATTRUBY	80	BD INSULIN SYR ULTRAFINE II ..	131	BIVIGAM	146
AUBRA EQ	81	BD INSULIN SYRINGE	131	BLISOVI 24 FE	81
AUGTYRO	60	BD INSULIN SYRINGE HALF-		BLISOVI FE 1.5/30	81
<i>auranofin</i>	14	UNIT	131	BLISOVI FE 1/20	81
<i>aurora lancet super thin 30g</i>	123	BD INSULIN SYRINGE		BLUJEPa	52
<i>aurora lancet thin 23g</i>	123	MICROFINE	131	BOOSTRIX	158
AUROVELA 1.5/30	81	BD INSULIN SYRINGE U/F	131	<i>bosentan</i>	79
AUROVELA 1/20	81	BD INSULIN SYRINGE		BOSULIF	55
AUROVELA 24 FE	81	ULTRAFINE	131	<i>bosutinib</i>	55
AUROVELA FE 1.5/30	81	BD MICROTAINER LANCETS	124	BOTOX	140
AUROVELA FE 1/20	81	BD PEN NEEDLE MICRO		BRAFTOVI	56
AUTOLET II CLINISAFE	123	ULTRAFINE	131	BREO ELLIPTA	24
AUTOLET LANCING DEVICE	123	BD PEN NEEDLE MINI		BREYNA	24
AUTOLET LITE CLINISAFE	123	ULTRAFINE	131	BREZTRI AEROSPHERE	24
AUTOLET LITE LANCING		BD PEN NEEDLE NANO 2ND GEN		<i>briellyn</i>	81
DEVICE	123		131	BRILINTA	115
AUTOLET LITE STARTER PACK	123	BD PEN NEEDLE NANO		<i>brimonidine tartrate</i>	98, 144
AUTOLET MINI	123	ULTRAFINE	131	<i>brimonidine tartrate-timolol</i>	141
AUTOLET PLATFORMS	123	BD PEN NEEDLE ORIG		BRINSUPRI	155
AUTOLET PLUS	124	ULTRAFINE	131	<i>brinzolamide</i>	143

clotrimazole	97, 137	cvs aspirin adult low dose	17	desogestrel-ethinyl estradiol	81
clotrimazole-betamethasone	91	cvs aspirin adult low strength	17	desonide	94
clozapine	70	cvs aspirin ec	17	desoximetasone	94, 95
COAGADEX	114	cvs aspirin low dose	17	desvenlafaxine succinate er	36
COAGUCHEK LANCETS	124	cvs aspirin low strength	17	dexamethasone	87
COARTEM	52	cvs folic acid	117	DEXAMETHASONE INTENSOL	87
COBENFY	70	cvs lancets original	124	dexamethasone sodium phosphate	144
COBENFY STARTER PACK	70	cvs lancets thin 26g	124	DEXCOM G7 15 DAY SENSOR	124
codeine sulfate	18	cvs lancing device	124	DEXCOM G7 RECEIVER	124
colchicine	113	cvs nicotine	153	DEXCOM G7 SENSOR	124
colchicine-probenecid	113	cvs nicotine polacrilex	153	dexlansoprazole	160
colesevelam hcl	46	cvs ultra thin lancets	124	dexmethylphenidate hcl	10
colestipol hcl	46	cyanocobalamin	117	dexmethylphenidate hcl er	10
COMBIPATCH	106	cyclobenzaprine hcl	139	dextroamphetamine sulfate	9, 10
COMBIVENT RESPIMAT	24	CYCLOMYDRIL	141	dextroamphetamine sulfate er	9
COMETRIQ (100 MG DAILY DOSE)	59	cyclopentolate hcl	141	dextromethorphan-quinidine	152
COMETRIQ (140 MG DAILY DOSE)	59	cyclophosphamide	64	DIACOMIT	30
COMETRIQ (60 MG DAILY DOSE)	59	cycloserine	53	DIATHRIVE LANCET ULTRA THIN 30	124
comfort assured lancets 28g	124	CYCLOSET	38	DIATHRIVE LANCETS	124
comfort assured lancets 33g	124	cyclosporine	135	diazepam	23, 29
COMFORT TOUCH LANCETS 31G	124	cyclosporine (pf)	143	DIAZEPAM INTENSOL	23
COMFORT TOUCH PLUS LANCETS 28G	124	cyclosporine modified	135	diazoxide	38
COMFORT TOUCH PLUS LANCETS 30G	124	cyproheptadine hcl	46	dichlorphenamide	99
COMFORT TOUCH TWIST LANCET 30G	124	CYRED EQ	81	diclofenac epolamine	91
COMIRNATY	162	CYSTADROPS	145	diclofenac potassium	14
COMIRNATY 5-11 YEARS	162	CYSTAGON	112	diclofenac sodium	14, 91, 143
complete natal dha	138	CYSTARAN	145	diclofenac sodium er	14
completenate	138	dabigatran etexilate mesylate	29	diclofenac-misoprostol	14
COMPRO	70	dalfampridine er	151	dicloxacin sodium	148
CO-NATAL FA	138	danazol	21	dicyclomine hcl	159
CONCEPT DHA	138	dantrolene sodium	139	DIFICID	121
CONCEPT OB	138	DANZITEN	55	diflunisal	17
condoms	121	dapaglifloz base-metformin er	42	difluprednate	144
CONJUPRI	77	dapagliflozin	42	digoxin	77
constulose	121	dapsone	51, 89	dihydroergotamine mesylate	133
CONTOUR NEXT TEST	99	DAPTACEL	158	DILANTIN	34
CONTOUR TEST	99	darunavir	73	DILANTIN INFATABS	34
COPAXONE	152	dasatinib	55	DILANTIN-125	34
COPIKTRA	64	DASETTA 1/35 (28)	81	diltiazem hcl	77
CORDRAN	94	DASETTA 7/7/7	86	diltiazem hcl er	77
CORIFACT	114	DAURISMO	57	diltiazem hcl er beads	77
CORLANOR	80	DAWNZERA	116	diltiazem hcl er coated beads	77
CORTIFOAM	22	DAYBUE	141	dilt-xr	77
cortisone acetate	87	DAYBUE STIX	141	dimethyl fumarate	151
CORTISPORIN-TC	146	DAYSEE	85	dimethyl fumarate starter pack	151
CORTROPHIN	101	DAYVIGO	120	DIPENTUM	109
CORTROPHIN GEL	101	DEBLITANE	86	diphenhydramine hcl	45
COTELLIC	58	deferasirox	43	diphenoxylate-atropine	43
CRENESSITY	101	deferasirox granules	43	dipyridamole	116
CREON	99	deferiprone	43	disopyramide phosphate	23
CRESEMBA	45	deflazacort	87	disulfiram	149
CRINONE	165	DELYLA	81	divalproex sodium	34
cromolyn sodium	25, 108, 142	demeclocycline hcl	156	divalproex sodium er	34
CRYSSELLE	81	DEPO-ESTRADIOL	107	dofetilide	24
CRYSVITA	106	DEPO-SUBQ PROVERA 104	85	DOLISHALE	84
CTEXLI	108	DEPO-TESTOSTERONE	21	donepezil hcl	149
		DERMACINRX DIGENYX	159	DONNATAL	158
		DESCOVY	72	DOPTelet	118
		desipramine hcl	37	DOPTelet SPRINKLE	119
		desloratadine	45, 46	dorzolamide hcl	143
		desmopressin ace spray refrig	106	dorzolamide hcl-timolol mal	141
		desmopressin acetate	106	dorzolamide hcl-timolol mal pf	141
		desmopressin acetate spray	106		

DOTTI	107	EASY TOUCH SAFETY LANCETS		<i>enalapril-hydrochlorothiazide</i>	48
DOVATO	72	23G	125	ENBREL	16
<i>doxazosin mesylate</i>	50	EASY TOUCH SAFETY LANCETS		ENBREL MINI	16
<i>doxepin hcl</i>	37	26G	125	ENBREL SURECLICK	16
<i>doxycycline</i>	98	EASY TOUCH SAFETY LANCETS		ENCARE	164
<i>doxycycline hyclate</i>	156	28G	125	ENDOCET	20
<i>doxycycline monohydrate</i>	156	EBGLYSS	93	ENERGIX-B	162
<i>doxylamine-pyridoxine</i>	44	<i>econazole nitrate</i>	97	ENILLORING	84
DRIZALMA SPRINKLE	36	ECONTRA ONE-STEP	84	<i>enoxaparin sodium</i>	29
<i>dronabinol</i>	44	ECOTRIN LOW STRENGTH	17	ENSACOVE	59
DROPLET GENTEEL LANCING		EDURANT PED	73	ENSKYCE	82
DEVICE	124	<i>efavirenz</i>	73	ENSPRYNG	136
DROPLET LANCETS ULTRA		<i>efavirenz-emtricitab-tenofo df</i>	72	ENSTILAR	99
THIN 30G	124	<i>efavirenz-lamivudine-tenofovir</i>	72	<i>entacapone</i>	67
DROPLET LANCING DEVICE	124	EGRIFTA SV	102	<i>entecavir</i>	74
DROPLET PERSONAL LANCETS		EGRIFTA WR	102	ENTRESTO	78
30G	125	EKTERLY	116	ENTYVIO PEN	109
DROPSAFE ACTI-LANCE 23G	125	ELESTRIN	107	<i>enulose</i>	110
<i>drospiren-eth estrad-levomefol</i>	81	<i>eletriptan hydrobromide</i>	133	EPCLUSA	74, 75
<i>drospirenone-ethinyl estradiol</i>	81	ELFABRIO	102	EPIDIOLEX	30
DROXIA	117	ELIGARD	63	EPIFOAM	98
<i>droxidopa</i>	165	ELINEST	81	<i>epinastine hcl</i>	142
DRUG MART ON-THE-GO		ELIQUIS	28	<i>epinephrine</i>	165
LANCET 30G	125	ELIQUIS (1.5 MG PACK)	28	<i>eplerenone</i>	51
DRUG MART UNILET LANCETS		ELIQUIS (2 MG PACK)	28	<i>eq aspirin adult low dose</i>	17
28G	125	ELIQUIS DVT/PE STARTER		<i>eq aspirin low dose</i>	17
DRUG MART UNILET LANCETS		PACK	28	<i>eq nicotine</i>	153
30G	125	ELIXOPHYLLIN	27	<i>eq nicotine polacrilex</i>	153
DRUG MART UNILET LANCETS		ELLA	84	<i>eq nicotine step 3</i>	153
33G	125	ELOCTATE	114	<i>eq aspirin low dose</i>	17
DRYSOL	97	<i>eltrombopag olamine</i>	119	EQUETRO	68
DUAVEE	108	ELURYNG	84	<i>ergotamine-caffeine</i>	132
DULERA	24	ELYXYB	133	ERIVEDGE	57
<i>duloxetine hcl</i>	36, 37	EMBECTA AUTOSHIELD DUO	132	ERLEADA	53
DUOPA	67	EMBECTA INS SYR U/F 1/2 UNIT	132	<i>erlotinib hcl</i>	56
DUPIXENT	93	EMBECTA INSULIN SYR		ERRIN	86
DUREX EXTRA SENSITIVE THIN	121	ULTRAFINE	132	<i>ery</i>	89
DUREX REALFEEL	121	EMBECTA INSULIN SYRINGE	132	<i>erythromycin</i>	89, 121, 142
<i>dutasteride</i>	111	EMBECTA INSULIN SYRINGE U-		<i>erythromycin base</i>	121
DUVYZAT	140	100	132	<i>erythromycin ethylsuccinate</i>	121
<i>dyclopro</i>	97	EMBECTA PEN NEEDLE NANO	132	ERZOFRI	68
DYSPORT	140	EMBECTA PEN NEEDLE NANO 2		<i>escitalopram oxalate</i>	36
E.E.S. 400	121	GEN	132	<i>eslicarbazepine acetate</i>	30
<i>easy comfort lancets</i>	125	EMBECTA PEN NEEDLE		<i>esomeprazole magnesium</i>	160
<i>easy comfort lancets twist top</i>	125	ULTRAFINE	132	ESPEROCT	114
EASY TOUCH LANCETS 21G	125	EMBRACE LANCETS ULTRA		ESTARYLLA	82
EASY TOUCH LANCETS 23G	125	THIN 30G	125	<i>estazolam</i>	119
EASY TOUCH LANCETS 26G	125	EMBRACE PRESSURE		<i>estradiol</i>	107, 165
EASY TOUCH LANCETS 28G	125	ACTIVATED 21G	125	<i>estradiol valerate</i>	107
EASY TOUCH LANCETS		EMBRACE PRESSURE		<i>estradiol-norethindrone acet</i>	106
28G/TWIST	125	ACTIVATED 28G	125	<i>estrogens conjugated</i>	107
EASY TOUCH LANCETS 30G	125	EMEND	44	<i>eszopiclone</i>	120
EASY TOUCH LANCETS		EMGALITY	132	<i>ethacrynic acid</i>	99
30G/TWIST	125	EMGALITY (300 MG DOSE)	132	<i>ethambutol hcl</i>	53
EASY TOUCH LANCETS 32G	125	EMROSI	98	<i>ethosuximide</i>	34
EASY TOUCH LANCETS		EMSAM	35	<i>etodolac</i>	15
32G/TWIST	125	<i>emtricitabine</i>	74	<i>etodolac er</i>	15
EASY TOUCH LANCETS		<i>emtricitabine-tenofovir df</i>	72	<i>etonogestrel-ethinyl estradiol</i>	84
33G/TWIST	125	<i>emtricitab-rilpivir-tenofov df</i>	72	<i>etoposide</i>	64
EASY TOUCH LANCING DEVICE	125	EMTRIVA	74	<i>etravirine</i>	73
EASY TOUCH SAFETY LANCETS		EMVERM	22	<i>eua patient assessment</i>	136
21G	125	EMZAHH	86	EUCRISA	98
		<i>enalapril maleate</i>	48, 49	EUFLEXXA	139

