

State of Oklahoma

DRUG FORMULARY

January 1 - December 31, 2026

This document contains a list of covered drugs for the GlobalHealth State of Oklahoma Employees and Educators plan. The Drug Formulary was updated on 6/23/2026. For more recent information or other questions, please contact GlobalHealth Customer Care.

1-877-280-5600

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

www.GlobalHealth.com



GlobalHealth

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MDF26

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IMPORTANT INFORMATION

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

Member Materials

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

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

| Booklet | Purpose |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Member Handbook for State, Education, and Local Government Employees (“Member Handbook”) | <ul style="list-style-type: none">• Tells you about your benefits.<ul style="list-style-type: none">○ What benefits are covered and how much you will pay.○ How they are covered (including limitations and exclusions).○ How to use them. |
| Physicians and Health Providers Directory (“Provider Directory”) | <ul style="list-style-type: none">• Lists our Network of doctors, and Facilities.• Tells you if a Facility is preferred or not. |
| Pharmacy Directory | <ul style="list-style-type: none">• Lists our Network of pharmacies |
| Formulary Drug List for State, Education, and Local Government Employees (“Drug Formulary” or “Formulary”) | <ul style="list-style-type: none">• Lists drugs we cover.• Tells you what Tier a drug is in.• Tells you if there are any rules to getting a drug. |

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

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

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

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

Preferred Drugs

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

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

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

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

EXCEPTION REQUESTS

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

Others that may help with this process include.

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

| Exception Type | Process |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Standard Exception | <p>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:</p> <ul style="list-style-type: none">• 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. <p>We will not approve a request to lower your Cost-share for a drug.</p> <p>If you ask us to cover a drug that is not on our Formulary, your doctor must send:</p> <ul style="list-style-type: none">• The reason you need the non-formulary drug; and• A statement that all Formulary drugs on any Tier:<ul style="list-style-type: none">○ Will not or have not worked; |

| Exception Type | Process |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> ○ Would not work as well; or ○ Would have harmful side effects. <p>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.</p> <ul style="list-style-type: none"> • 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. <p>We will cover your drug during the time we are reviewing. We will also cover your drug during an External Review.</p> |
| Expedited Exception | <p>You may ask for a fast exceptions process when:</p> <ul style="list-style-type: none"> • 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. <p>We will tell you our decision within 24 hours after you ask us for a review if we have enough information.</p> <ul style="list-style-type: none"> • 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. <p>We will cover your drug during the time we are reviewing. We will also cover the drug during an External Review.</p> |

HELPFUL NUMBERS

Plan Issuer:

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

GlobalHealth Customer Care and Language Assistance:

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

Appeals and Grievances:

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

Hearing Aid Benefits:

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

24/7 Nurse Help Line:

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

24/7 GlobalHealth Compliance Recorded Hotline:

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

Behavioral Health/Telehealth:

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

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

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

Pharmacy Benefits Manager:

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

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

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

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

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

Mail Order Pharmacy:

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

Have your Member ID card with you when you call.

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

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

PREVENTIVE CARE INDEX

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

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

Immunizations

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

THERAPEUTIC CLASS INDEX

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

Key

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

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

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

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

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

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

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

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

List of Abbreviations

Tier 1: Generic Drug

Tier 2: Preferred Brand

Tier 3: Non-Preferred Drug

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

Tier 4 (SP Preferred): Specialty Preferred

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

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

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

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

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

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

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

| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Histamine H3-Receptor Antagonist/Inverse Agonists*** | | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (60 EA per 30 days) |
| *Stimulant Combinations*** | | |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG | Tier 2 | ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days) |
| *Stimulants - Misc.*** | | |
| <i>armodafinil tablet 150 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>armodafinil tablet 200 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>armodafinil tablet 250 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>armodafinil tablet 50 mg oral</i> | Tier 1 | QL (90 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) |
| <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) |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i> | Tier 1 | QL (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 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i> | Tier 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i> | Tier 2 | QL (30 EA per 30 days) |
| <i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i> | Tier 1 | |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl tablet chewable 10 mg oral</i> | Tier 1 | QL (180 EA per 30 days) |
| <i>methylphenidate hcl tablet chewable 2.5 mg oral</i> | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl tablet chewable 5 mg oral</i> | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i> | Tier 1 | ST; TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days) |
| <i>modafinil tablet 100 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>modafinil tablet 200 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG | Tier 3 | ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days) |
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL | Tier 3 | ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (180 ML per 30 days) |

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

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

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

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| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS | Tier 2 | QL (2.4 ML per 28 days) |
| RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS | Tier 2 | QL (0.6 ML per 28 days) |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | |
| <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 |
| 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 | |
| VYSCOXA ORAL SUSPENSION 10 MG/ML | Tier 3 | 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 Preferred) | PA; Specialty |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------|---------------------------|-----------------------------------------|
| *Interleukin-6 Receptor Inhibitors*** | | |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| 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 150 MG/1.14ML, 200 MG/1.14ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (2.28 ML per 28 days) |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | Tier 4 (SP Non-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 (Nsaids)*** | | |
| <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 | |
| <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 +rfd 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 | |

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

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------|------------------|----------------------------|
| *Analgesics - Nonnarcotic* | | |
| *Analgesics - Selective Nav1.8 Sodium Channel Inhibitors*** | | |
| JOURNAVX ORAL TABLET 50 MG | Tier 3 | PA; QL (29 EA per 14 days) |
| *Analgesics-Sedatives*** | | |
| BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG | Tier 1 | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | Tier 1 | |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i> | Tier 1 | |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> | Tier 1 | |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | |
| TENCON ORAL TABLET 50-325 MG | Tier 1 | |
| *Salicylates*** | | |
| <i>aspirin 81 oral tablet chewable 81 mg</i> | Tier 1 | ACA |
| <i>aspirin 81 oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin adult low dose oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin childrens oral tablet chewable 81 mg</i> | Tier 1 | ACA |
| <i>aspirin ec adult low dose oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin ec low dose oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin ec low strength oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin low dose oral tablet chewable 81 mg</i> | Tier 1 | ACA |
| <i>aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin oral tablet chewable 81 mg</i> | Tier 1 | ACA |
| <i>aspirin oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>aspirin regimen oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | ACA |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG | Tier 1 | ACA |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | ACA |
| <i>childrens aspirin oral tablet chewable 81 mg</i> | Tier 1 | ACA |
| <i>cvs aspirin adult low dose oral tablet chewable 81 mg</i> | Tier 1 | ACA |
| <i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <i>cvs aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | ACA |
| <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 |

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

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

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

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| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> | Tier 1 | |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | Tier 1 | QL (90 EA per 30 days) |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i> | Tier 1 | |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (0.5 ML per 26 days) |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1.5 ML per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | Tier 3 | QL (90 EA per 30 days) |
| *Tramadol Combinations*** | | |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | Tier 1 | |
| *Androgens-Anabolic* | | |
| *Androgens*** | | |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | Tier 3 | PA; QL (150 GM per 30 days) |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML | Tier 3 | PA; QL (6 ML per 30 days) |
| AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML | Tier 3 | QL (2 ML per 28 days) |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 1 | |
| DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR | Tier 3 | PA; QL (10 ML per 28 days) |
| DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR | Tier 1 | PA; QL (10 ML per 28 days) |
| <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 intramuscular solution 100 mg/ml, 200 mg/ml</i> | Tier 1 | 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 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) |

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

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

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

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| 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 INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 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*** | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Anti-Inflammatory Agents*** | | |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | Tier 1 | |
| *Beta Adrenergics*** | | |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Tier 1 | QL (14 GM per 30 days) |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Tier 1 | QL (17 GM per 30 days) |
| <i>albuterol sulfate 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 | |

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|---------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i> | Tier 1 | |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i> | Tier 1 | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | Tier 1 | |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i> | Tier 1 | |
| <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 | |
| *Bronchodilators - Anticholinergics*** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | Tier 3 | 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 | |

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|----------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|
| <i>montelukast sodium oral tablet 10 mg</i> | Tier 1 | |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> | Tier 1 | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| *Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors*** | | |
| OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Selective Phosphodiesterase 4 (Pde4) Inhibitors*** | | |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i> | Tier 1 | |
| *Steroid Inhalants*** | | |
| 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 (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>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 | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | Tier 3 | |

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|-------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <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*** | | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | Tier 1 | |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 1 | |
| *Direct Factor Xa Inhibitors*** | | |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG | Tier 2 | |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG | Tier 2 | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG | Tier 2 | QL (120 EA per 30 days) |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG | Tier 2 | QL (960 EA per 30 days) |
| ELIQUIS TABLET 2.5 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| ELIQUIS TABLET 5 MG ORAL | Tier 2 | QL (74 EA per 30 days) |
| <i>rivaroxaban oral suspension reconstituted 1 mg/ml</i> | Tier 1 | QL (600 ML per 30 days) |
| <i>rivaroxaban oral tablet 2.5 mg</i> | Tier 1 | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | Tier 2 | QL (600 ML per 30 days) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | Tier 2 | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | Tier 2 | |
| *Heparins And Heparinoid-Like Agents*** | | |
| <i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%</i> | Tier 1 | |
| <i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i> | Tier 1 | |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | Tier 1 | |
| <i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i> | Tier 1 | |
| <i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i> | Tier 1 | |
| <i>heparin sodium (porcine) pf solution 5000 unit/ml injection</i> | Tier 3 | |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| *Low Molecular Weight Heparins*** | | |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i> | Tier 1 | |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | Tier 1 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | Tier 3 | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | Tier 3 | |
| *Synthetic Heparinoid-Like Agents*** | | |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | Tier 1 | |
| *Thrombin Inhibitors - Selective Direct & Reversible*** | | |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i> | Tier 1 | |
| *Anticonvulsants* | | |
| *Ampa Glutamate Receptor Antagonists*** | | |
| <i>perampanel oral suspension 0.5 mg/ml</i> | Tier 1 | QL (680 ML per 28 days) |
| <i>perampanel tablet 10 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>perampanel tablet 12 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>perampanel tablet 2 mg oral</i> | Tier 1 | QL (120 EA per 30 days) |
| <i>perampanel tablet 4 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>perampanel tablet 6 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>perampanel tablet 8 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| *Anticonvulsants - Benzodiazepines*** | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | Tier 1 | QL (480 ML per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i> | Tier 1 | |
| <i>midazolam intramuscular solution auto-injector 10 mg/0.7ml</i> | Tier 3 | QL (7 ML per 30 days) |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | Tier 1 | PA; QL (10 EA per 30 days) |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | Tier 1 | PA; QL (10 EA per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | Tier 1 | PA; QL (10 EA per 30 days) |