EULEXIN	53	FINZALA	82	<i>fosinopril sodium</i>	49
<i>everolimus</i>	59, 136	FIRDAPSE	53	<i>fosinopril sodium-hctz</i>	48
EVERSENSE 365		FIRMAGON	62	FOSRENOL	111
SENSOR/HOLDER	125	FIRMAGON (240 MG DOSE)	62	FOTIVDA	59
EVERSENSE 365 SMART		FIRST-LANSOPRAZOLE	160	FREESTYLE LANCETS	125
TRANSMIT	125	FIRST-MOUTHWASH BLM	137	FREESTYLE LIBRE 14 DAY	
EVERSENSE SENSOR/HOLDER	125	FIRVANQ	51	READER	125
EVESSE	95	FLAVOR SWEET DYE FREE	148	FREESTYLE LIBRE 14 DAY	
EVOTAZ	72	<i>flavor sweet sf dye free</i>	148	SENSOR	125
EVRYSDI	141	FLEBOGAMMA DIF	146	FREESTYLE LIBRE 2 PLUS	
EXELDERM	97	<i>flecainide acetate</i>	24	SENSOR	125
<i>exemestane</i>	61	FLECTOR	91	FREESTYLE LIBRE 2 READER	126
EYSUVIS	144	<i>flolipid</i>	47	FREESTYLE LIBRE 2 SENSOR	126
<i>ezetimibe</i>	48	FLUAD	163	FREESTYLE LIBRE 3 PLUS	
<i>ezetimibe-simvastatin</i>	47, 48	FLUARIX	163	SENSOR	126
FA-8	117	FLUBLOK	163	FREESTYLE LIBRE 3 READER	126
FABRAZYME	102	FLUCELVAX	163	FREESTYLE LIBRE 3 SENSOR	126
FALMINA	82	<i>fluconazole</i>	45	FREESTYLE UNISTICK II	
<i>famciclovir</i>	75	<i>flucytosine</i>	45	LANCETS	126
<i>famotidine</i>	159	<i>fludrocortisone acetate</i>	88	<i>frovatriptan succinate</i>	133
FANAPT	68	FLULAVAL	163	FRUZAQLA	65
FANAPT TITRATION PACK A	68	FLUMIST	163	<i>ft aspirin low dose</i>	17
FANAPT TITRATION PACK B	68	<i>flunisolide</i>	139	<i>ft nicotine</i>	153
FANAPT TITRATION PACK C	68	<i>fluocinolone acetonide</i>	95, 146	<i>ft nicotine mini</i>	153
FANTASY LUBRICATED	121	<i>fluocinolone acetonide body</i>	95	FULPHILA	118
FANTASY		<i>fluocinolone acetonide scalp</i>	95	FUROSCIX	100
LUBRICATED/SPERMICIDE	122	<i>fluocinonide</i>	95	<i>furosemide</i>	100
FASENRA	26	<i>fluocinonide emulsified base</i>	95	FYAVOLV	106
FASENRA PEN	26	<i>fluorescein-benoxinate</i>	143	<i>gabapentin</i>	30
<i>febuxostat</i>	113	<i>fluorometholone</i>	144	GALAFOLD	102
FEIBA	114	<i>fluorouracil</i>	91	<i>galantamine hydrobromide</i>	150
FEIRZA 1.5/30	82	<i>fluoxetine hcl</i>	36	<i>galantamine hydrobromide er</i>	150
FEIRZA 1/20	82	<i>fluoxetine hcl (pmd)</i>	152	GALBRIELA	82
<i>felbamate</i>	33	<i>fluphenazine decanoate</i>	70	GALLIFREY	148
<i>felodipine er</i>	77	<i>fluphenazine hcl</i>	70	GALZIN	134
FEMCAP	121	<i>flurandrenolide</i>	95	GAMASTAN	146
FEMLYV	82	<i>flurazepam hcl</i>	120	GAMMAGARD	146
<i>fenofibrate</i>	46	<i>flurbiprofen</i>	15	GAMMAGARD ERC	146
<i>fenofibrate micronized</i>	46	<i>flurbiprofen sodium</i>	143	GAMMAGARD S/D LESS IGA	146
<i>fenofibric acid</i>	46	<i>fluticasone propionate</i>	95, 139	GAMMAKED	146
FENSOLVI (6 MONTH)	104	<i>fluticasone propionate diskus</i>	27	GAMMAPLEX	146
<i>fentanyl</i>	18	<i>fluticasone propionate hfa</i>	27	GAMUNEX-C	146
<i>ferottrinsic</i>	118	<i>fluticasone-salmeterol</i>	24, 25	GARDASIL 9	163
FERRIPROX	43	<i>fluvastatin sodium</i>	47	<i>gatifloxacin</i>	142
FERRIPROX TWICE-A-DAY	43	<i>fluvastatin sodium er</i>	47	GATTEX	108
<i>fesoterodine fumarate er</i>	161	<i>fluvoxamine maleate</i>	36	GAVILYTE-C	120
FETZIMA	37	<i>fluvoxamine maleate er</i>	36	GAVILYTE-G	120
FETZIMA TITRATION	37	FLUZONE	163	GAVILYTE-N WITH FLAVOR	
FIASP	39	FLUZONE HIGH-DOSE	163	PACK	120
FIASP FLEXTOUCH	39	<i>folate</i>	118	GAVRETO	60
FIASP PENFILL	39	<i>folbee</i>	117	<i>gefitinib</i>	56
FIASP PUMPCART	39	<i>folic acid</i>	118	<i>gemfibrozil</i>	47
<i>fidaxomicin</i>	121	FOLIVANE-OB	138	GEMMILY	82
FIFTY50 SAFETY SEAL		<i>folplex 2.2</i>	117	<i>generlac</i>	110
LANCETS	125	<i>foltrin</i>	118	GENGRAF	135
FIFTY50 UNILET LANCETS 33G	125	<i>fondaparinux sodium</i>	29	GENOTROPIN	102
FILSPARI	112	<i>fondcircle lancing device</i>	125	GENOTROPIN MINIQUICK	102
FILSUVEZ	99	<i>fondcircle single use lancets</i>	125	<i>gentamicin sulfate</i>	90, 142
FINACEA	98	FORA LANCETS	125	GENTEEL BUTTERFLY TOUCH	
<i>finasteride</i>	111	FORZINITY	104	LANCET	126
FINGERSTIX LANCETS	125	FOSAMAX PLUS D	101	GENVOYA	72
<i>tingolimod hcl</i>	154	<i>fosamprenavir calcium</i>	73	GEODON	68
FINTEPLA	30	<i>fosfomycin tromethamine</i>	52	GILOTRIF	56

GIMOTI	108	HAILEY FE 1/20	82	<i>hydroxocobalamin acetate</i>	117
GLASSIA	154	<i>halcinonide</i>	95	<i>hydroxychloroquine sulfate</i>	52
<i>glatiramer acetate</i>	152	<i>halobetasol propionate</i>	95	<i>hydroxyurea</i>	61
GLATOPA	152	HALOG	95	<i>hydroxyzine hcl</i>	23
<i>glimepiride</i>	42	<i>haloperidol</i>	69	<i>hydroxyzine pamoate</i>	23
<i>glipizide</i>	42	<i>haloperidol decanoate</i>	69	HYFTOR	97
<i>glipizide er</i>	42	<i>haloperidol lactate</i>	69	HYMPAVZI	113
<i>glipizide-metformin hcl</i>	42	HARLIKU	100	<i>hyoscyamine sulfate</i>	159
<i>global inject ease lancets 28g</i>	126	HARVONI	75	<i>hyoscyamine sulfate er</i>	159
<i>global inject ease lancets 30g</i>	126	HAVRIX	163	<i>hyosyne</i>	159
<i>glucagon emergency</i>	38	HEATHER	86	HYPERRHO MINI-DOSE	147
GLUCOCOM LANCETS 28G	126	<i>h-e-b aspirin</i>	17	HYPERSAL	88
GLUCOCOM LANCETS 30G	126	<i>h-e-b incontrol adv lancing</i>	126	HYPOLANCE AST LANCING	126
GLUCOCOM LANCETS 33G	126	<i>h-e-b incontrol lancets 28g</i>	126	HYQVIA	147
<i>glyburide</i>	43	<i>h-e-b incontrol lancets 30g</i>	126	HYRNUO	59
<i>glyburide-metformin</i>	42	<i>h-e-b incontrol lancets 33g</i>	126	HY-VEE LANCETS	126
<i>glycerol phenylbutyrate</i>	106	HEMANGEOL	76	<i>hy-vee thin lancets</i>	126
<i>glycopyrrolate</i>	160	<i>hematinic plus vit/minerals</i>	118	<i>ibandronate sodium</i>	101
GLYXAMBI	42	<i>hematinic/folic acid</i>	118	IBRANCE	62
<i>gnp adult aspirin low strength</i>	17	HEMICLOR	100	IBTROZI	60
<i>gnp aspirin low dose</i>	17	HEMLIBRA	113	IBU	15
<i>gnp folic acid</i>	118	HEMMOREX-HC	22	<i>ibuprofen</i>	15
<i>gnp nicotine</i>	153	HEMOFIL M	114	<i>icatibant acetate</i>	115
<i>gnp nicotine mini</i>	153	<i>heparin (porcine) in nacl</i>	28	ICLEVIA	85
<i>gnp nicotine polacrilex</i>	153	<i>heparin sod (pork) lock flush</i>	28	ICLUSIG	55
<i>gnp sterile lancets 28g</i>	126	<i>heparin sodium (porcine)</i>	28	<i>icosapent ethyl</i>	46
<i>gnp sterile lancets 30g</i>	126	<i>heparin sodium (porcine) +rfid</i>	28	ICOTYDE	92
<i>gnp sterile lancets 33g</i>	126	<i>heparin sodium (porcine) pf</i>	28, 29	IDELVION	114
GOJJI STERILE LANCETS	126	HEPLISAV-B	163	IDHIFA	63
GOLYTELY	120	HER STYLE	84	IDVYN SO	72
GOMEKLI	58	HERNEXEOS	55	ILARIS	14
<i>goodsense aspirin</i>	17	HETLIOZ LQ	120	ILUMYA	92
<i>goodsense aspirin low dose</i>	17	HIBERIX	162	<i>imatinib mesylate</i>	55
<i>goodsense nicotine</i>	153	HIZENTRA	147	IMBRUVICA	56
<i>granisetron hcl</i>	44	HUMALOG	39	IMCIVREE	104
GRASTEK	12	HUMALOG KWIKPEN	39	<i>imipramine hcl</i>	37
<i>griseofulvin microsize</i>	45	HUMALOG MIX 50/50 KWIKPEN ..	39	<i>imipramine pamoate</i>	37
<i>griseofulvin ultramicrosize</i>	45	HUMALOG MIX 75/25	39	<i>imiquimod</i>	97
<i>guanfacine hcl</i>	50	HUMATE-P	114	<i>imkeldi</i>	55
<i>guanfacine hcl er</i>	8	HUMATIN	12	IMPAVIDO	51
GUARDIAN 4 GLUCOSE SENSOR	126	HUMULIN 70/30	39	IMURAN	137
GUARDIAN 4 TRANSMITTER	126	HUMULIN 70/30 KWIKPEN	39	IMVEXXY MAINTENANCE PACK	
GUARDIAN SENSOR (3)	126	HUMULIN N	39		165
<i>guardian sensor 3</i>	126	HUMULIN N KWIKPEN	39	IMVEXXY STARTER PACK	165
GVOKE HYPOPEN 1-PACK	38	HUMULIN R	39	IN TOUCH STERILE LANCETS	
GVOKE HYPOPEN 2-PACK	38	HUMULIN R U-500 KWIKPEN	39	30G	126
GVOKE KIT	38	HYCANTIN	65	INATAL GT	138
GVOKE PFS	38	<i>hydralazine hcl</i>	51	INBRIJA	66
GWYN LO	84	<i>hydrochlorothiazide</i>	100	INCASSIA	86
GYNAZOLE-1	164	<i>hydrocod poli-chlorphe poli er</i>	89	INCRELEX	103
HABITROL	153	<i>hydrocodone bitartrate er</i>	18	INCRUSE ELLIPTA	26
HAEMOLANCE PLUS	126	<i>hydrocodone bit-homatrop mbr</i>	88	<i>indapamide</i>	100
HAEMOLANCE PLUS HIGH		<i>hydrocodone-acetaminophen</i>	18	<i>indomethacin</i>	15
FLOW	126	<i>hydrocodone-ibuprofen</i>	18	<i>indomethacin er</i>	15
HAEMOLANCE PLUS LOW		<i>hydrocortisone</i>	22, 87, 96	INFANRIX	158
FLOW	126	<i>hydrocortisone (perianal)</i>	22	<i>infiximab</i>	111
HAEMOLANCE PLUS MAX		<i>hydrocortisone ace-pramoxine</i>	22	INGREZZA	150
FLOW	126	<i>hydrocortisone acetate</i>	22, 95	INLURIYO	62
HAEMOLANCE PLUS		<i>hydrocortisone butyrate</i>	95, 96	INLYTA	65
PEDIATRIC FLOW	126	<i>hydrocortisone valerate</i>	96	INQOVI	61
HAILEY 1.5/30	82	<i>hydrocortisone-acetic acid</i>	146	INREBIC	63
HAILEY 24 FE	82	<i>hydromorphone hcl</i>	18	<i>insulin glargine-yfgn</i>	39
HAILEY FE 1.5/30	82	<i>hydromorphone hcl er</i>	18	<i>insulin lispro</i>	39

<i>insulin lispro (1 unit dial)</i>	39	KALLIGA	82	<i>groger lancets super thin</i>	127
<i>insulin lispro junior kwikpen</i>	39	KALYDECO	154	<i>groger lancets thin</i>	127
<i>insulin lispro prot & lispro</i>	39	KAMELEON LUBRICATED	122	K-TAN PLUS	118
INTELENCE	73	KAPSPARGO SPRINKLE	76	KURVELO	82
INTROVALE	85	KARBINAL ER	45	KUVAN	105
INVEGA HAFYERA	68	KARIVA	81	KYGEVVI	104
INVEGA SUSTENNA	68	KELNOR 1/35	82	KYLEENA	85
INVEGA TRINZA	68	KENALOG-80	87	KYMBEE	87
INZIRQO	100	KERENDIA	104	KYZATREX	21
IPOL	163	KESIMPTA	151	<i>labetalol hcl</i>	76
<i>ipratropium bromide</i>	26, 139	<i>ketoconazole</i>	45, 97	<i>lacosamide</i>	30
<i>ipratropium bromide hfa</i>	26	<i>ketoprofen</i>	15	<i>lactulose</i>	121
<i>ipratropium-albuterol</i>	25	<i>ketoprofen er</i>	15	<i>lactulose encephalopathy</i>	110
IQIRVO	110	<i>ketorolac tromethamine</i>	15, 143	LAGEVRIO	75
<i>irbesartan</i>	50	<i>ketorolac tromethamine + rfid</i>	15	LAMICTAL XR	30
<i>irbesartan-hydrochlorothiazide</i>	49	KEVZARA	14	<i>lamivudine</i>	74
ISENTRESS	73	<i>kimono</i>	122	<i>lamivudine-zidovudine</i>	72
ISENTRESS HD	73	KIMONO COLORS	122	<i>lamotrigine</i>	30
ISIBLOOM	82	KIMONO MAXX-LARGE FLARE	122	<i>lamotrigine er</i>	30
<i>isoniazid</i>	53	<i>kimono micro thin</i>	122	<i>lamotrigine odt</i>	30
<i>isosorb dinitrate-hydralazine</i>	78	<i>kimono micro thin plus</i>	122	<i>lamotrigine starter kit-blue</i>	30
<i>isosorbide dinitrate</i>	22	<i>kimono plus</i>	122	<i>lamotrigine starter kit-green</i>	31
<i>isosorbide mononitrate</i>	23	<i>kimono ps</i>	122	<i>lamotrigine starter kit-orange</i>	31
<i>isosorbide mononitrate er</i>	22	<i>kimono ps plus</i>	122	LAMPIT	51
<i>isotretinoin</i>	90	<i>kimono sensation</i>	122	<i>lancet device with ejector</i>	127
ISTURISA	102	<i>kimono sensation plus</i>	122	<i>lancets</i>	127
ITOVEBI	64	KIMONO SPECIAL	122	<i>lancets 28g thin</i>	127
<i>itraconazole</i>	45	KINERET	14	<i>lancets 30g</i>	127
<i>ivabradine hcl</i>	80	<i>kinney lancets</i>	126	<i>lancets 33g</i>	127
<i>ivermectin</i>	22, 98	<i>kinney thin lancets</i>	126	<i>lancets micro thin 33g</i>	127
IWILFIN	64	KINRIX	158	LANCETS SUPER THIN	127
IXINITY	114	KIONEX	136	<i>lancets super thin 28g</i>	127
JAIMIESS	85	KISQALI (200 MG DOSE)	62	LANCETS ULTRA THIN	127
JAKAFI	63	KISQALI (400 MG DOSE)	62	<i>lancets ultra thin 30g</i>	127
JAKAFI XR	63	KISQALI (600 MG DOSE)	62	<i>lancing device</i>	127
JALYN	112	KLAYESTA	91	LANOXIN	77
JARDIANCE	42	KLISYRI (250 MG)	97	<i>lanreotide acetate</i>	105
JASCAYD	155	KLISYRI (350 MG)	97	<i>lansoprazole</i>	160
JASMIEL	82	KLOR-CON	134	<i>lanthanum carbonate</i>	111
JATENZO	21	KLOR-CON 10	134	LANZO	127
JAVADIN	50	KLOR-CON M10	134	<i>lapatinib ditosylate</i>	59
JAVYGTOR	105	KLOR-CON M15	134	LARIN 1.5/30	82
JAYPIRCA	56	KLOR-CON M20	134	LARIN 1/20	82
<i>jaythari</i>	87	KLOXXADO	44	LARIN 24 FE	82
JENCYCLA	86	<i>kls aspirin low dose</i>	17	LARIN FE 1.5/30	82
JINTELI	106	KLS QUIT2	153	LARIN FE 1/20	82
JIVI	114	KLS QUIT4	153	LASIX ONYU	100
JOENJA	135	KOATE	114	<i>latanoprost</i>	145
JOLESSA	85	KOATE-DVI	114	LAZCLUZE	57
JORNAY PM	10	KOMZIFTI	58	<i>leader advanced lancing device</i>	127
JOURNAVX	16	KOSELUGO	58	LEDERLE LEUCOVORIN	62
JOYEAX	82	KOURZEQ	137	<i>leflunomide</i>	16
JULEBER	82	KOVALTRY	114	<i>lenalidomide</i>	135
JULUCA	72	<i>kp aspirin</i>	17	LENVIMA (10 MG DAILY DOSE) ... 65	
JUNEL 1.5/30	82	<i>kp folic acid</i>	118	LENVIMA (12 MG DAILY DOSE) ... 65	
JUNEL 1/20	82	K-PHOS NO 2	112	LENVIMA (14 MG DAILY DOSE) ... 65	
JUNEL FE 1.5/30	82	KRAZATI	58	LENVIMA (18 MG DAILY DOSE) ... 65	
JUNEL FE 1/20	82	KRINTAFEL	52	LENVIMA (20 MG DAILY DOSE) ... 65	
JUNEL FE 24	82	KROGER AUTOLET LANCING		LENVIMA (24 MG DAILY DOSE) ... 65	
JUXTAPID	48	DEVICE	126	LENVIMA (4 MG DAILY DOSE) 65	
JYLAMVO	54	KROGER HEALTHPRO LANCET		LENVIMA (8 MG DAILY DOSE) 65	
KAITLIB FE	82	26G	126	LEQEMBI IQLIK	149
KALBITOR	116	<i>groger lancets</i>	127	LEQEMBI IQLIK (500 MG DOSE) 149	