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|-------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | Tier 1 | PA; QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | Tier 1 | PA; QL (10 EA per 30 days) |
| *Anticonvulsants - Misc.*** | | |
| <i>brivaracetam oral solution 10 mg/ml</i> | Tier 1 | QL (600 ML per 30 days) |
| <i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | Tier 2 | QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | Tier 2 | 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 ORAL CAPSULE 250 MG, 500 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| DIACOMIT ORAL PACKET 250 MG, 500 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | Tier 4 (SP Preferred) | ST; Specialty; TRIAL OF OR CONTRAINDICATION TO 2 OF THE FOLLOWING GENERIC ANTICONSULVANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, AND TOPIRAMATE IN THE PAST 365 DAYS |
| <i>eslicarbazepine acetate tablet 200 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>eslicarbazepine acetate tablet 400 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>eslicarbazepine acetate tablet 600 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>eslicarbazepine acetate tablet 800 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | Tier 1 | |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i> | Tier 1 | PA; QL (2160 ML per 30 days) |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Tier 1 | |
| <i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i> | Tier 1 | |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 1 | |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG | Tier 3 | |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 1 | |
| <i>lamotrigine oral kit 25 & 50 & 100 mg</i> | Tier 1 | |

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| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> | Tier 1 | |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i> | Tier 1 | |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i> | Tier 1 | |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i> | Tier 1 | |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> | Tier 1 | |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i> | Tier 1 | |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| MYSOLINE ORAL TABLET 250 MG, 50 MG | Tier 3 | |
| <i>oxcarbazepine er tablet extended release 24 hour 150 mg oral</i> | Tier 1 | ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days) |
| <i>oxcarbazepine er tablet extended release 24 hour 300 mg oral</i> | Tier 1 | ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days) |
| <i>oxcarbazepine er tablet extended release 24 hour 600 mg oral</i> | Tier 1 | ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> | Tier 1 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | Tier 1 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>pregabalin oral solution 20 mg/ml</i> | Tier 1 | PA; QL (900 ML per 30 days) |
| <i>primidone tablet 125 mg oral</i> | Tier 3 | |
| <i>primidone tablet 250 mg oral</i> | Tier 1 | |
| <i>primidone tablet 50 mg oral</i> | Tier 1 | |
| RELGAABI ORAL CAPSULE 300 MG, 400 MG | Tier 1 | |
| ROWEEPRA ORAL TABLET 500 MG | Tier 1 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>rufinamide oral suspension 40 mg/ml</i> | Tier 1 | ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (2400 ML per 30 days) |
| <i>rufinamide tablet 200 mg oral</i> | Tier 1 | ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (480 EA per 30 days) |
| <i>rufinamide tablet 400 mg oral</i> | Tier 1 | ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (240 EA per 30 days) |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| 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) |

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| <i>topiramate er capsule extended release 24 hour 50 mg oral</i> | Tier 1 | QL (210 EA per 30 days) |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>topiramate oral solution 25 mg/ml</i> | Tier 1 | PA |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | Tier 3 | PA |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Carbamates*** | | |
| <i>felbamate oral suspension 600 mg/5ml</i> | Tier 1 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | Tier 1 | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | Tier 2 | QL (60 EA per 30 days) |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | Tier 2 | QL (60 EA per 30 days) |
| XCOPRI TABLET 100 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| XCOPRI TABLET 150 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| XCOPRI TABLET 200 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| XCOPRI TABLET 25 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| XCOPRI TABLET 50 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| *Gaba Modulators*** | | |
| <i>tiagabine hcl tablet 12 mg oral</i> | Tier 1 | ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days) |
| <i>tiagabine hcl tablet 16 mg oral</i> | Tier 1 | ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days) |

| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>tiagabine hcl tablet 2 mg oral</i> | Tier 1 | ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days) |
| <i>tiagabine hcl tablet 4 mg oral</i> | Tier 1 | ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days) |
| <i>vigabatrin oral packet 500 mg</i> | Tier 1 | PA; Specialty |
| <i>vigabatrin oral tablet 500 mg</i> | Tier 1 | PA; Specialty |
| VIGADRONE ORAL PACKET 500 MG | Tier 1 | PA; Specialty |
| VIGADRONE ORAL TABLET 500 MG | Tier 1 | PA; Specialty |
| VIGAFYDE ORAL SOLUTION 100 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *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 | |

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| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | Tier 1 | |
| <i>valproic acid oral capsule 250 mg</i> | Tier 1 | |
| <i>valproic acid oral solution 250 mg/5ml</i> | Tier 1 | |
| *Antidepressants* | | |
| *Alpha-2 Receptor Antagonists (Tetracyclics)*** | | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | Tier 1 | |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> | Tier 1 | |
| *Antidepressant - Miscellaneous Combinations*** | | |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | Tier 3 | |
| AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG | Tier 3 | QL (51 EA per 29 days) |
| *Antidepressants - Misc.*** | | |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | Tier 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i> | Tier 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i> | Tier 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i> | Tier 3 | ST; TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (30 EA per 30 days) |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | Tier 1 | |
| *Gaba Receptor Modulator - Neuroactive Steroid*** | | |
| ZURZUVAE CAPSULE 20 MG ORAL | Tier 4 (SP Preferred) | PA; Specialty; QL (28 EA per 14 days) |
| ZURZUVAE CAPSULE 25 MG ORAL | Tier 4 (SP Preferred) | PA; Specialty; QL (28 EA per 14 days) |
| ZURZUVAE CAPSULE 30 MG ORAL | Tier 4 (SP Preferred) | PA; Specialty; QL (14 EA per 14 days) |
| *Monoamine Oxidase Inhibitors (Maois)*** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | Tier 3 | QL (30 EA per 30 days) |
| MARPLAN ORAL TABLET 10 MG | Tier 3 | |
| NARDIL ORAL TABLET 15 MG | Tier 3 | |
| <i>phenelzine sulfate oral tablet 15 mg</i> | Tier 1 | |
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | Tier 1 | |

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

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|-----------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------|
| 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 | |
| <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 | |
| 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) |

| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------|
| *Biguanides*** | | |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i> | Tier 1 | |
| <i>metformin hcl oral solution 500 mg/5ml</i> | Tier 1 | PA; QL (765 ML per 30 days) |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i> | Tier 1 | |
| *Diabetic Other*** | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | Tier 2 | QL (2 EA per 30 days) |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | Tier 2 | QL (2 EA per 30 days) |
| <i>diazoxide oral suspension 50 mg/ml</i> | Tier 1 | |
| <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 HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS | Tier 2 | QL (0.2 ML per 30 days) |
| GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS | Tier 2 | QL (0.4 ML per 30 days) |
| GVOKE HYOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS | Tier 2 | QL (0.2 ML per 30 days) |
| GVOKE HYOPEN 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*** | | |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL | Tier 2 | QL (30 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) |

| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------|
| *Dopamine Receptor Agonists - Ergot Derivatives*** | | |
| CYCLOSET ORAL TABLET 0.8 MG | Tier 3 | ST; TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS; QL (180 EA per 30 days) |
| *Human Insulin*** | | |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | Tier 3 | PA |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| FIASP INJECTION SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| 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) |

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|--------------------------------------------------------------------------------------------------|------------------|------------------------|
| <i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i> | Tier 2 | QL (30 ML per 28 days) |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Tier 2 | QL (30 ML per 28 days) |
| LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS | Tier 2 | QL (12 ML per 28 days) |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| 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) |

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|-------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | ST; TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO, OR TRESIBA IN THE PAST 120 DAYS |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 2 | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 2 | |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Tier 2 | QL (18 ML per 28 days) |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS | Tier 2 | QL (30 ML per 28 days) |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| *Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)*** | | |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | Tier 2 | PA; QL (2 ML per 28 days) |
| *Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** | | |
| <i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml</i> | Tier 2 | PA; QL (2.4 ML per 28 days) |
| <i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i> | Tier 1 | PA; QL (9 ML per 28 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | Tier 2 | PA; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | Tier 2 | PA; QL (3 ML per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | Tier 2 | PA; QL (3 ML per 28 days) |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | Tier 2 | PA; QL (30 EA per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | Tier 2 | PA; QL (30 EA per 30 days) |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | Tier 2 | PA; QL (2 ML per 28 days) |
| *Insulin-Incretin Mimetic Combinations*** | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | Tier 2 | ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 25 days) |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | Tier 2 | ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 30 days) |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------|------------------|----------------------------------------|
| *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 1 | PA; Specialty; QL (120 EA per 30 days) |
| *Sgt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** | | |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| *Sgt2 Inhibitor - Dpp-4 Inhibitor Combinations*** | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | Tier 2 | QL (30 EA per 30 days) |
| *Sodium-Glucose Co-Transporter 2 (Sgt2) Inhibitors*** | | |
| <i>dapagliflozin oral tablet 10 mg, 5 mg</i> | 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*** | | |
| <i>dapaglifloz base-metformin er tablet extended release 24 hour 10-1000 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>dapaglifloz base-metformin er tablet extended release 24 hour 10-500 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>dapaglifloz base-metformin er tablet extended release 24 hour 5-1000 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>dapaglifloz base-metformin er tablet extended release 24 hour 5-500 mg oral</i> | 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) |

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|-----------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------|
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL | Tier 3 | QL (30 EA per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL | Tier 3 | QL (30 EA per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | Tier 3 | QL (60 EA per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL | Tier 3 | QL (60 EA per 30 days) |
| *Sulfonylurea-Biguanide Combinations*** | | |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | QL (120 EA per 30 days) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | QL (120 EA per 30 days) |
| *Sulfonylureas*** | | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | |
| <i>glipizide er tablet extended release 24 hour 10 mg oral</i> | Tier 1 | |
| <i>glipizide er tablet extended release 24 hour 2.5 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>glipizide er tablet extended release 24 hour 5 mg oral</i> | Tier 1 | |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| *Sulfonylurea-Thiazolidinedione Combinations*** | | |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| *Thiazolidinedione-Biguanide Combinations*** | | |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i> | Tier 1 | QL (90 EA per 30 days) |
| *Thiazolidinediones*** | | |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> | Tier 1 | |
| *Antidiarrheal/Probiotic Agents* | | |
| *Antidiarrheal - Chloride Channel Antagonists*** | | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG | Tier 4 (SP Non-Preferred) | ST; Specialty; TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS; QL (60 EA per 30 days) |

| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|
| *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 oral tincture 10 mg/ml (1%)</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 1 | PA; Specialty |
| <i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i> | Tier 1 | PA; Specialty |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | Tier 1 | PA; Specialty |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i> | Tier 1 | PA; Specialty |
| <i>deferiprone oral tablet 1000 mg, 500 mg</i> | Tier 1 | PA; Specialty |
| FERRIPROX ORAL SOLUTION 100 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Cholinesterase Inhibitors*** | | |
| <i>pyridostigmine bromide er oral tablet extended release 24 hour 105 mg</i> | Tier 3 | |
| *Opioid Antagonists*** | | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | Tier 2 | |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | Tier 1 | |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i> | Tier 1 | |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i> | Tier 1 | |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i> | Tier 3 | |
| <i>naltrexone hcl oral tablet 50 mg</i> | Tier 1 | |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML | Tier 3 | |
| REXTOVY NASAL LIQUID 4 MG/0.25ML | Tier 3 | QL (4 EA per 30 days) |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | Tier 4 (SP Non-Preferred) | Specialty; QL (1 EA per 28 days) |
| ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML | Tier 3 | QL (4 ML per 30 days) |
| *Antiemetics* | | |
| *5-Ht3 Receptor Antagonists*** | | |
| ANZEMET ORAL TABLET 50 MG | Tier 3 | ST; TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (10 EA per 21 days) |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 1 | QL (10 EA per 21 days) |
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | Tier 1 | QL (150 ML per 21 days) |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | Tier 1 | |

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|-------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------|
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR | Tier 3 | ST; TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (1 EA per 21 days) |
| *Antiemetic Combinations*** | | |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i> | Tier 1 | |
| **Antiemetics - Anticholinergic*** | | |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | Tier 1 | |
| <i>meclizine hcl oral tablet chewable 25 mg</i> | Tier 3 | |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> | Tier 1 | |
| <i>trimethobenzamide hcl oral capsule 300 mg</i> | Tier 1 | |
| *Antiemetics - Miscellaneous*** | | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| SYNDROS ORAL SOLUTION 5 MG/ML | Tier 3 | ST; TRIAL OF GENERIC DRONABINOL (MARINOL) CAPSULES IN THE PAST 120 DAYS; QL (60 ML per 30 days) |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | |
| <i>aprepitant capsule 125 mg oral</i> | Tier 1 | QL (1 EA per 21 days) |
| <i>aprepitant capsule 40 mg oral</i> | Tier 1 | QL (1 EA per 28 days) |
| <i>aprepitant capsule 80 mg oral</i> | Tier 1 | QL (2 EA per 21 days) |
| <i>aprepitant oral capsule therapy pack 80 & 125 mg</i> | Tier 1 | QL (3 EA per 21 days) |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML | Tier 2 | PA; QL (4 EA per 28 days) |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG | Tier 2 | QL (2 EA per 21 days) |
| *Antifungals* | | |
| *Antifungals*** | | |
| <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 90 days) |
| *Triazoles*** | | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | Tier 3 | PA |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------|------------------|------------------------------------------------------------------|
| <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 |
| NOXAFIL ORAL SUSPENSION 40 MG/ML | 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 oral elixir 12.5 mg/5ml</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 | |
| <i>desloratadine tablet dispersible 2.5 mg oral</i> | Tier 3 | |
| <i>desloratadine tablet dispersible 2.5 mg oral</i> | Tier 1 | |
| <i>desloratadine tablet dispersible 5 mg oral</i> | Tier 3 | |
| <i>desloratadine tablet dispersible 5 mg oral</i> | Tier 1 | |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i> | Tier 1 | |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | Tier 1 | |
| *Antihistamines - Phenothiazines*** | | |
| <i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i> | Tier 1 | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | Tier 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG | Tier 1 | |
| *Antihistamines - Piperidines*** | | |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i> | Tier 1 | |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>ciproheptadine hcl oral tablet 4 mg</i> | 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.*** | | |
| <i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i> | Tier 1 | |
| *Bile Acid Sequestrants*** | | |
| <i>cholestyramine light oral powder 4 gm/dose</i> | Tier 1 | |
| <i>cholestyramine oral packet 4 gm</i> | Tier 1 | |
| <i>cholestyramine oral powder 4 gm/dose</i> | Tier 1 | |
| <i>colesevelam hcl oral tablet 625 mg</i> | Tier 1 | |
| <i>colestipol hcl oral granules 5 gm</i> | Tier 1 | |
| <i>colestipol hcl oral packet 5 gm</i> | Tier 1 | |
| <i>colestipol hcl oral tablet 1 gm</i> | Tier 1 | |
| PREVALITE ORAL POWDER 4 GM/DOSE | Tier 1 | |
| *Fibric Acid Derivatives*** | | |
| <i>fenofibrate capsule 134 mg oral</i> | Tier 1 | |
| <i>fenofibrate capsule 150 mg oral</i> | Tier 1 | |
| <i>fenofibrate capsule 200 mg oral</i> | Tier 1 | |
| <i>fenofibrate capsule 50 mg oral</i> | Tier 3 | |
| <i>fenofibrate capsule 67 mg oral</i> | Tier 1 | |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | Tier 1 | |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i> | Tier 1 | |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i> | Tier 1 | |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> | Tier 3 | |
| <i>gemfibrozil oral tablet 600 mg</i> | Tier 1 | |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | Tier 2 | |
| *Hmg Coa Reductase Inhibitors*** | | |
| ATORVALIQ ORAL SUSPENSION 20 MG/5ML | Tier 3 | PA |
| <i>atorvastatin calcium tablet 10 mg oral</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>atorvastatin calcium tablet 20 mg oral</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>atorvastatin calcium tablet 40 mg oral</i> | Tier 1 | |
| <i>atorvastatin calcium tablet 80 mg oral</i> | Tier 1 | |
| <i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i> | Tier 3 | PA |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <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 oral tablet 1 mg, 2 mg, 4 mg</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 |
| *Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** | | |
| <i>ezetimibe-simvastatin tablet 10-10 mg oral</i> | Tier 1 | |
| <i>ezetimibe-simvastatin tablet 10-20 mg oral</i> | Tier 1 | |
| <i>ezetimibe-simvastatin tablet 10-40 mg oral</i> | Tier 1 | |
| <i>ezetimibe-simvastatin tablet 10-80 mg oral</i> | Tier 1 | PA |
| *Intestinal Cholesterol Absorption Inhibitors*** | | |
| <i>ezetimibe oral tablet 10 mg</i> | Tier 1 | |
| *Microsomal Triglyceride Transfer Protein Inhibitors*** | | |
| JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Nicotinic Acid Derivatives*** | | |
| <i>niacin (antihyperlipidemic) tablet 500 mg oral</i> | Tier 1 | |
| <i>niacin (antihyperlipidemic) tablet 500 mg oral</i> | Tier 3 | |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | Tier 1 | |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------|
| NIACOR ORAL TABLET 500 MG | Tier 3 | |
| *Pcsk9 Inhibitors*** | | |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | Tier 2 | ST; SWITCH TO STEP 1: generic statin or generic statin combination; QL (6 ML per 84 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | Tier 2 | ST; SWITCH TO STEP 1: generic statin or generic statin combination; QL (6 ML per 84 days) |
| *Antihypertensives* | | |
| *Ace Inhibitor & Calcium Channel Blocker Combinations*** | | |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | |
| *Ace Inhibitors & Thiazide/Thiazide-Like*** | | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | Tier 1 | |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | Tier 3 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | Tier 1 | |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | Tier 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| *Ace Inhibitors*** | | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>enalapril maleate oral solution 1 mg/ml</i> | Tier 1 | PA |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | |
| <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 |
| <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 1 | PA; Specialty |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i> | Tier 1 | PA; Specialty |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------|
| *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 |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | Tier 1 | |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> | Tier 1 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | Tier 1 | |
| *Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides*** | | |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | Tier 1 | |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | Tier 1 | |
| *Antidiuretics - Centrally Acting*** | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | Tier 1 | |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | Tier 1 | |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| JAVADIN ORAL SOLUTION 0.02 MG/ML | Tier 3 | PA; QL (3600 ML per 30 days) |
| <i>methyl dopa tablet 250 mg oral</i> | Tier 1 | |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------|---------------------------|---------------------------------------|
| <i>methyldopa tablet 500 mg oral</i> | Tier 3 | |
| *Antiadrenergics - Peripherally Acting*** | | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 1 | |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| TEZRULY ORAL SOLUTION 1 MG/ML | Tier 3 | PA |
| *Antihypertensives - Misc.*** | | |
| VECAMYL ORAL TABLET 2.5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Beta Blocker & Diuretic Combinations*** | | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | Tier 1 | |
| *Direct Renin Inhibitors*** | | |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> | Tier 1 | |
| *Endothelin Receptor Antagonists*** | | |
| TRYVIO ORAL TABLET 12.5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| *Selective Aldosterone Receptor Antagonists (Saras)*** | | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| *Vasodilators*** | | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Tier 1 | |
| *Anti-Infective Agents - Misc.* | | |
| *Anti-Infective Agents - Misc.*** | | |
| FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML | Tier 3 | |
| IMPAVIDO ORAL CAPSULE 50 MG | Tier 2 | PA; QL (84 EA per 28 days) |
| LIKMEZ ORAL SUSPENSION 500 MG/5ML | Tier 3 | PA |
| <i>metronidazole oral capsule 375 mg</i> | Tier 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>pentamidine isethionate inhalation solution reconstituted 300 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 | PA |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------------|---------------------------|---------------------------------------|
| *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 | |
| *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 | |