LESSINA	82	LOESTRIN FE 1/20	82	MARPLAN	35
<i>letrozole</i>	61	LOFENA	15	MATULANE	61
<i>leucovorin calcium</i>	62	<i>lofedidine hcl</i>	149	MAVYRET	75
LEUKERAN	64	LOJAIMIESS	85	MAXIDEX	145
LEUKINE	118	LOKELMA	136, 137	<i>maxx</i>	122
<i>leuprolide acetate</i>	63	<i>lomustine</i>	64	<i>maxx plus</i>	122
<i>levalbuterol hcl</i>	26	LONSURF	61	MAYZENT	154
<i>levamlodipine maleate</i>	77	<i>loperamide hcl</i>	43	MAYZENT STARTER PACK	154
LEVBID	159	<i>lopinavir-ritonavir</i>	72	<i>meclizine hcl</i>	44
<i>levetiracetam</i>	31	LOPRESSOR	76	<i>meclofenamate sodium</i>	15
<i>levetiracetam er</i>	31	<i>lorazepam</i>	23	<i>medichoice safety lancet</i>	127
<i>levobunolol hcl</i>	141	LORAZEPAM INTENSOL	23	<i>medichoice safety lancet extra</i>	127
<i>levocarnitine</i>	101	LORBRENA	54, 55	<i>medichoice safety lancet norm</i>	127
<i>levocarnitine sf</i>	101	LORYNA	82	MEDLANCE PLUS EXTRA 21G	127
<i>levocetirizine dihydrochloride</i>	46	<i>losartan potassium</i>	50	MEDLANCE PLUS LITE 25G	127
<i>levofloxacin</i>	108, 142	<i>losartan potassium-hctz</i>	49	MEDLANCE PLUS SPECIAL	
LEVONEST	86	LOTEMAX	144	0.8MM	127
<i>levonorgest-eth estrad 91-day</i>	85	LOTEMAX SM	144	MEDLANCE PLUS SUPERLITE	
<i>levonorgest-eth estradiol-iron</i>	82	<i>loteprednol etabonate</i>	144, 145	30G	127
<i>levonorgestrel</i>	84	<i>loteprednol-tobramycin</i>	144	MEDLANCE PLUS UNIVERSAL	
<i>levonorgestrel-ethinyl estrad</i>	82, 84	<i>lovastatin</i>	47	21G	127
<i>levonorg-eth estrad triphasic</i>	86	LOW-OGESTREL	83	MEDROL	87
<i>levorphanol tartrate</i>	19	<i>loxapine succinate</i>	70	<i>medroxyprogesterone acetate</i>	85, 148
<i>levothyroxine sodium</i>	157	LO-ZUMANDIMINE	83	<i>mefenamic acid</i>	15
LEVOXYL	157	<i>lubiprostone</i>	108	<i>mefloquine hcl</i>	52
LEVSIN	159	LUZZA 1.5/30	83	<i>megestrol acetate</i>	64, 65
LEVSIN/SL	159	LUZZA 1/20	83	MEIJER LANCETS	127
<i>l-glutamine</i>	117	<i>luliconazole</i>	97	MEIJER LANCETS UNIVERSAL	
LIBERTY MEDICAL LANCETS	127	LUMAKRAS	58	21G	127
<i>lidocaine</i>	97	LUMIGAN	145	MEIJER LANCETS UNIVERSAL	
<i>lidocaine hcl</i>	97	LUMRYZ	149	30G	127
<i>lidocaine viscous hcl</i>	137	LUMRYZ STARTER PACK	149	MEIJER LANCETS UNIVERSAL	
<i>lidocaine-prilocaine</i>	98	LUPKYNIS	135	33G	127
LIDOCAN	97	LUPRON DEPOT (1-MONTH)	63	MEKINIST	58
LIFYORLI (125 MG DOSE)	62	LUPRON DEPOT (3-MONTH)	63	MEKTOVI	58
LIFYORLI (150 MG DOSE)	62	LUPRON DEPOT (4-MONTH)	63	MELEYA	86
LIKMEZ	51	LUPRON DEPOT (6-MONTH)	63	<i>meloxicam</i>	15
LILETTA (52 MG)	85	LUPRON DEPOT-PED (1-MONTH)		<i>memantine hcl</i>	152
<i>linezolid</i>	52		104	<i>memantine hcl er</i>	152
LINZESS	109	LUPRON DEPOT-PED (3-MONTH)		<i>memantine hcl-donepezil hcl er</i>	149
LIOMNY	157		104	MENOSTAR	107
<i>liothyronine sodium</i>	157	LUPRON DEPOT-PED (6-MONTH)		MENQUADFI	162
<i>liraglutide</i>	41		104	MENVEO	162
<i>lisdexanfetamine dimesylate</i>	10	<i>lurasidone hcl</i>	68	<i>mercaptopurine</i>	54
<i>lisinopril</i>	49	LURBIRO	15	<i>mesalamine</i>	109
<i>lisinopril-hydrochlorothiazide</i>	48	LUTERA	83	<i>mesalamine er</i>	109
<i>lite touch lancets</i>	127	LUTRATE DEPOT	64	<i>mesalamine-cleanser</i>	109
LITETOUCH LANCETS	127	LUZU	97	<i>mesna</i>	65
LITFULO	90	LYBALVI	154	<i>metaxalone</i>	139
<i>lithium</i>	68	LYLEQ	86	<i>metformin hcl</i>	38
<i>lithium carbonate</i>	68	LYLLANA	107	<i>metformin hcl er</i>	37
<i>lithium carbonate er</i>	67	LYNPARZA	64	<i>metformin hcl er (mod)</i>	37
LITHOBID	68	LYSODREN	53	<i>methadone hcl</i>	19
LITHOSTAT	112	LYTGOBI (12 MG DAILY DOSE)	57	METHADONE HCL INTENSOL	19
LIVDELZI	110	LYTGOBI (16 MG DAILY DOSE)	57	METHADOSE	19
<i>live better lancet super thin</i>	127	LYTGOBI (20 MG DAILY DOSE)	57	<i>methamphetamine hcl</i>	10
LIVMARLI	109	LYUMJEV	39	<i>methazolamide</i>	99
LIVTENCITY	74	LYUMJEV KWIKPEN	39	<i>methenamine hippurate</i>	52
LO LOESTRIN FE	81	LYZA	86	METHERGINE	146
LOARGYS	100	<i>macitentan</i>	79	<i>methimazole</i>	157
LOESTRIN 1.5/30 (21)	82	<i>malathion</i>	98	<i>methitest</i>	21
LOESTRIN 1/20 (21)	82	<i>maraviroc</i>	72	<i>methocarbamol</i>	139
LOESTRIN FE 1.5/30	82	<i>marlissa</i>	83	<i>methotrexate sodium</i>	54

methotrexate sodium (pf).....	54	MONOLET OPD LANCETS	127	neomycin-polymyxin-hc.....	146
methoxsalen rapid.....	92	MONOLETTOR SAFETY		NEORAL	135
methscopolamine bromide.....	160	LANCETS	127	NERLYNX	59
methsuximide.....	34	MONO-LINYAH	83	NEUAC	90
methyldopa.....	50	montelukast sodium.....	26, 27	nevirapine.....	73
methylergonovine maleate.....	146	morphine sulfate.....	19	nevirapine er.....	73
methylphenidate.....	11	morphine sulfate (concentrate).....	19	NEW DAY	85
methylphenidate hcl.....	11	morphine sulfate er.....	19	NEXLETOL	46
methylphenidate hcl er.....	11	morphine sulfate er beads.....	19	NEXLIZET	46
methylphenidate hcl er (cd).....	10, 11	MOUNJARO	41	NEXPLANON	85
methylphenidate hcl er (la).....	11	MOVANTIK	110	NEXTSTELLIS	83
methylphenidate hcl er (osm).....	11	moxifloxacin hcl.....	108, 142	niacin (antihyperlipidemic).....	48
methylprednisolone.....	88	MRESVIA	163	niacin er (antihyperlipidemic).....	48
methyltestosterone.....	21	MULPLETA	119	NIACOR	48
metoclopramide hcl.....	108	MULTAQ	24	nicardipine hcl.....	77
metolazone.....	100	multi-lancet device.....	127	nicotine.....	153
metoprolol succinate er.....	76	MULTI-LANCET DEVICE 2	127	nicotine mini.....	153
metoprolol tartrate.....	76	mupirocin.....	90	nicotine polacrilex.....	153
metoprolol-hydrochlorothiazide.....	50	mupirocin calcium.....	90	nicotine polacrilex mini.....	153
metronidazole.....	51, 98, 164	MY CHOICE	85	nicotine step 1.....	153
metyrosine.....	49	MY WAY	85	nicotine step 2.....	153
mexiletine hcl.....	24	MYALEPT	103	nicotine step 3.....	153
MIBELAS 24 FE	83	MYCAPSSA	105	NICOTROL NS	153
miconazole 3.....	164	mycophenolate mofetil.....	136	nifedipine.....	77
MICROGESTIN 1.5/30	83	mycophenolate sodium.....	136	nifedipine er.....	77
MICROGESTIN 1/20	83	mycophenolic acid.....	136	nifedipine er osmotic release.....	77
MICROGESTIN FE 1.5/30	83	MYFEMBREE	107	NIKKI	83
MICROGESTIN FE 1/20	83	MYFORTIC	136	nilotinib hcl.....	55
MICROLET LANCETS	127	MYGLUCOHEALTH LANCETS		nilutamide.....	53
MICROLET NEXT LANCING		30G	127	nimodipine.....	77
DEVICE	127	MYHIBBIN	136	NINLARO	60
midazolam.....	29	MYLERAN	53	nintedanib esylate.....	155
midodrine hcl.....	165	MYOBLOC	140	nisoldipine er.....	77
MIEBO	145	MYRBETRIQ	161	nitazoxanide.....	51
mifepristone.....	41	MYSOLINE	31	nitisinone.....	103
miglitol.....	37	MYTESI	43	NITRO-BID	23
miglustat.....	117	na sulfate-k sulfate-mg sulf.....	121	nitrofurantoin.....	52
MILI	83	nabumetone.....	15	nitrofurantoin macrocrystal.....	52
milnacipran hcl.....	150	nadolol.....	76	nitrofurantoin monohyd macro.....	52
MIMVEY	106	naftifine hcl.....	91	nitroglycerin.....	22, 23
mini lancing device.....	127	naloxone hcl.....	44	NITROLINGUAL	23
minocycline hcl.....	156	naltrexone hcl.....	44	NITRO-TIME	23
minocycline hcl er.....	156	NAMZARIC	149	NITYR	103
minoxidil.....	51	naproxen.....	15	NIVA-PLUS	138
MINZOYA	83	naproxen dr.....	15	NIVESTYM	118
MIPLYFFA	152	naproxen sodium.....	15	nizatidine.....	159
mirabegron er.....	161	naratriptan hcl.....	133	NORA-BE	86
MIRENA (52 MG)	85	NARDIL	35	NORDITROPIN FLEXPPO	102
mirtazapine.....	34	NATACYN	142	norelgestromin-eth estradiol.....	84
misoprostol.....	161	NATALCORE	138	norethin ace-eth estrad-fe.....	83
MIUDELLA	84	NATAZIA	85	norethindrone.....	86
mm aspirin.....	17	nateglinide.....	41	norethindrone acetate.....	149
MM TWIST LANCETS	127	NATESTO	21	norethindrone acet-ethinyl est.....	83
M-M-R II	162	NATROBA	98	norethindrone-eth estradiol.....	107
MNEXSPIKE	163	NAYZILAM	29	norgestimate-eth estradiol.....	83
mobile lancets 30g.....	127	nebivolol hcl.....	76	norgestim-eth estrad triphasic.....	86
modafinil.....	11	NEBUSAL	88	NORLIQVA	77
MODEYSO	60	NECON 0.5/35 (28)	83	NORLYROC	86
moexipril hcl.....	49	NEFFY	165	NORPACE	24
molindone hcl.....	70	neomycin sulfate.....	12	NORPACE CR	23
mometasone furoate.....	96, 139	neomycin-bacitracin zn-polymyx.....	143	NORTREL 0.5/35 (28)	83
MONDOXYNE NL	156	neomycin-polymyxin-dexameth.....	144	NORTREL 1/35 (21)	83
MONOLET LANCETS	127	neomycin-polymyxin-gramicidin.....	143	NORTREL 1/35 (28)	83