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| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------------|---------------------------|------------------------|
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | Tier 1 | |
| <i>nitrofurantoin suspension 25 mg/5ml oral</i> | Tier 1 | |
| <i>nitrofurantoin suspension 50 mg/5ml oral</i> | Tier 3 | |
| *Urinary Antiseptic-Antispasmodic &/Or Analgesics*** | | |
| 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 oral tablet 250 mg, 500 mg</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 1 | PA; Specialty |
| <i>quinine sulfate oral capsule 324 mg</i> | Tier 1 | |
| *Antimyasthenic/Cholinergic Agents* | | |
| *Antimyasthenic/Cholinergic Agents*** | | |
| FIRDAPSE ORAL TABLET 10 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i> | Tier 1 | |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i> | Tier 1 | |
| <i>pyridostigmine bromide tablet 30 mg oral</i> | Tier 3 | |
| <i>pyridostigmine bromide tablet 60 mg oral</i> | Tier 1 | |
| *Antimycobacterial Agents* | | |
| *Antimycobacterial Agents*** | | |
| <i>cycloserine oral capsule 250 mg</i> | Tier 1 | |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | Tier 1 | |
| <i>isoniazid oral syrup 50 mg/5ml</i> | Tier 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 1 | |
| <i>pretomanid oral tablet 200 mg</i> | Tier 3 | QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|
| PRIFTIN ORAL TABLET 150 MG | Tier 2 | |
| <i>pyrazinamide oral tablet 500 mg</i> | Tier 1 | |
| <i>rifabutin oral capsule 150 mg</i> | Tier 1 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Antineoplastics And Adjunctive Therapies* | | |
| *Alkylating Agents*** | | |
| MYLERAN ORAL TABLET 2 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Androgen Biosynthesis Inhibitors*** | | |
| <i>abiraterone acetate oral tablet 250 mg, 500 mg</i> | Tier 1 | PA; Specialty; OC |
| ABIRTEGA ORAL TABLET 250 MG | Tier 1 | PA; Specialty; OC |
| YONSA ORAL TABLET 125 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antiadrenals*** | | |
| LYSODREN ORAL TABLET 500 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antiandrogens*** | | |
| <i>bicalutamide tablet 50 mg oral</i> | Tier 1 | |
| <i>bicalutamide tablet 50 mg oral</i> | Tier 1 | OC |
| ERLEADA ORAL TABLET 240 MG, 60 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| EULEXIN ORAL CAPSULE 125 MG | Tier 3 | OC |
| <i>nilutamide oral tablet 150 mg</i> | Tier 1 | PA; Specialty; OC |
| NUBEQA ORAL TABLET 300 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| XTANDI ORAL CAPSULE 40 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| XTANDI ORAL TABLET 40 MG, 80 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *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 1 | Specialty; OC |
| *Antimetabolites*** | | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | Tier 1 | PA; Specialty; OC |
| JYLAMVO ORAL SOLUTION 2 MG/ML | Tier 3 | PA; OC |
| <i>mercaptopurine oral suspension 2000 mg/100ml</i> | Tier 1 | ST; Specialty; TRIAL OF GENERIC MERCAPTOPYRINE TABS IN PAST 120 DAYS; OC |
| <i>mercaptopurine tablet 50 mg oral</i> | Tier 1 | |
| <i>mercaptopurine tablet 50 mg oral</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 | |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------------------------|---------------------------|-------------------------------------------|
| <i>methotrexate sodium solution 50 mg/2ml injection</i> | Tier 3 | |
| ONUREG ORAL TABLET 200 MG, 300 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| TABLOID ORAL TABLET 40 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 3 | OC |
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 3 | PA; OC |
| *Antineoplastic - Akt Inhibitors*** | | |
| TRUQAP ORAL TABLET 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| TRUQAP TABLET THERAPY PACK 160 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| TRUQAP TABLET THERAPY PACK 200 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty |
| TRUQAP TABLET THERAPY PACK 200 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Alk Inhibitors*** | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LORBRENA ORAL TABLET 100 MG, 25 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| ZYKADIA ORAL TABLET 150 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Anti-Her2 Agents*** | | |
| HERNEXEOS TABLET 60 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (90 EA per 30 days) |
| HERNEXEOS TABLET 60 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (90 EA per 30 days) |
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Bcl-2 Inhibitors*** | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Bcr-Abl Kinase Inhibitors*** | | |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| DANZITEN ORAL TABLET 71 MG, 95 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> | Tier 1 | PA; Specialty; OC |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i> | Tier 1 | PA; Specialty; OC |
| <i>imkeldi oral solution 80 mg/ml</i> | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| <i>nilotinib hcl capsule 150 mg oral</i> | Tier 1 | PA; Specialty |
| <i>nilotinib hcl capsule 150 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>nilotinib hcl capsule 200 mg oral</i> | Tier 1 | PA; Specialty |
| <i>nilotinib hcl capsule 200 mg oral</i> | Tier 1 | PA; Specialty; OC |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------|---------------------------|------------------------------------------|
| <i>nilotinib hcl capsule 50 mg oral</i> | Tier 1 | PA; Specialty; OC |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Braf Kinase Inhibitors*** | | |
| BRAFTOVI ORAL CAPSULE 75 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| OJEMDA ORAL TABLET 100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ZELBORAF ORAL TABLET 240 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Btk Inhibitors*** | | |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| BRUKINSA ORAL TABLET 160 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| CALQUENCE ORAL TABLET 100 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | Tier 4 (SP Preferred) | PA; Specialty; OC |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *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 oral tablet 100 mg, 150 mg, 25 mg</i> | Tier 1 | PA; Specialty; OC |
| <i>gefitinib oral tablet 250 mg</i> | Tier 1 | PA; Specialty; OC |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| IRESSA ORAL TABLET 250 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Fgfr Kinase Inhibitors*** | | |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------|---------------------------|--------------------------------------------|
| *Antineoplastic - Gamma Secretase Inhibitors*** | | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Hedgehog Pathway Inhibitors*** | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| ERIVEDGE ORAL CAPSULE 150 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ODOMZO ORAL CAPSULE 200 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Hif-2-Alpha Inhibitors*** | | |
| WELIREG ORAL TABLET 40 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Histone Deacetylase Inhibitors*** | | |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 4 (SP Preferred) | PA; Specialty; OC; QL (120 EA per 30 days) |
| *Antineoplastic - Hormonal And Related Agent Combinations*** | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Antineoplastic - Immunomodulators*** | | |
| <i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | PA; Specialty |
| *Antineoplastic - Kras Inhibitors*** | | |
| KRAZATI ORAL TABLET 200 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Mek Inhibitors*** | | |
| COTELLIC ORAL TABLET 20 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | Tier 4 (SP Preferred) | PA; Specialty; OC |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| MEKTOVI ORAL TABLET 15 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Menin Inhibitors*** | | |
| KOMZIFTI ORAL CAPSULE 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (90 EA per 30 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------|---------------------------|----------------------------------------|
| *Antineoplastic - Met Inhibitors*** | | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| TEPMETKO ORAL TABLET 225 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Methyltransferase Inhibitors*** | | |
| TAZVERIK ORAL TABLET 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Mtor Kinase Inhibitors*** | | |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> | Tier 1 | PA; Specialty; OC |
| <i>everolimus tablet 10 mg oral</i> | Tier 1 | PA; Specialty |
| <i>everolimus tablet 10 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>everolimus tablet 2.5 mg oral</i> | Tier 1 | PA; Specialty |
| <i>everolimus tablet 2.5 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>everolimus tablet 5 mg oral</i> | Tier 1 | PA; Specialty |
| <i>everolimus tablet 5 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>everolimus tablet 7.5 mg oral</i> | Tier 1 | PA; Specialty |
| <i>everolimus tablet 7.5 mg oral</i> | Tier 1 | PA; Specialty; OC |
| TORPENZ TABLET 10 MG ORAL | Tier 1 | PA; Specialty |
| TORPENZ TABLET 10 MG ORAL | Tier 1 | PA; Specialty; OC |
| TORPENZ TABLET 2.5 MG ORAL | Tier 1 | PA; Specialty |
| TORPENZ TABLET 2.5 MG ORAL | Tier 1 | PA; Specialty; OC |
| TORPENZ TABLET 5 MG ORAL | Tier 1 | PA; Specialty |
| TORPENZ TABLET 5 MG ORAL | Tier 1 | PA; Specialty; OC |
| TORPENZ TABLET 7.5 MG ORAL | Tier 1 | PA; Specialty |
| TORPENZ TABLET 7.5 MG ORAL | Tier 1 | PA; Specialty; OC |
| YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | Tier 1 | PA; Specialty |
| *Antineoplastic - Multikinase Inhibitors*** | | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| HYRNUO ORAL TABLET 10 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (120 EA per 30 days) |
| <i>lapatinib ditosylate oral tablet 250 mg</i> | Tier 1 | PA; Specialty; OC |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------|---------------------------|--------------------------------------------|
| NERLYNX ORAL TABLET 40 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| <i>pazopanib hcl tablet 200 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>pazopanib hcl tablet 400 mg oral</i> | Tier 4 (SP Preferred) | PA; Specialty |
| <i>pazopanib hcl tablet 400 mg oral</i> | Tier 4 (SP Preferred) | PA; Specialty; OC |
| QINLOCK ORAL TABLET 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| RYDAPT ORAL CAPSULE 25 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| <i>sorafenib tosylate oral tablet 200 mg</i> | Tier 1 | PA; Specialty; OC |
| STIVARGA ORAL TABLET 40 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 | PA; Specialty; OC |
| TURALIO ORAL CAPSULE 125 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (120 EA per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| XOSPATA ORAL TABLET 40 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic - Pdgfr-Alpha Inhibitors*** | | |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Protease Activators*** | | |
| MODEYSO ORAL CAPSULE 125 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (20 EA per 28 days) |
| *Antineoplastic - Proteasome Inhibitors*** | | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Ret Inhibitors*** | | |
| GAVRETO ORAL CAPSULE 100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** | | |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| IBTROZI ORAL CAPSULE 200 MG | Tier 2 | PA; OC |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ROZLYTREK ORAL PACKET 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| VITRAKVI ORAL SOLUTION 20 MG/ML | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastic - Xpo1 Inhibitors*** | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |

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|--------------------------------------------------------------------|---------------------------|-------------------------------------------|
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 80 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Antineoplastic Combinations*** | | |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| INQOVI ORAL TABLET 35-100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antineoplastics Misc.*** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>hydroxyurea oral capsule 500 mg</i> | Tier 1 | OC |
| MATULANE ORAL CAPSULE 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Aromatase Inhibitors*** | | |
| <i>anastrozole oral tablet 1 mg</i> | Tier 1 | OC; ACA, Some restrictions may apply. |
| <i>exemestane oral tablet 25 mg</i> | Tier 1 | OC; ACA, Some restrictions may apply. |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 1 | OC |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | Tier 4 (SP Preferred) | PA; Specialty; OC |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Estrogen Receptor Antagonist*** | | |
| INLURIYO ORAL TABLET 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (60 EA per 30 days) |

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|-------------------------------------------------------------------------------|---------------------------|-------------------------------------------|
| *Folic Acid Antagonists Rescue Agents*** | | |
| LEDERLE LEUCOVORIN ORAL TABLET 5 MG | Tier 2 | |
| <i>leucovorin calcium tablet 15 mg oral</i> | Tier 1 | OC |
| <i>leucovorin calcium tablet 25 mg oral</i> | Tier 1 | |
| <i>leucovorin calcium tablet 25 mg oral</i> | Tier 1 | OC |
| <i>leucovorin calcium tablet 5 mg oral</i> | Tier 1 | OC |
| *Gonadotropin Releasing Hormone (Gnrh) Antagonists*** | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL | Tier 4 (SP Non-Preferred) | PA; Specialty |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ORGOVYX ORAL TABLET 120 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (31 EA per 30 days) |
| *Imidazotetrazines*** | | |
| <i>temozolomide capsule 100 mg oral</i> | Tier 1 | PA; Specialty |
| <i>temozolomide capsule 100 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>temozolomide capsule 140 mg oral</i> | Tier 1 | PA; Specialty |
| <i>temozolomide capsule 140 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>temozolomide capsule 180 mg oral</i> | Tier 1 | PA; Specialty |
| <i>temozolomide capsule 180 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>temozolomide capsule 20 mg oral</i> | Tier 1 | PA; Specialty |
| <i>temozolomide capsule 20 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>temozolomide capsule 250 mg oral</i> | Tier 1 | PA; Specialty |
| <i>temozolomide capsule 250 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>temozolomide capsule 5 mg oral</i> | Tier 1 | PA; Specialty |
| <i>temozolomide capsule 5 mg oral</i> | Tier 1 | PA; Specialty; OC |
| *Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors*** | | |
| VORANIGO ORAL TABLET 10 MG, 40 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** | | |
| REZLIDHIA ORAL CAPSULE 150 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| TIBSOVO ORAL TABLET 250 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |

| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------|---------------------------|--------------------------------------------|
| *Janus Associated Kinase (Jak) Inhibitors*** | | |
| INREBIC ORAL CAPSULE 100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (120 EA per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 4 (SP Preferred) | PA; Specialty; OC; QL (60 EA per 30 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| VONJO ORAL CAPSULE 100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC; QL (120 EA per 30 days) |
| *Lhrh Analogs*** | | |
| ELIGARD KIT 22.5 MG SUBCUTANEOUS | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 84 days) |
| ELIGARD KIT 45 MG SUBCUTANEOUS | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 168 days) |
| ELIGARD KIT 7.5 MG SUBCUTANEOUS | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | Tier 1 | PA; Specialty; QL (2 EA per 28 days) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 84 days) |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 112 days) |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 168 days) |
| LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 84 days) |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Mitotic Inhibitors*** | | |
| <i>etoposide oral capsule 50 mg</i> | Tier 2 | PA; OC |
| *Nitrogen Mustards And Related Analogues*** | | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Tier 1 | OC |
| <i>cyclophosphamide oral tablet 50 mg</i> | Tier 2 | OC |
| LEUKERAN ORAL TABLET 2 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Nitrosoureas*** | | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| <i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i> | Tier 1 | PA; Specialty; OC |
| *Ornithine Decarboxylase (Odc) Inhibitors*** | | |
| IWILFIN ORAL TABLET 192 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------|---------------------------|-------------------|
| ITOVEBI ORAL TABLET 3 MG, 9 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier 4 (SP Preferred) | PA; Specialty; OC |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** | | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Progestins-Antineoplastic*** | | |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i> | Tier 1 | |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | Tier 1 | OC |
| *Retinoids*** | | |
| <i>tretinoin oral capsule 10 mg</i> | Tier 1 | PA; Specialty; OC |
| *Selective Estrogen Receptor Degradars*** | | |
| ORSERDU ORAL TABLET 345 MG, 86 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; OC |
| *Selective Retinoid X Receptor Agonists*** | | |
| <i>bexarotene oral capsule 75 mg</i> | Tier 1 | PA; Specialty; OC |
| *Topoisomerase I Inhibitors*** | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Urinary Tract Protective Agents*** | | |
| <i>mesna oral tablet 400 mg</i> | Tier 1 | OC |
| *Vascular Endothelial Growth Factor (Vegf) Inhibitors*** | | |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| INLYTA ORAL TABLET 1 MG, 5 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------|
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4 (SP Preferred) | PA; Specialty; OC |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *Antiparkinson And Related Therapy Agents* | | |
| *Adenosine Receptor Antagonist*** | | |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| *Antiparkinson Anticholinergics*** | | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i> | Tier 1 | |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | Tier 1 | |
| *Antiparkinson Dopaminergics*** | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 1 | |
| <i>amantadine hcl oral solution 50 mg/5ml</i> | Tier 1 | |
| <i>amantadine hcl oral tablet 100 mg</i> | Tier 1 | |
| <i>bromocriptine mesylate oral capsule 5 mg</i> | Tier 1 | |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> | Tier 1 | |
| INBRIJA INHALATION CAPSULE 42 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (300 EA per 30 days) |
| *Antiparkinson Monoamine Oxidase Inhibitors*** | | |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> | Tier 1 | |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 1 | |
| <i>selegiline hcl oral tablet 5 mg</i> | Tier 1 | |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG | Tier 3 | ST; TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PAST 120 DAYS; QL (60 EA per 30 days) |
| *Central/Peripheral Comt Inhibitors*** | | |
| <i>tolcapone oral tablet 100 mg</i> | Tier 1 | ST; TRIAL OF COMTAN IN THE PAST 120 DAYS; QL (90 EA per 30 days) |
| *Decarboxylase Inhibitors*** | | |
| <i>carbidopa oral tablet 25 mg</i> | Tier 1 | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|
| *Levodopa Combinations*** | | |
| <i>carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i> | Tier 3 | ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (300 EA per 30 days) |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | Tier 1 | |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | Tier 3 | ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (300 EA per 30 days) |
| VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Nonergoline Dopamine Receptor Agonists*** | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i> | Tier 1 | PA; Specialty |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | Tier 2 | ST; TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS |
| ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <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 tablet extended release 24 hour 12 mg oral</i> | Tier 1 | ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS. |
| <i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</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 er tablet extended release 24 hour 2 mg oral</i> | Tier 1 | ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS. |