NORTREL 7/7/7	86	OGSIVEO	57	ORAVIG	137
<i>nortriptyline hcl</i>	37	OHTUVAYRE	27	ORENCIA	16
NORVIR	73	OJEMDA	56	ORENCIA CLICKJECT	16
NOURIANZ	66	OJJAARA	63	ORENITRAM	78
NOVA SAFETY LANCETS 23G	127	<i>olanzapine</i>	71	ORENITRAM MONTH 1	78
NOVA SAFETY LANCETS 28G	128	<i>olanzapine-fluoxetine hcl</i>	154	ORENITRAM MONTH 2	78
NOVA SUREFLEX LANCETS	128	<i>olmesartan medoxomil</i>	50	ORENITRAM MONTH 3	78
NOVA SUREFLEX LANCING		<i>olmesartan medoxomil-hctz</i>	49	ORFADIN	103
DEVICE	128	<i>olmesartan-amlodipine-hctz</i>	50	ORGOVYX	62
NOVOEIGHT	114	<i>olopatadine hcl</i>	139, 142	ORIAHNN	107
NOVOLIN 70/30	40	OLPRUVA (2 GM DOSE)	106	ORILISSA	102
NOVOLIN 70/30 FLEXPEN	39	OLPRUVA (3 GM DOSE)	106	ORKAMBI	155
NOVOLIN 70/30 FLEXPEN		OLPRUVA (4 GM DOSE)	106	ORLADEYO	116
RELION	39	OLPRUVA (5 GM DOSE)	106	ORLYNVAH	52
NOVOLIN 70/30 RELION	39	OLPRUVA (6 GM DOSE)	106	ORMALVI	99
NOVOLIN N	40	OLPRUVA (6.67 GM DOSE)	106	<i>orphenadrine citrate er</i>	139
NOVOLIN N FLEXPEN	40	OLUMIANT	13	ORQUIDEA	86
NOVOLIN N FLEXPEN RELION	40	<i>omeprazole</i>	160	ORSERDU	65
NOVOLIN N RELION	40	<i>omeprazole-sodium bicarbonate</i>	159	<i>oscimin</i>	159
NOVOLIN R	40	OMLYCLO	25	<i>oseltamivir phosphate</i>	75
NOVOLIN R FLEXPEN	40	OMNARIS	140	OSENVELT	105
NOVOLIN R FLEXPEN RELION	40	OMNIFLEX DIAPHRAGM	122	OTEZLA	15
NOVOLIN R RELION	40	OMNIPOD 5 DEXG7G6 INTRO		OTEZLA XR	15
NOVOLOG	40	GEN 5	131	OTEZLA/OTEZLA XR	
NOVOLOG 70/30 FLEXPEN		OMNIPOD 5 DEXG7G6 PODS GEN		INITIATION PK	15
RELION	40	5	131	OTOVEL	146
NOVOLOG FLEXPEN	40	OMNIPOD 5 LIBRE INTRO	131	<i>oval tape</i>	128
NOVOLOG FLEXPEN RELION	40	OMNIPOD 5 LIBRE PODS	131	<i>oxaprozin</i>	15
NOVOLOG MIX 70/30	40	OMNIPOD DASH INTRO (GEN 4)	131	<i>oxazepam</i>	23
NOVOLOG MIX 70/30 FLEXPEN	40	OMNIPOD DASH PODS (GEN 4)	131	<i>oxcarbazepine</i>	31
NOVOLOG MIX 70/30 RELION	40	OMNITROPE	102	<i>oxcarbazepine er</i>	31
NOVOLOG PENFILL	40	OMVOH	110	OXERVATE	143
NOVOLOG RELION	40	OMVOH (300 MG DOSE)	110	<i>oxiconazole nitrate</i>	97
NOVOSEVEN RT	114	ONAPGO	67	OXISTAT	97
NOXAFIL	45	<i>ondansetron</i>	44	<i>oxybutynin chloride</i>	161
NPLATE	119	<i>ondansetron hcl</i>	44	<i>oxybutynin chloride er</i>	161
NUBEQA	54	<i>one vite womens plus</i>	138	<i>oxycodone hcl</i>	19
NUCALA	26	ONETOUCH DELICA PLUS		<i>oxycodone-acetaminophen</i>	20
NUCYNTA ER	19	LANCET30G	128	<i>oxymorphone hcl</i>	20
NUFOL	117	ONETOUCH DELICA PLUS		<i>oxymorphone hcl er</i>	19, 20
NULEV	159	LANCET33G	128	OXYTROL	161
NUPLAZID	68	ONETOUCH DELICA PLUS		OZEMPIC	41
NURTEC	132	LANCING	128	OZEMPIC (0.25 OR 0.5 MG/DOSE)	41
NUVAXOVID COVID-19		ONETOUCH DELICA SAFETY		OZEMPIC (1 MG/DOSE)	41
VACCINE	163	LANCING	128	OZEMPIC (2 MG/DOSE)	41
NUVESSA	164	ONETOUCH ULTRA CONTROL	128	OZOBAX DS	139
NUWIQ	115	ONETOUCH ULTRASOFT 2		PACERONE	24
NUZYRA	155	LANCETS	128	<i>paliperidone er</i>	69
NYLIA 1/35	83	ONETOUCH VERIO	128	PALSONIFY	105
NYLIA 7/7/7	86	ONGENTYS	67	PALYNZIQ	105
NYMALIZE	77	ONUREG	54	PANRETIN	92
<i>nystatin</i>	45, 91, 137	ONYDA XR	8	<i>pantoprazole sodium</i>	160
<i>nystatin-triamcinolone</i>	91	OPCICON ONE-STEP	85	PANZYGA	147
NYSTOP	91	<i>opium</i>	43	PARAGARD INTRAUTERINE	
<i>obizur</i>	115	OPSYNVI	78	COPPER	84
OBSTETRIX DHA	138	OPTION 2	85	<i>paroxetine hcl</i>	36
OCEVUS	151	OPTIONS GYNOL II		<i>paroxetine hcl er</i>	36
OCTAGAM	147	CONTRACEPTIVE	164	<i>paroxetine mesylate</i>	154
<i>octreotide acetate</i>	105	OPVEE	44	PAXLOVID (150/100)	74
ODACTRA	12	OPZELURA	93	PAXLOVID (300/100 & 150/100)	74
ODEFSEY	72	ORALAIR	12	PAXLOVID (300/100)	74
ODOMZO	57	ORALONE	138	<i>pazopanib hcl</i>	59
<i>ofloxacin</i>	108, 142, 145	ORAPRED ODT	88	PEDIARIX	158

PEDVAXHIB	162	PNEUMOVAX 23	162	PROGRAF	136
<i>peg 3350-kcl-na bicarb-nacl</i>	121	<i>pnv 27-ca/fe/fa</i>	138	PROLASTIN-C	154
<i>peg-3350/electrolytes</i>	121	<i>pnv-select</i>	138	<i>promethazine hcl</i>	46
PEGASYS	75	<i>podofilox</i>	97	<i>promethazine-codeine</i>	89
PEG-PREP	121	<i>poly-iron 150 forte</i>	118	<i>promethazine-dm</i>	89
PELLIX	93	<i>polymyxin b-trimethoprim</i>	143	<i>promethazine-phenylephrine</i>	88
PEMAZYRE	57	<i>polysaccharide iron forte</i>	118	PROMETHEGAN	46
PENBRAYA	162	<i>pomalidomide</i>	58	<i>propafenone hcl</i>	24
<i>penicillamine</i>	135	PORTIA-28	83	<i>propafenone hcl er</i>	24
<i>penicillin v potassium</i>	147, 148	<i>posaconazole</i>	45	<i>propranolol hcl</i>	76
PENTACEL	158	<i>potassium chloride</i>	134	<i>propranolol hcl er</i>	76
PENTASA	109	<i>potassium chloride crys er</i>	134	<i>propylthiouracil</i>	157
<i>pentoxifylline er</i>	115	<i>potassium chloride er</i>	134	PROQUAD	162
<i>perampanel</i>	29	<i>potassium citrate er</i>	112	<i>protriptyline hcl</i>	37
PERFECT LANCETS 28G	128	<i>pramipexole dihydrochloride</i>	67	PROVIDA OB	138
PERFECT LANCETS 30G	128	<i>pramipexole dihydrochloride er</i>	67	PROVOCHOLINE	99
PERFECT POINT SAFETY		PRAMOSONE	98	<i>prucalopride succinate</i>	108
LANCETS	128	<i>prasugrel hcl</i>	117	<i>pseudoeph-bromphen-dm</i>	89
<i>perindopril erbumine</i>	49	<i>pravastatin sodium</i>	47	PULMOSAL	88
PERIOGARD	137	<i>praziquantel</i>	22	PULMOZYME	155
<i>permethrin</i>	98	<i>prazosin hcl</i>	50	<i>pure comfort lancets 30g</i>	128
<i>perphenazine</i>	70	<i>prednisolone</i>	88	<i>pure comfort safety lancet 30g</i>	128
<i>perphenazine-amitriptyline</i>	152	<i>prednisolone acetate</i>	145	<i>px advanced lancing device</i>	128
PERSERIS	69	<i>prednisolone sodium phosphate</i>	88, 145	<i>px lancets microthin 33g</i>	128
<i>ph strips</i>	99	<i>prednisone</i>	88	<i>px lancets ultra thin 28g</i>	128
PHARMACIST CHOICE		<i>pregabalin</i>	31	PYQUVI	88
LANCETS	128	PREMARIN	165	<i>pyrazinamide</i>	53
PHEBURANE	106	PREMPHASE	107	PYRIDIUM	112
<i>phenazopyridine hcl</i>	112	PREMPRO	107	<i>pyridostigmine bromide</i>	53
<i>phenelzine sulfate</i>	35	PRENATABS RX	138	<i>pyridostigmine bromide er</i>	43, 53
<i>phenobarbital</i>	119	<i>prenatal</i>	138	<i>pyrimethamine</i>	52
PHENOHYTRO	158	<i>prenatal 19</i>	138	PYRUKYND	116
<i>phenoxybenzamine hcl</i>	49	<i>prenatal plus</i>	138	PYRUKYND TAPER PACK	116
<i>phenylephrine hcl</i>	141	PRENATAL-U	138	QBRELIS	49
PHENYTEK	34	<i>pretomanid</i>	53	QBREXZA	98
<i>phenytoin</i>	34	PREVALITE	46	<i>qc advanced lancing device</i>	128
PHENYTOIN INFATABS	34	PREVNAR 20	162	<i>qc aspirin low dose</i>	17
<i>phenytoin sodium extended</i>	34	PREVYMIS	74	<i>qc folic acid</i>	118
PHEXX	164	PREZISTA	73	<i>qc lancets super thin 30g</i>	128
PHILITH	83	<i>primaquine phosphate</i>	52	<i>qc lancets ultra thin</i>	128
PHOSPHA 250 NEUTRAL	134	<i>primidone</i>	31	<i>qc nicotine transdermal system</i>	153
<i>phosphorous</i>	134	PRIORIX	162	<i>qc unilet lancets 28g</i>	128
PHOSPHO-TRIN 250 NEUTRAL	134	PRIVIGEN	147	<i>qc unilet lancets micro thin</i>	128
PHOSPHO-TRIN K500	134	<i>pro comfort lancets 30g</i>	128	QELBREE	8
<i>pilocarpine hcl</i>	137, 142	<i>pro comfort lancets 31g</i>	128	QFITLIA	113
<i>pimecrolimus</i>	97	<i>pro comfort safety lancets 30g</i>	128	QINLOCK	59
<i>pimozide</i>	152	<i>probenecid</i>	113	<i>qivigy</i>	147
PIMTREA	81	PROCENTRA	10	QLOSI	142
<i>pindolol</i>	76	<i>prochlorperazine</i>	71	QNASL	140
<i>pioglitazone hcl</i>	43	<i>prochlorperazine edisylate</i>	70	QNASL CHILDRENS	140
<i>pioglitazone hcl-glimepiride</i>	43	<i>prochlorperazine maleate</i>	71	QUADRACEL	158
<i>pioglitazone hcl-metformin hcl</i>	43	PROCTOFOAM HC	22	<i>quazepam</i>	120
<i>pip lancets 28g</i>	128	PROCTO-MED HC	22	<i>quetiapine fumarate</i>	70
<i>pip lancets 30g</i>	128	PROCTOSOL HC	22	<i>quetiapine fumarate er</i>	70
PIQRAY (200 MG DAILY DOSE)	64	PROCTOZONE-HC	22	QUILLICHEW ER	11
PIQRAY (250 MG DAILY DOSE)	64	PRODIGY LANCETS 28G	128	QUILLIVANT XR	12
PIQRAY (300 MG DAILY DOSE)	64	PRODIGY LANCING DEVICE	128	<i>quinapril hcl</i>	49
<i>pirfenidone</i>	155	PRODIGY SAFETY LANCETS 26G		<i>quinapril-hydrochlorothiazide</i>	48
<i>piroxicam</i>	15		128	<i>quinidine gluconate er</i>	24
<i>pitavastatin calcium</i>	47	PRODIGY TWIST TOP LANCETS		<i>quinidine sulfate</i>	24
PIVYA	147	28G	128	<i>quinine sulfate</i>	53
PLEGRIDY	151	PROFILNINE	115	QULIPTA	132
PLEGRIDY STARTER PACK	151	<i>progesterone</i>	149	QUVIVIQ	120