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|---------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|
| <i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</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 er tablet extended release 24 hour 4 mg oral</i> | Tier 1 | ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS. |
| <i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</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 er tablet extended release 24 hour 6 mg oral</i> | Tier 1 | ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS. |
| <i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</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 er tablet extended release 24 hour 8 mg oral</i> | Tier 1 | ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS. |
| <i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i> | Tier 1 | ST; TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS.; QL (30 EA per 30 days) |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | Tier 1 | |
| *Peripheral Comt Inhibitors*** | | |
| <i>entacapone oral tablet 200 mg</i> | Tier 1 | |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | Tier 3 | PA; QL (30 EA per 30 days) |
| *Antipsychotics/Antimanic Agents* | | |
| *Antimanic Agents*** | | |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | Tier 1 | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | Tier 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 1 | |
| <i>lithium oral solution 8 meq/5ml</i> | Tier 1 | |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG | Tier 3 | |
| *Antipsychotics - Misc.*** | | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | Tier 2 | QL (30 EA per 30 days) |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | Tier 3 | |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG | Tier 3 | |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| NUPLAZID ORAL CAPSULE 34 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------|
| NUPLAZID ORAL TABLET 10 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 2 | QL (30 EA per 30 days) |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i> | Tier 1 | |
| *Benzisoxazoles*** | | |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML | Tier 3 | 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 | |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i> | Tier 1 | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | Tier 3 | QL (1 EA per 28 days) |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 1 | |
| <i>risperidone oral solution 1 mg/ml</i> | Tier 1 | |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | |
| <i>risperidone tablet dispersible 0.25 mg oral</i> | Tier 1 | ST; SWITCH TO STEP ONE: generic atypical antipsychotic |
| <i>risperidone tablet dispersible 0.5 mg oral</i> | Tier 1 | |
| <i>risperidone tablet dispersible 1 mg oral</i> | Tier 1 | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------|
| <i>risperidone tablet dispersible 2 mg oral</i> | Tier 1 | |
| <i>risperidone tablet dispersible 3 mg oral</i> | Tier 1 | |
| <i>risperidone tablet dispersible 4 mg oral</i> | Tier 1 | |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG | Tier 2 | |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML | Tier 2 | |
| *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 | |
| *Dibenzodiazepines*** | | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>clozapine tablet dispersible 100 mg oral</i> | Tier 1 | |
| <i>clozapine tablet dispersible 12.5 mg oral</i> | Tier 1 | ST; SWITCH TO STEP ONE: generic atypical antipsychotic |
| <i>clozapine tablet dispersible 150 mg oral</i> | Tier 1 | |
| <i>clozapine tablet dispersible 200 mg oral</i> | Tier 1 | |
| <i>clozapine tablet dispersible 25 mg oral</i> | Tier 1 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | Tier 3 | ST; SWITCH TO STEP ONE: generic atypical antipsychotic |
| *Dibenzo-Oxepino Pyrroles*** | | |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> | 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*** | | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 | |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | Tier 1 | |
| *Dibenzoxazepines*** | | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | |
| *Dihydroindolones*** | | |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i> | Tier 3 | |

| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------|
| *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*** | | |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i> | Tier 1 | |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>chlorpromazine hcl solution 25 mg/ml injection</i> | Tier 1 | |
| <i>chlorpromazine hcl solution 50 mg/2ml injection</i> | Tier 1 | |
| <i>chlorpromazine hcl solution 50 mg/2ml injection</i> | Tier 2 | |
| COMPRO RECTAL SUPPOSITORY 25 MG | Tier 1 | |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | Tier 1 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | Tier 2 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | Tier 3 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | Tier 3 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i> | Tier 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 1 | |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| *Quinolinone Derivatives*** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML | Tier 2 | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | Tier 2 | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | Tier 2 | |
| <i>aripiprazole oral solution 1 mg/ml</i> | Tier 1 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i> | Tier 1 | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | Tier 2 | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML | Tier 2 | |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG | Tier 3 | ST; TRY AND FAIL ARIPIPRAZOLE IN PAST 120 DAYS |

| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 2 | |
| *Thienbenzodiazepines*** | | |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i> | Tier 1 | |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1 | |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | Tier 1 | |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG | Tier 3 | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG | Tier 3 | |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG | Tier 3 | |
| *Thioxanthenes*** | | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| *Antivirals* | | |
| *Antiretroviral Combinations*** | | |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | Tier 2 | QL (30 EA per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML | Tier 4 (SP Preferred) | Specialty |
| CIMDUO ORAL TABLET 300-300 MG | Tier 2 | QL (30 EA per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300 MG | Tier 2 | QL (30 EA per 30 days) |
| DESCOVY TABLET 120-15 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| DESCOVY TABLET 200-25 MG ORAL | Tier 2 | ACA, Some restrictions may apply.; QL (30 EA per 30 days) |
| DOVATO ORAL TABLET 50-300 MG | Tier 2 | QL (30 EA per 30 days) |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</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) |
| 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) |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------|
| <i>lopinavir-ritonavir tablet 200-50 mg oral</i> | Tier 1 | QL (120 EA per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 2 | QL (30 EA per 30 days) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG | Tier 2 | QL (30 EA per 30 days) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | Tier 3 | QL (30 EA per 30 days) |
| 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 4 X 300 MG, 5 X 300 MG | Tier 3 | PA |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | Tier 3 | PA |
| YEZTUGO ORAL TABLET 300 MG | Tier 2 | |
| YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | Tier 2 | |
| *Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** | | |
| <i>maraviroc tablet 150 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>maraviroc tablet 300 mg oral</i> | Tier 1 | QL (120 EA per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML | Tier 3 | |
| *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) |
| <i>atazanavir sulfate capsule 150 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>atazanavir sulfate capsule 200 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |

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|-------------------------------------------------------------------|------------------|-----------------------------------------------------------|
| <i>atazanavir sulfate capsule 300 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>darunavir tablet 600 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>darunavir tablet 800 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>fosamprenavir calcium oral tablet 700 mg</i> | Tier 1 | QL (120 EA per 30 days) |
| NORVIR ORAL PACKET 100 MG | Tier 3 | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | Tier 2 | QL (400 ML per 30 days) |
| PREZISTA TABLET 150 MG ORAL | Tier 2 | QL (240 EA per 30 days) |
| PREZISTA TABLET 600 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| PREZISTA TABLET 75 MG ORAL | Tier 2 | QL (480 EA per 30 days) |
| PREZISTA TABLET 800 MG ORAL | Tier 2 | QL (30 EA per 30 days) |
| REYATAZ ORAL PACKET 50 MG | Tier 3 | QL (180 EA per 30 days) |
| <i>ritonavir oral tablet 100 mg</i> | Tier 1 | QL (360 EA per 30 days) |
| VIRACEPT TABLET 250 MG ORAL | Tier 3 | QL (300 EA per 30 days) |
| VIRACEPT TABLET 625 MG ORAL | Tier 3 | QL (120 EA per 30 days) |
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** | | |
| EDURANT ORAL TABLET 25 MG | Tier 2 | QL (30 EA per 30 days) |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG | Tier 2 | QL (180 EA per 30 days) |
| <i>efavirenz oral tablet 600 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>etravirine tablet 100 mg oral</i> | Tier 1 | QL (120 EA per 30 days) |
| <i>etravirine tablet 200 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| INTELENCE ORAL TABLET 25 MG | Tier 2 | QL (480 EA per 30 days) |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>nevirapine oral suspension 50 mg/5ml</i> | Tier 1 | QL (1200 ML per 30 days) |
| <i>nevirapine oral tablet 200 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| PIFELTRO ORAL TABLET 100 MG | Tier 3 | QL (60 EA per 30 days) |
| <i>rilpivirine hcl oral tablet 25 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| *Antiretrovirals - Rti-Nucleoside Analogues-Purines*** | | |
| <i>abacavir sulfate oral solution 20 mg/ml</i> | Tier 1 | QL (960 ML per 30 days) |
| <i>abacavir sulfate oral tablet 300 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| *Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** | | |
| <i>emtricitabine oral capsule 200 mg</i> | Tier 1 | ACA, Some restrictions may apply.; QL (30 EA per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | Tier 3 | |
| <i>lamivudine oral solution 10 mg/ml</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) |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------|
| *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) |
| *Antiretrovirals Adjuvants*** | | |
| TYBOST ORAL TABLET 150 MG | Tier 3 | 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 |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | Tier 3 | PA; QL (120 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 1 | Specialty; QL (30 EA per 30 days) |
| BARACLUDGE 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 1 | 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) |
| 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 Non-Preferred) | PA; Specialty; QL (150 EA per 30 days) |
| MAVYRET ORAL TABLET 100-40 MG | Tier 4 (SP Non-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) |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| *Hepatitis C Agents*** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 4 (SP Preferred) | PA; Specialty |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty |
| <i>ribavirin oral capsule 200 mg</i> | Tier 1 | PA |
| <i>ribavirin oral tablet 200 mg</i> | Tier 1 | PA |
| *Herpes Agents - Purine Analogues*** | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 1 | |
| <i>acyclovir oral suspension 200 mg/5ml</i> | Tier 1 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 1 | |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i> | Tier 1 | |
| *Herpes Agents - Thymidine Analogues*** | | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 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*** | | |
| <i>oseltamivir phosphate capsule 30 mg oral</i> | Tier 1 | QL (40 EA per 180 days) |
| <i>oseltamivir phosphate capsule 45 mg oral</i> | Tier 1 | |
| <i>oseltamivir phosphate capsule 75 mg oral</i> | Tier 1 | |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> | Tier 1 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Tier 3 | QL (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*** | | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>labetalol hcl tablet 100 mg oral</i> | Tier 1 | |
| <i>labetalol hcl tablet 200 mg oral</i> | Tier 1 | |
| <i>labetalol hcl tablet 300 mg oral</i> | Tier 1 | |
| <i>labetalol hcl tablet 400 mg oral</i> | Tier 3 | |

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|--------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------|
| *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 | |
| KASPARGO 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 |
| <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 2 | |
| <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 | |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG | Tier 3 | PA |

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|--------------------------------------------------------------------------------------------------------------------|------------------|--------------|
| <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 |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | |
| <i>nimodipine oral solution 60 mg/20ml</i> | Tier 3 | |
| <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i> | Tier 1 | |
| NORLIQVA ORAL SOLUTION 1 MG/ML | Tier 3 | PA |
| NYMALIZE ORAL SOLUTION 6 MG/ML | Tier 3 | |
| TIADYLT 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 |
| LANOXIN TABLET 125 MCG ORAL | Tier 3 | |
| LANOXIN TABLET 250 MCG ORAL | Tier 1 | |
| LANOXIN TABLET 62.5 MCG ORAL | Tier 3 | PA |

| 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 Non-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 |

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|-------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i> | Tier 1 | PA; Specialty |
| TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG | Tier 4 (SP Preferred) | PA; Specialty; QL (112 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X64MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (224 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X64MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (224 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X80MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (224 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (112 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (112 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (112 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (112 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT POWDER 80 MCG INHALATION | Tier 4 (SP Preferred) | PA; Specialty; QL (112 EA per 1 day) |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG | Tier 4 (SP Preferred) | PA; Specialty; QL (252 EA per 1 day) |
| TYVASO INHALATION SOLUTION 0.6 MG/ML | Tier 4 (SP Preferred) | PA; Specialty |
| TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML | Tier 4 (SP Preferred) | PA; Specialty |
| TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML | Tier 4 (SP Preferred) | PA; Specialty |
| YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | Tier 4 (SP Preferred) | PA; Specialty |
| *Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (90 EA per 30 days) |
| *Pulmonary Hypertension - Activin Signaling Inhibitor*** | | |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 21 days) |
| *Pulmonary Hypertension - Endothelin Receptor Antagonists*** | | |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 1 | PA; Specialty; QL (30 EA per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 1 | PA; Specialty; QL (60 EA per 30 days) |
| <i>bosentan oral tablet soluble 32 mg</i> | Tier 1 | PA; Specialty; QL (120 EA per 30 days) |
| <i>macitentan oral tablet 10 mg</i> | Tier 1 | PA; Specialty; QL (30 EA per 30 days) |

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|-------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|
| OPSUMIT ORAL TABLET 10 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** | | |
| ALYQ ORAL TABLET 20 MG | Tier 1 | 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 1 | PA; Specialty; QL (60 EA per 30 days) |
| *Pulmonary Hypertension - Prostacyclin Receptor Agonist*** | | |
| 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 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) |
| *Sinus Node Inhibitors** | | |
| CORLANOR ORAL SOLUTION 5 MG/5ML | Tier 2 | ST; TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (450 ML per 30 days) |
| <i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i> | Tier 1 | ST; TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (60 EA per 30 days) |
| *Transthyretin Stabilizers*** | | |
| ATTRUBY ORAL TABLET THERAPY PACK 356 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (112 EA per 28 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| VYNDAQEL ORAL CAPSULE 20 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (120 EA per 30 days) |
| *Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 3 | PA |
| *Cephalosporins* | | |
| *Cephalosporins - 1St Generation*** | | |
| <i>cefadroxil oral capsule 500 mg</i> | Tier 1 | |

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| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | Tier 1 | |
| <i>cefadroxil oral tablet 1 gm</i> | Tier 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Cephalosporins - 2Nd Generation*** | | |
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i> | Tier 3 | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefaclor oral suspension reconstituted 250 mg/5ml</i> | Tier 3 | |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Cephalosporins - 3Rd Generation*** | | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 1 | |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>cefixime oral capsule 400 mg</i> | Tier 1 | |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | Tier 1 | |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | Tier 1 | |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i> | Tier 1 | |
| *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. |

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|------------------------------------------------------------------------------------|------------------|-----------------------------------|
| 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. |
| DASSETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| DELYLA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | Tier 1 | ACA, Some restrictions may apply. |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | Tier 1 | ACA, Some restrictions may apply. |
| FALMINA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG | Tier 3 | ACA, Some restrictions may apply. |
| FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 1 | ACA, Some restrictions may apply. |
| GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| GEMMILY ORAL CAPSULE 1-20 MG-MCG(24) | Tier 1 | ACA, Some restrictions may apply. |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA, Some restrictions may apply. |
| HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------|------------------|-----------------------------------|
| 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. |
| 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. |

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| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| MILI ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| MINZOYA ORAL TABLET 0.1-20 MG-MCG(21) | Tier 1 | ACA, Some restrictions may apply. |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG | Tier 3 | ACA, Some restrictions may apply. |
| NIKKI ORAL TABLET 3-0.02 MG | Tier 1 | ACA, Some restrictions may apply. |
| <i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 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. |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| SYEDA ORAL TABLET 3-0.03 MG | Tier 1 | ACA, Some restrictions may apply. |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA, Some restrictions may apply. |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24) | Tier 1 | ACA, Some restrictions may apply. |
| TURQOZ ORAL TABLET 0.3-30 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | Tier 1 | ACA, Some restrictions may apply. |
| VALTYA 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| VALTYA 1/50 ORAL TABLET 1-50 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| VESTURA ORAL TABLET 3-0.02 MG | Tier 1 | ACA, Some restrictions may apply. |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| WERA ORAL TABLET 0.5-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |

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|------------------------------------------------------------------------------|------------------|-----------------------------------|
| 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*** | | |
| <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 |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24HR | 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 COPPER INTRAUTERINE INTRAUTERINE DEVICE | Tier 3 | |
| 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 |
| 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 |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| REACT 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 est & eth est oral tablet 42-21-21-7 days</i> | 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 &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 | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG | Tier 2 | ACA |

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| *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. |
| <i>norethindrone oral tablet 0.35 mg</i> | 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*** | | |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | 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. |
| ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG | Tier 1 | ACA, Some restrictions may apply. |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG | Tier 1 | ACA, Some restrictions may apply. |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i> | Tier 1 | ACA, Some restrictions may apply. |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA, Some restrictions may apply. |

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| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA, Some restrictions may apply. |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA, Some restrictions may apply. |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | Tier 1 | ACA, Some restrictions may apply. |
| XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 1 | ACA, Some restrictions may apply. |
| *Corticosteroids* | | |
| *Glucocorticosteroids*** | | |
| AGAMREE ORAL SUSPENSION 40 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i> | Tier 1 | ST; TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | Tier 1 | |
| <i>cortisone acetate oral tablet 25 mg</i> | Tier 3 | |
| <i>deflazacort oral suspension 22.75 mg/ml</i> | Tier 1 | PA; Specialty |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> | Tier 1 | PA; Specialty |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 3 | |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i> | Tier 1 | |
| <i>dexamethasone oral solution 0.5 mg/5ml</i> | Tier 3 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | |
| <i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i> | Tier 1 | |
| <i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> | Tier 1 | PA; Specialty |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML | Tier 3 | |
| KYMBEE ORAL SUSPENSION 22.75 MG/ML | Tier 1 | PA; Specialty |
| KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | Tier 1 | PA; Specialty |
| MEDROL ORAL TABLET 2 MG | Tier 3 | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i> | Tier 1 | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG | Tier 3 | |
| <i>prednisolone oral solution 15 mg/5ml</i> | Tier 1 | |

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| <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 1 | PA; Specialty |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) | Tier 3 | |
| <i>triamcinolone acetate injection suspension 10 mg/ml, 40 mg/ml</i> | Tier 1 | |
| *Mineralocorticoids*** | | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | Tier 1 | |
| *Cough/Cold/Allergy* | | |
| *Antitussive - Nonnarcotic*** | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</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) |
| <i>hydromet oral solution 5-1.5 mg/5ml</i> | Tier 1 | QL (900 ML per 30 days) |
| *Decongestant & Antihistamine*** | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG | Tier 3 | |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i> | Tier 1 | |
| *Iodine Expectorants*** | | |
| SSKI ORAL SOLUTION 1 GM/ML | Tier 3 | |
| *Misc. Respiratory Inhalants*** | | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % | Tier 3 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | Tier 1 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % | Tier 1 | |
| <i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i> | Tier 1 | |
| *Mucolytics*** | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | Tier 1 | |
| *Non-Narc Antitussive-Antihistamine*** | | |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i> | Tier 1 | |

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|------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| *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 | |
| <i>clindamycin-tretinoin external gel 1.2-0.025 %</i> | Tier 1 | |
| NEUAC EXTERNAL GEL 1.2-5 % | Tier 1 | |
| <i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i> | Tier 1 | |
| <i>sulfacetamide sodium-sulfur liquid 10-2 % external</i> | Tier 1 | |

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| <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 | |
| DIFFERIN EXTERNAL LOTION 0.1 % | Tier 3 | ST; SWITCH TO STEP 1: Generic topical retinoid |
| <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 Non-Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| *Antibiotics - Topical*** | | |
| <i>gentamicin sulfate external cream 0.1 %</i> | Tier 1 | |
| <i>gentamicin sulfate external ointment 0.1 %</i> | Tier 1 | |
| <i>mupirocin calcium external cream 2 %</i> | Tier 1 | |

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| <i>mupirocin external ointment 2 %</i> | Tier 1 | |
| XEPI EXTERNAL CREAM 1 % | Tier 3 | ST; TRIAL OF MUPIROCIN OINTMENT IN THE PAST 120 DAYS |
| *Antifungals - Topical Combinations*** | | |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | Tier 1 | |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | Tier 1 | |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | Tier 1 | |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | Tier 1 | |
| *Antifungals - Topical*** | | |
| CICLODAN EXTERNAL SOLUTION 8 % | Tier 1 | |
| <i>ciclopirox external gel 0.77 %</i> | Tier 1 | |
| <i>ciclopirox external shampoo 1 %</i> | Tier 1 | |
| <i>ciclopirox external solution 8 %</i> | Tier 1 | |
| <i>ciclopirox olamine external cream 0.77 %</i> | Tier 1 | |
| KLAYESTA EXTERNAL POWDER 100000 UNIT/GM | Tier 1 | |
| <i>naftifine hcl external cream 1 %</i> | Tier 1 | |
| <i>naftifine hcl external gel 2 %</i> | Tier 1 | |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM | Tier 1 | |
| <i>nystatin external cream 100000 unit/gm</i> | Tier 1 | |
| <i>nystatin external ointment 100000 unit/gm</i> | Tier 1 | |
| <i>nystatin external powder 100000 unit/gm</i> | Tier 1 | |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | Tier 1 | |
| *Anti-Inflammatory Agents - Topical*** | | |
| <i>diclofenac epolamine patch 1.3 % external</i> | Tier 1 | |
| <i>diclofenac epolamine patch 1.3 % external</i> | Tier 3 | |
| <i>diclofenac sodium solution 1.5 % external</i> | Tier 1 | QL (300 ML per 28 days) |
| <i>diclofenac sodium solution 2 % external</i> | Tier 1 | ST; TRIAL OF GENERIC DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days) |
| FLECTOR EXTERNAL PATCH 1.3 % | Tier 3 | |
| LICART EXTERNAL PATCH 24 HOUR 1.3 % | Tier 3 | ST; TRIAL OF FLECTOR PATCH IN THE PAST 120 DAYS; QL (30 EA per 30 days) |
| *Antineoplastic Alkylating Agents - Topical*** | | |
| VALCHLOR EXTERNAL GEL 0.016 % | Tier 4 (SP Preferred) | PA; Specialty; QL (60 GM per 30 days) |