QVAR REDHALER	27	<i>rifabutin</i>	53	<i>scopolamine</i>	44
<i>rabeprazole sodium</i>	160	<i>rifampin</i>	53	SECUADO	70
RADICAVA ORS	140	<i>rifapentine</i>	53	SELARSDI	110
RADICAVA ORS STARTER KIT ...	140	RIGHTEST ALTERNATE SITE		<i>selegiline hcl</i>	66
RAGWITEK	12	ADAPT	128	<i>selenium sulfide</i>	93
RALDESY	36	RIGHTEST GD500 LANCING		SEPHIENCE	105
<i>raloxifene hcl</i>	105	DEVICE	128	SEREVENT DISKUS	26
<i>ramelteon</i>	120	RIGHTEST GL300 LANCETS	129	SERNIVO	96
<i>ramipril</i>	49	<i>rilpivirine hcl</i>	73	<i>sertraline hcl</i>	36
<i>ranolazine er</i>	22	<i>riluzole</i>	140	SETLAKIN	85
<i>rasagiline mesylate</i>	66	<i>ringers irrigation</i>	136	<i>sevelamer carbonate</i>	111
RASONQUE	60	RINVOQ	13	<i>sevelamer hcl</i>	111
RASUVO	13	RINVOQ LQ	13	SEVENFACT	115
RAVICTI	106	<i>risedronate sodium</i>	101	<i>sevoflurane</i>	111
RAYALDEE	103	<i>risperidone</i>	69	SHAROBEL	86
READYLANCE SAFETY		<i>risperidone microspheres er</i>	69	SHINGRIX	163
LANCETS	128	<i>ritonavir</i>	73	SIGNIFOR	106
<i>reality lancets</i>	128	<i>rivaroxaban</i>	28	SIGNIFOR LAR	106
REALITY LATEX CONDOMS	122	<i>rivastigmine</i>	150	SIKLOS	117
REALITY LATEX/ULTRA		<i>rivastigmine tartrate</i>	150	<i>sildenafil citrate</i>	79
TEXTURED	122	RIVELSA	85	<i>silodosin</i>	112
REALITY LATEX/ULTRA THIN ...	122	RIVLOZA	112	<i>silver sulfadiazine</i>	93
<i>reality trigger lancets</i>	128	<i>rixubis</i>	115	SIMLIYA	81
REBIF	151	<i>rizatriptan benzoate</i>	133	SIMPESSE	85
REBIF REBIDOSE	151	<i>roflumilast</i>	27	SIMPLERA SENSOR	129
REBIF REBIDOSE TITRATION		ROMVIMZA	56	SIMPLERA SYNC SENSOR	129
PACK	151	<i>ropinirole hcl</i>	67	SIMPLERA SYSTEM	129
REBIF TITRATION PACK	151	<i>ropinirole hcl er</i>	67	SIMPONI	14
REBINYN	115	<i>rosuvastatin calcium</i>	47	SIMPONI ARIA	13
RECLIPSEN	83	ROSYRAH	85	<i>simvastatin</i>	47
RECOMBINATE	115	ROTARIX	163	SINGLE-LET	129
RECOMBIVAX HB	163	ROTATEQ	163	<i>sirolimus</i>	136
REDEMPLO	102	ROWASA	109	SIRTURO	53
RELENZA DISKHALER	75	ROWEEPRA	31	<i>sitagliptin phos-metformin hcl er</i>	38
RELGAABI	31	ROZLYTREK	60	<i>sitagliptin phos-metformin hcl</i>	38
RELION LANCETS	128	RUBRACA	64	<i>sitagliptin phosphate</i>	38
RELION LANCETS MICRO-THIN		<i>rufinamide</i>	31, 32	SIVEXTRO	52
33G	128	RUKOBIA	73	SKYCLARYS	140
RELION LANCETS THIN 26G	128	RYBELSUS	41	SKYLA	86
RELION LANCETS ULTRA-THIN		RYDAPT	59	SKYRIZI	92, 110
30G	128	RYTARY	67	SKYRIZI PEN	92
RELION ULTRA THIN LANCETS		<i>sacubitril-valsartan</i>	78	SKYTROFA	103
30G	128	<i>safety lancet 30g/pressure act</i>	129	SLYND	86
REMODULIN	78	SAFETY LANCETS	129	SMART DIABETES VANTAGE	
RENFLEXIS	111	SAFETY LANCETS 21G	129	LANCING	129
<i>repaglinide</i>	41	SAFETY LANCETS 23G	129	SMARTEST LANCETS 28G	129
REPATHA SURECLICK	48	<i>safety lancets 28g</i>	129	<i>sod citrate-citric acid</i>	112
RESTASIS	143	SAJAZIR	115	<i>sodium chloride</i>	88, 134
RETACRIT	117	SANCUSO	44	<i>sodium chloride (pf)</i>	134
RETEVMO	60	SANDIMMUNE	135	<i>sodium citrate-citric acid</i>	112
REVCovi	100	SANTYL	96	<i>sodium fluoride</i>	133
REVUFORJ	58	SAPHNELO	137	<i>sodium oxybate</i>	149
REXTOVY	44	SAPHNELO PEN	137	<i>sodium phenylbutyrate</i>	106
REXULTI	71	<i>sapropterin dihydrochloride</i>	105	<i>sodium polystyrene sulfonate</i>	137
REYATAZ	73	<i>saps health plus lancets</i>	129	<i>sodium sulfacetamide wash</i>	93
REZDIFFRA	109	<i>saps health twist top lancets</i>	129	SOFDRA	98
REZENOPY	44	<i>saps twist top lancets</i>	129	SOGROYA	103
REZLIDHIA	63	<i>sapscore twist top lancets</i>	129	SOHONOS	139
REZUROCK	137	<i>sb childrens aspirin</i>	17	<i>solifenacin succinate</i>	161
REZVOGLAR KWIKPEN	40	<i>sb lancets thin</i>	129	SOLIQUEA	41
RHOPHYLAC	147	<i>sb lancets ultra thin</i>	129	SOLTAMOX	54
<i>ribavirin</i>	75	<i>sb low dose asa ec</i>	17	SOLUS V2 LANCETS 28G	129
RIDAURA	14	SCEMBLIX	55	SOLUS V2 LANCING DEVICE	129

SOLUS V2 TWIST LANCETS 30G	129	SUPPRELIN LA	104	<i>teriparatide</i>	104
SOMATULINE DEPOT	106	<i>sure comfort lancets 18g</i>	129	TESTIM	21
SOMAVERT	102	<i>sure comfort lancets 21g</i>	129	<i>testosterone</i>	21
<i>sorafenib tosylate</i>	59	<i>sure comfort lancets 23g</i>	129	<i>testosterone cypionate</i>	21
<i>sotalol hcl</i>	76	<i>sure comfort lancets 28g</i>	129	<i>testosterone enanthate</i>	21
<i>sotalol hcl (af)</i>	76	<i>sure comfort lancets 30g</i>	129	<i>tetrabenazine</i>	150
SOTYKTU	92	SURELITE LANCETS	129	<i>tetracaine hcl</i>	143
SOTYLIZE	76	SYEDA	83	<i>tetracycline hcl</i>	157
SPEVIGO	92	SYMDEKO	155	TEXACORT	96
SPIKEVAX	163	SYMPROIC	110	TEZRULY	50
SPIKEVAX 6M-11Y	163	SYMTUZA	72	TEZSPIRE	27
<i>spinosad</i>	98	SYNAREL	104	THALITONE	100
SPIRIVA HANDIHALER	26	SYNJARDY	42	THALOMID	135
SPIRIVA RESPIMAT	26	SYNJARDY XR	42	THEO-24	28
<i>spironolactone</i>	100	SYNVISC	139	<i>theophylline</i>	28
<i>spironolactone-hctz</i>	99	SYNVISC ONE	139	<i>theophylline er</i>	28
SPRAVATO (56 MG DOSE)	35	TABLOID	54	<i>thiothixene</i>	71
SPRAVATO (84 MG DOSE)	35	TABRECTA	58	THRIVE	153
SPRINTEC 28	83	TACLONEX	99	<i>thrivite rx</i>	138
SPS (SODIUM POLYSTYRENE SULF)	137	<i>tacrolimus</i>	97, 136	THYQUIDITY	157
SSD	93	<i>tacrolimus er</i>	136	<i>thyroid</i>	157
SSKI	88	<i>tadalafil</i>	79	TIADYLT ER	77
ST JOSEPH ASPIRIN	17	<i>tadalafil (pah)</i>	79	<i>tiagabine hcl</i>	33
ST JOSEPH LOW DOSE	17	TAFINLAR	56	TIBSOVO	63
STEQEYMA	92, 110	<i>tafluprost (pf)</i>	145	<i>ticagrelor</i>	115
STERILANCE TL	129	TAGRISSO	57	TIGLUTIK	140
<i>sterile water for injection</i>	148	TAKE ACTION	85	TILIA FE	86
<i>sterile water for irrigation</i>	136	TAKHZYRO	116	<i>timolol hemihydrate</i>	141
STIOLTO RESPIMAT	25	TALICIA	160	<i>timolol maleate</i>	76, 141
STIVARGA	60	TALTZ	92	<i>timolol maleate (once-daily)</i>	141
STOBOCLO	105	TALZENNA	64	TIMOLOL MALEATE OCUDOSE	141
STRENSIQ	103	<i>tamoxifen citrate</i>	54	<i>timolol maleate pf</i>	141
STRIBILD	72	<i>tamsulosin hcl</i>	112	<i>tinidazole</i>	51
STRIVERDI RESPIMAT	26	<i>tapentadol hcl</i>	20	<i>tiopronin</i>	112, 113
STROMECTOL	22	TAPERDEX 12-DAY	88	<i>tiotropium bromide</i>	26
SUBLOCADE	21	TARGADOX	157	TIROSINT	157
SUBVENITE	32	TARINA 24 FE	83	TIROSINT-SOL	157
SUBVENITE STARTER KIT-BLUE	32	TARINA FE 1/20 EQ	83	TIVICAY	73
SUBVENITE STARTER KIT- GREEN	32	TARON-C DHA	138	TIVICAY PD	73
SUBVENITE STARTER KIT- ORANGE	32	<i>tasimelteon</i>	120	<i>tizanidine hcl</i>	139
SUCRAID	99	TAVALISSE	116	TLANDO	21
<i>sucralfate</i>	159	TAYSOFY	83	TOBI PODHALER	12
<i>sulconazole nitrate</i>	97	<i>tazarotene</i>	93	TOBRADEX	144
<i>sulfacetamide sodium</i>	145	TECHLITE AST LANCETS	129	<i>tobramycin</i>	12, 142
<i>sulfacetamide sodium (acne)</i>	89	TECHLITE LANCETS	129	<i>tobramycin-dexamethasone</i>	144
<i>sulfacetamide sodium-sulfur</i>	90	TECHLITE LANCETS 26G	129	TODAY SPONGE	164
<i>sulfacetamide-prednisolone</i>	144	TEGLUTIK	140	<i>today's health lancing device</i>	129
SULFACLEANSE 8/4	90	TEGRETOL	32	<i>today's health thin lancets 28g</i>	129
<i>sulfadiazine</i>	155	TEGRETOL-XR	32	<i>today's health thin lancets 30g</i>	129
<i>sulfamethoxazole-trimethoprim</i>	51	<i>telmisartan</i>	50	<i>tofacinib citrate</i>	13
SULFAMYLON	93	<i>telmisartan-amlodipine</i>	49	<i>tofacinib citrate er</i>	13
<i>sulfasalazine</i>	109	<i>temazepam</i>	120	<i>tolcapone</i>	66
SULFATRIM PEDIATRIC	51	TEMBEXA	75	TOLECTIN 600	15
<i>sulindac</i>	15	<i>temozolomide</i>	62	TOLECTIN DS	15
<i>sumatriptan</i>	133	TENCON	16	<i>tolmetin sodium</i>	15
<i>sumatriptan succinate</i>	133	TENIVAC	158	<i>tolterodine tartrate</i>	161
<i>sunitinib malate</i>	60	<i>tenofovir disoproxil fumarate</i>	74	<i>tolterodine tartrate er</i>	161
SUNLENCA	72	TEPMETKO	59	<i>tolvaptan</i>	105
SUNOSI	10	<i>terazosin hcl</i>	50	<i>tolvaptan (hyponatremia)</i>	105
<i>super thin lancets</i>	129	<i>terbinafine hcl</i>	45	<i>topiramate</i>	32
		<i>terbutaline sulfate</i>	26	<i>topiramate er</i>	32
		<i>terconazole</i>	164	<i>toremifene citrate</i>	54
		<i>teriflunomide</i>	150	TORPENZ	59

<i>torsemide</i>	100	<i>trospium chloride er</i>	161	UNILET COMFORTOUCH	
TOUJEO MAX SOLOSTAR	40	<i>true comfort safety lancets</i>	129	LANCET	130
TOUJEO SOLOSTAR	40	<i>true comfort twist top lancets</i>	129	UNILET EXCELITE	130
TOVET	96	TRUEDRAW LANCING DEVICE ..	129	UNILET EXCELITE II	130
<i>tramadol hcl</i>	20	TRUEPLUS LANCETS 26G	129	UNILET G.P. LANCET	130
<i>tramadol hcl (er biphasic)</i>	20	TRUEPLUS LANCETS 28G	129	UNILET G.P. SUPERLITE	
<i>tramadol hcl er</i>	20	TRUEPLUS LANCETS 30G	129	LANCET	130
<i>tramadol-acetaminophen</i>	21	TRUEPLUS LANCETS 33G	129	UNILET GP 28 ULTRA THIN	130
<i>trandolapril</i>	49	TRUEPLUS SAFETY LANCETS		UNILET LANCET	130
<i>tranexamic acid</i>	119	28G	130	UNILET MICRO-THIN 33G	130
<i>tranylcypromine sulfate</i>	35	TRULANCE	108	UNILET SUPERLITE LANCET	130
TRAVEL LANCETS ADVANCED		TRULICITY	41	UNILET SUPER-THIN 30G	130
28G	129	TRUMENBA	162	UNILET ULTRA-THIN 28G	130
<i>travoprost (bak free)</i>	145	TRUQAP	54	UNISTIK 1	130
<i>trazodone hcl</i>	36	TRUSTEX COLOR CONDOMS +		UNISTIK 2	130
TRELEGY ELLIPTA	25	LUBE	122	UNISTIK 2 COMFORT	130
TREMFYA	92, 110	TRUSTEX		UNISTIK 2 EXTRA	130
TREMFYA ONE-PRESS	92	LUB/RIBBED/STUDD	122	UNISTIK 2 NEONATAL	130
TREMFYA PEN	92, 110	TRUSTEX LUB/SPERMICIDE EX		UNISTIK 2 NORMAL	130
TREMFYA-CD/UC INDUCTION ..	110	ST	122	UNISTIK 2 SUPER	130
<i>treprostinil</i>	79	TRUSTEX LUB/SPERMICIDE XL ..	122	UNISTIK 3	130
TRESIBA	40	TRUSTEX LUBRICATED	122	UNISTIK 3 COMFORT	130
TRESIBA FLEXTOUCH	40	TRUSTEX LUBRICATED EX		UNISTIK 3 EXTRA	130
<i>tretinoin</i>	65, 90	LARGE	122	UNISTIK 3 GENTLE	130
<i>tretinoin microsphere</i>	90	TRUSTEX LUBRICATED EXTRA		UNISTIK 3 NEONATAL	130
<i>tretinoin microsphere pump</i>	90	ST	122	UNISTIK 3 NORMAL	130
TRETEN	115	TRUSTEX		UNISTIK CZT COMFORT	130
TREXALL	54	LUBRICATED/SPERMICIDE	122	UNISTIK CZT NORMAL	130
<i>triamcinolone acetonide</i>	88, 96, 138	TRUSTEX NATURAL CONDOMS		UNISTIK NORMAL	130
<i>triamterene</i>	100	+ LUBE	122	UNISTIK PRO SAFETY LANCET ..	130
<i>triamterene-hctz</i>	99	TRUSTEX NON-LUBRICATED	122	UNISTIK SAFETY LANCETS 28G ..	130
TRICON	118	TRUSTEX RIA LUB/SPERMICIDE		UNISTIK SAFETY LANCETS 30G ..	130
TRIDACAINE III	97	TRUSTEX RIA LUBRICATED	122	UNISTIK TOUCH SAFETY LANC	
TRIDERM	96	TRUSTEX RIA NON-		21G	130
<i>trientine hcl</i>	135	LUBRICATED	122	UNISTIK TOUCH SAFETY LANC	
TRI-ESTARYLLA	86	TRUSTEX-NONOXYNOL-		23G	130
<i>trifluoperazine hcl</i>	71	9/RIB/STUD	122	UNISTIK TOUCH SAFETY LANC	
<i>trifluridine</i>	143	TRYNGOLZA	102	28G	130
<i>trigels-f forte</i>	118	TUKYSA	55	UNISTIK TOUCH SAFETY LANC	
<i>trihexyphenidyl hcl</i>	66	TURALIO	60	30G	130
TRIJARDY XR	41, 42	TURQOZ	83	UNITHROID	157, 158
TRIKAFTA	155	TUXARIN ER	89	UPNEEQ	145
TRI-LEGEST FE	86	TWINRIX	162	UPTRAVI	79
TRI-LINYAH	86	TWIRLA	84	UPTRAVI TITRATION	79
TRILITAS	93	<i>twist top lancets 30g</i>	130	<i>urea</i>	96
TRI-LO-ESTARYLLA	86	TYBLUME	83	URELLE	52
TRI-LO-MARZIA	86	TYDEMY	83	URETRON D/S	52
TRI-LO-MILI	86	TYENNE	14	UROGESIC-BLUE	52
TRI-LO-SPRINTEC	87	TYMLOS	104	<i>uro-mp</i>	52
<i>trimethobenzamide hcl</i>	44	TYRVAYA	141	<i>ursodiol</i>	108
<i>trimethoprim</i>	51	TYVASO DPI MAINTENANCE		<i>ustekinumab-aekn</i>	92
TRI-MILI	87	KIT	79	UZEDY	69
<i>trimipramine maleate</i>	37	UBRELVY	132	VAFSEO	118
<i>trinatal rx 1</i>	138	UDENYCA ONBODY	118	<i>valacyclovir hcl</i>	75
TRINATE	138	ULTILET CLASSIC LANCETS	130	VALCHLOR	91
TRINTELLIX	36	ULTILET LANCETS	130	<i>valganciclovir hcl</i>	74
TRIPTODUR	104	ULTILET SAFETY LANCETS	130	<i>valproic acid</i>	34
TRI-SPRINTEC	87	ULTILET SAFETY LANCETS 23G ..	130	valsartan	50
TRIUMEQ	72	<i>ultra thin lancets 31g</i>	130	<i>valsartan-hydrochlorothiazide</i>	49
<i>triumeq pd</i>	72	<i>ultra-care lancets 30g</i>	130	VALTOCO 10 MG DOSE	29
TRI-VYLIBRA	87	<i>ultra-care safety lancets 30g</i>	130	VALTOCO 15 MG DOSE	29
TRI-VYLIBRA LO	87	ULTRA-THIN II AUTO LANCET ..	130	VALTOCO 20 MG DOSE	29
<i>trospium chloride</i>	161			VALTOCO 5 MG DOSE	29

VALTYA 1/35	83	VIREAD	74	XDEMVY	143
VALTYA 1/50	83	VITAFOL GUMMIES	138	XELRIA FE	84
vancomycin hcl	51	VITRAKVI	61	XEMBIFY	147
VANDAZOLE	164	VIVAGUARD LANCETS	131	XEOMIN	140
VANFLYTA	60	VIVAGUARD LANCETS 30G	131	XEPI	91
VANRAFIA	112	VIVAGUARD SAFETY LANCETS		XERMELO	111
VAQTA	163, 164	28G	131	XHANCE	140
varenicline tartrate	153	VIVITROL	44	XIFAXAN	51
varenicline tartrate (starter)	153	VIVJOA	45	XIGDUO XR	42
varenicline tartrate(continue)	153	VIZZ	142	XIIDRA	142
VARIVAX	164	VOGELXO	22	XOFLUZA (40 MG DOSE)	75
VARUBI (180 MG DOSE)	44	VOGELXO PUMP	21	XOFLUZA (80 MG DOSE)	75
VASELINE	148	VOLNEA	81	XOLREMDI	117
VAXELIS	158	VONJO	63	XOSPATA	60
VAXNEUVANCE	162	VONVENDI	115	XPOVIO (100 MG ONCE	
VCF VAGINAL		VOQUEZNA	159	WEEKLY)	61
CONTRACEPTIVE	164	VOQUEZNA DUAL PAK	161	XPOVIO (40 MG ONCE WEEKLY)	61
VECAMYL	50	VOQUEZNA TRIPLE PAK	161	XPOVIO (40 MG TWICE	
VECTICAL	93	VORANIGO	62	WEEKLY)	61
VELIVET	87	voriconazole	45	XPOVIO (60 MG ONCE WEEKLY)	61
VELTASSA	137	VOSEVI	75	XPOVIO (60 MG TWICE	
VEMLIDY	74	VOWST	110	WEEKLY)	61
VENCLEXTA	55	VOXZOGO	104	XPOVIO (80 MG ONCE WEEKLY)	61
VENCLEXTA STARTING PACK	55	VRAYLAR	68	XPOVIO (80 MG TWICE	
venlafaxine besylate er	37	VTAMA	93	WEEKLY)	61
venlafaxine hcl	37	VUMERITY	151	XROMI	117
venlafaxine hcl er	37	VYALEV	67	XTAMPZA ER	20
VENTOLIN HFA	26	VYFEMLA	84	XTANDI	54
VENXXIVA	113	VYKAT XR	100	XULANE	84
VEOZAH	104	VYLEESI	150	XULTOPHY	41
VEPPANU	65	VYLIBRA	84	XURIDEN	103
verapamil hcl	77	VYNDAMAX	80	XYNTHA	115
verapamil hcl er	77	VYSCOX	14	XYNTHA SOLOFUSE	115
VERIFINE SAFE LANCET MINI		VYVGART HYTRULO	135	XYOSTED	22
21G	131	WAINUA	149	XYVONA	20
VERIFINE SAFE LANCET MINI		WAKIX	10	XYWAV	149
23G	131	warfarin sodium	28	YARGESA	117
VERIFINE SAFE LANCET MINI		WELIREG	57	YESINTEK	92, 110
28G	131	WERA	84	YEZTUGO	72
VERIFINE SAFE LANCET MINI		westab one	117	YIMMUGO	147
30G	131	westab plus	138	yl folic acid	118
VERIFINE UNIVERSAL		white petrolatum	148	YONSA	53
LANCETS 28G	131	WIDE-SEAL DIAPHRAGM 60	122	YORVIPATH	103
VERIFINE UNIVERSAL		WIDE-SEAL DIAPHRAGM 65	122	YULITHIRA	59
LANCETS 30G	131	WIDE-SEAL DIAPHRAGM 70	122	YUPELRI	26
VERIFINE UNIVERSAL		WIDE-SEAL DIAPHRAGM 75	122	YUTREPIA	79
LANCETS 33G	131	WIDE-SEAL DIAPHRAGM 80	122	YUVAFEM	165
VERKAZIA	143	WIDE-SEAL DIAPHRAGM 85	123	YUVEZZI	142
VERQUVO	80	WIDE-SEAL DIAPHRAGM 90	123	YUVIWEL	104
VERZENIO	62	WIDE-SEAL DIAPHRAGM 95	123	ZAFEMY	84
VESTURA	83	WILATE	115	zafirlukast	27
V-GO 20	131	WINLEVI	90	zaleplon	120
V-GO 30	131	WINREVAIR	79	ZARONTIN	34
V-GO 40	131	WINRHO SDF	147	ZEJULA	64
VIBERZI	109	WIXELA INHUB	25	ZELAPAR	66
VIENVA	84	WYMZYA FE	84	ZELBORAF	56
vigabatrin	34	XARAH FE	87	ZELSUVMI	93
VIGADRONE	34	XARELTO	28	ZELVYSIA	105
VIGAFYDE	34	XARELTO STARTER PACK	28	ZENATANE	90
VIJOICE	136	XATMEP	54	ZENPEP	99
vilazodone hcl	36	XCOPRI	33	ZEPOSIA	154
viorele	81	XCOPRI (250 MG DAILY DOSE)	33	ZEPOSIA 7-DAY STARTER PACK	154
VIRACEPT	73	XCOPRI (350 MG DAILY DOSE)	33	ZEPOSIA STARTER KIT	154

<i>zevrx twist top lancets 30g</i>	131
<i>zidovudine</i>	74
<i>ziprasidone hcl</i>	68
<i>ziprasidone mesylate</i>	68
ZOKINVY	135
ZOLADEX	64
ZOLINZA	57
<i>zolmitriptan</i>	133
<i>zolpidem tartrate</i>	120
<i>zolpidem tartrate er</i>	120
ZOMIG	133
ZONISADE	32
<i>zonisamide</i>	32
ZONTIVITY	116
ZORTRESS	136
ZORYVE	98
ZOVIA 1/35 (28)	84
ZTALMY	33
ZUBSOLV	21
ZUMANDIMINE	84
ZUNVEYL	150
ZURNAI	44
ZURZUVAE	35
ZYCUBO	134
ZYDELIG	64
ZYKADIA	55
ZYMFENTRA (1 PEN)	111
ZYMFENTRA (2 PEN)	111
ZYMFENTRA (2 SYRINGE)	111
ZYPREXA	71
ZYPREXA ZYDIS	71

NOTICE OF PRIVACY PRACTICES

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

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

GlobalHealth is required by law to provide you with this Notice of our legal duties and privacy practices, to notify you following a breach of unsecured PHI, and to abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice and our privacy practices. Any revised Notice will apply to all PHI we maintain, including PHI we created or received before the change, as allowed by 45 C.F.R. §164.530(i)(2)(ii). If material changes are made to this Notice, GlobalHealth will (a) prominently post the revised Notice on our website by the effective date of the change, and (b) provide the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals then covered by the plan, as required under 45 C.F.R. §164.520(c)(1)(v)(A).

How GlobalHealth May Use or Disclose Your Health Information

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

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

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

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

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

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;
- To law enforcement upon receipt of a court order, warrant, summons, or other similar process;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability;
- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services ("CMS"), State Department of Health, Insurance Department, etc.;
- For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers' Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat); and
- In the course of any administrative or judicial proceeding, where required by law.

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

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

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

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

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

Inmates. If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official, as necessary for: (a) the institution or official to provide you with health care; (b) your health and safety or the health and safety of other inmates; (c) the health and safety of correctional staff or others responsible for transporting or supervising you; (d) the administration and maintenance of the safety, security, and good order of the correctional institution. These uses and disclosures are permitted under the HIPAA Privacy Rule and other applicable law, including situations governed by 45 C.F.R. §164.512(k)(5) and, where applicable, 42 CFR part 2.

Appointment Reminders. We may use and/or disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. Other forms of outreach, including, but not limited to, text messages, emails, and telephone calls, will be used only if you have provided us with written consent to receive such communications. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

Medication and Refill Reminders. We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications. Other forms of outreach, including, but not limited to, text messages, emails, and telephone calls, will be used only if you have provided us with written consent to receive such communications.

Limited Data Set. A "limited data set" is health information from which certain direct identifiers (such as your name, address, Social Security number, telephone number, email address, and other information that can directly identify you) have been removed, as permitted under HIPAA. A limited data set may still include information such as dates of service, city, state, ZIP code, and other non-direct identifiers needed for analysis or operational purposes. If we use your PHI to make a "limited data set," we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set must enter into a Data Use Agreement which require them to take reasonable steps to protect the privacy of your information.

Substance Use Disorder Patient Records. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or

(2) a court order and a subpoena.

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

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

Your Health Information Rights

Right to Inspect and Copy

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

Right to Confidential Communication

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

Right to Accounting of Disclosures

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

Right to Request Restrictions on Uses or Disclosures

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

Right to Request Amendment of PHI

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

Right to Be Notified of a Breach

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

Right to Revoke Authorization

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

Right to Receive a Copy of this Notice

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

To Report a Privacy Violation

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

ATTN: Privacy Officer
210 Park Avenue
Suite 2900
Oklahoma City, OK 73102
Toll-free
1-877-280-5600 (TTY: 711)
(operational hours: Monday – Friday 8:00 am – 5:00 pm local time)

Email privacy@globalhealth.com

You may file a complaint in writing by mail or email. You will not be penalized or retaliated against for filing a privacy complaint.

You also have the right to file a privacy complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, if you believe your privacy rights under HIPAA have been violated. You may file electronically through the OCR Complaint Portal at <https://ocrportal.hhs.gov>, or by mail or phone at:

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

Complaint forms are available at <https://www.ocrportal.hhs.gov/ocr/portal/lobby.jsf.html>. GlobalHealth will not retaliate against you for filing a complaint with us or with the Secretary.

Third-Party apps and the FTC

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

Effective Date: 01/01/2027

Original Notice: 04/01/2003

Revised: 09/24/2026

04/01/2013

08/01/2021

10/01/2023

07/2025

02/2026

Language	Translation
Spanish	Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-280-5600 (TTY: 711).
Chinese	如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-877-280-5600 (TTY 711)。
Tagalog	Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-877-280-5600 (TTY: 711).
French	Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-280-5600 (TTY: 711).
Vietnamese	Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phù trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-877-280-5600 (TTY: 711).
German	Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie: 1-877-280-5600 (TTY: 711) an.
Korean	한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-877-280-5600 (TTY 711) 로 전화하세요.
Russian	Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-877-280-5600 (TTY 711).
Arabic	تتوفر المساعدات والخدمات ، إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك 1-877-280-5600 اتصل بالرقم .المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً 5600 (TTY 711).
Italian	Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e

	servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-877-280-5600 (TTY 711).
Portuguese	Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-877-280-5600 (TTY 711).
French Creole	Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele 1-877-280-5600 (TTY 711).
Polish	Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-280-5600 (TTY 711).
Hindi	यदि आप हिंदी बोलते हैं, तो मु4 भाषा सहायता सेवाएं आपके िलए उपलॆ हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के िलए उपयु4 सहायक एड्स और सेवाएं भी िनः शुॆ उपलॆ हैं। कॉल 1-877-280-5600 (TTY 711).
Japanese	日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-877-280-5600 (TTY 711) に電話します。



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