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| *Antineoplastic Antimetabolites - Topical*** | | |
| <i>fluorouracil external cream 5 %</i> | Tier 1 | |
| <i>fluorouracil external solution 2 %, 5 %</i> | Tier 1 | |
| *Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** | | |
| <i>diclofenac sodium external gel 3 %</i> | Tier 1 | |
| *Antineoplastic Retinoids - Topical*** | | |
| PANRETIN EXTERNAL GEL 0.1 % | Tier 4 (SP Non-Preferred) | Specialty; QL (60 GM per 28 days) |
| *Antipsoriatics - Systemic*** | | |
| <i>acitretin capsule 10 mg oral</i> | Tier 1 | QL (120 EA per 30 days) |
| <i>acitretin capsule 17.5 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>acitretin capsule 25 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| 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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 4 (SP Preferred) | PA; Specialty |
| 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 |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------------------|-----------------------|----------------------------|
| 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 | |
| <i>calcitriol ointment 3 mcg/gm external</i> | Tier 3 | |
| <i>calcitriol ointment 3 mcg/gm external</i> | Tier 1 | |
| <i>tazarotene external cream 0.05 %, 0.1 %</i> | Tier 1 | |
| <i>tazarotene external gel 0.05 %, 0.1 %</i> | 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 | |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| *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 | |
| <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 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>desonide external gel 0.05 %</i> | Tier 1 | ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS |
| <i>desonide external lotion 0.05 %</i> | Tier 1 | |
| <i>desonide external ointment 0.05 %</i> | Tier 1 | |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i> | Tier 1 | |
| <i>desoximetasone external gel 0.05 %</i> | Tier 1 | |
| <i>desoximetasone external liquid 0.25 %</i> | Tier 1 | |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i> | Tier 1 | |
| <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 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>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 | |

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

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------|---------------------------|----------------------------------------------------------|
| <i>ammonium lactate external lotion 12 %</i> | Tier 1 | |
| *Enzymes - Topical*** | | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | Tier 3 | PA |
| *Imidazole-Related Antifungals - Topical*** | | |
| <i>clotrimazole external cream 1 %</i> | Tier 1 | |
| <i>clotrimazole external solution 1 %</i> | Tier 1 | |
| <i>econazole nitrate external cream 1 %</i> | Tier 1 | |
| EXELDERM EXTERNAL CREAM 1 % | Tier 3 | |
| EXELDERM EXTERNAL SOLUTION 1 % | Tier 3 | |
| <i>ketoconazole external cream 2 %</i> | Tier 1 | QL (180 GM per 1 day) |
| <i>ketoconazole external shampoo 2 %</i> | Tier 1 | |
| <i>luliconazole external cream 1 %</i> | Tier 3 | |
| LUZU EXTERNAL CREAM 1 % | Tier 3 | |
| <i>oxiconazole nitrate external cream 1 %</i> | Tier 1 | |
| 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 PATCH 5 % EXTERNAL | Tier 1 | |
| LIDOCAN PATCH 5 % EXTERNAL | Tier 1 | QL (90 EA per 30 days) |
| TOPICAINE EXTERNAL GEL 2 % | Tier 2 | |
| TRIDACAINE II EXTERNAL PATCH 5 % | Tier 1 | QL (90 EA per 30 days) |
| TRIDACAINE III EXTERNAL PATCH 5 % | Tier 1 | QL (90 EA per 30 days) |
| *Macrolide Immunosuppressants - Topical*** | | |
| HYFTOR EXTERNAL GEL 0.2 % | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>pimecrolimus external cream 1 %</i> | Tier 1 | ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |

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

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------|
| *Topical Selective Retinoid X Receptor Agonists*** | | |
| <i>bexarotene external gel 1 %</i> | Tier 1 | PA; Specialty; QL (240 GM per 30 days) |
| *Topical Steroid Combinations*** | | |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i> | Tier 1 | ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| <i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i> | Tier 1 | ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % | Tier 2 | |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % | Tier 3 | ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS |
| *Wound Dressings*** | | |
| FILSUEVZ 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 3 | |
| CONTOUR NEXT TEST IN VITRO STRIP | Tier 2 | QL (200 EA per 30 days) |
| CONTOUR TEST IN VITRO STRIP | Tier 2 | QL (200 EA per 30 days) |
| <i>ph strips in vitro diagnostic test</i> | Tier 3 | |
| *Digestive Aids* | | |
| *Digestive Enzymes*** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | Tier 2 | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | Tier 2 | |
| *Diuretics* | | |
| *Carbonic Anhydrase Inhibitors*** | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | Tier 1 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | |
| <i>dichlorphenamide oral tablet 50 mg</i> | Tier 1 | PA; Specialty |

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|--------------------------------------------------------------|---------------------------|---------------------------------------|
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| ORMALVI ORAL TABLET 50 MG | Tier 1 | PA; Specialty |
| *Diuretic Combinations*** | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | Tier 1 | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | |
| *Loop Diuretics*** | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>ethacrynic acid oral tablet 25 mg</i> | Tier 1 | |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (80 EA per 30 days) |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>furosemide solution 10 mg/ml oral</i> | Tier 1 | |
| <i>furosemide solution 8 mg/ml oral</i> | Tier 3 | |
| LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1 EA per 1 day) |
| <i>toremide tablet 10 mg oral</i> | Tier 1 | |
| <i>toremide tablet 100 mg oral</i> | Tier 1 | |
| <i>toremide tablet 20 mg oral</i> | Tier 2 | |
| <i>toremide tablet 20 mg oral</i> | Tier 1 | |
| <i>toremide tablet 5 mg oral</i> | Tier 1 | |
| *Potassium Sparing Diuretics*** | | |
| <i>amiloride hcl oral tablet 5 mg</i> | Tier 1 | |
| <i>spironolactone oral suspension 25 mg/5ml</i> | Tier 1 | PA |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>triamterene oral capsule 100 mg, 50 mg</i> | Tier 1 | |
| *Thiazides And Thiazide-Like Diuretics*** | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| DIURIL ORAL SUSPENSION 250 MG/5ML | Tier 3 | |
| HEMICLOR ORAL TABLET 12.5 MG | Tier 3 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Tier 1 | |
| INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML | Tier 3 | PA |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| THALITONE ORAL TABLET 15 MG | Tier 3 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------|
| *Endocrine And Metabolic Agents - Misc.* | | |
| *Adenosine Deaminase Scid Treatment - Agents*** | | |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Alkaptonuria (Aku) Treatment - Agents*** | | |
| HARLIKU ORAL TABLET 2 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Arginase 1 Deficiency (Arg1-D) - Agents*** | | |
| LOARGYS INJECTION SOLUTION 2 MG/0.4ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Atp-Sensitive Potassium Channel Activators*** | | |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Bisphosphonates*** | | |
| <i>alendronate sodium oral solution 70 mg/75ml</i> | Tier 1 | QL (300 ML per 28 days) |
| <i>alendronate sodium tablet 10 mg oral</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>alendronate sodium tablet 35 mg oral</i> | Tier 1 | QL (4 EA per 28 days) |
| <i>alendronate sodium tablet 70 mg oral</i> | Tier 1 | QL (4 EA per 28 days) |
| 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 1 | Specialty |
| <i>cinacalcet hcl tablet 60 mg oral</i> | Tier 1 | Specialty |
| <i>cinacalcet hcl tablet 90 mg oral</i> | Tier 1 | 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) |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| *Carnitine Replenisher - Agents*** | | |
| <i>levocarnitine oral solution 1 gm/10ml</i> | Tier 1 | |
| <i>levocarnitine oral tablet 330 mg</i> | Tier 1 | |
| <i>levocarnitine sf oral solution 1 gm/10ml</i> | Tier 1 | |
| *Corticotropin*** | | |
| ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ACTHAR INJECTION GEL 80 UNIT/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| CORTROPHIN INJECTION GEL 80 UNIT/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag* | | |
| CRENESSITY CAPSULE 100 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (120 EA per 30 days) |
| CRENESSITY CAPSULE 25 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (90 EA per 30 days) |
| CRENESSITY CAPSULE 50 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (90 EA per 30 days) |
| CRENESSITY ORAL SOLUTION 50 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (240 ML per 30 days) |
| *Cortisol Synthesis Inhibitors*** | | |
| ISTURISA TABLET 1 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (240 EA per 30 days) |
| ISTURISA TABLET 5 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (360 EA per 30 days) |
| *Dopamine Receptor Agonists*** | | |
| <i>cabergoline oral tablet 0.5 mg</i> | 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 Non-Preferred) | PA; Specialty; QL (0.5 ML per 90 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 |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|
| *Growth Hormone Releasing Hormones (Ghrh)*** | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (60 EA per 30 days) |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (4 EA per 28 days) |
| *Growth Hormones*** | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | Tier 4 (SP Preferred) | PA; Specialty |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG | Tier 4 (SP Preferred) | PA; Specialty |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | Tier 4 (SP Preferred) | PA; Specialty |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | Tier 4 (SP Preferred) | PA; Specialty |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Hereditary Orotic Aciduria Treatment - Agents** | | |
| XURIDEN ORAL PACKET 2 GM | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** | | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 1 | PA; Specialty |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | Tier 4 (SP Preferred) | PA; Specialty |
| ORFADIN ORAL SUSPENSION 4 MG/ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Homocystinuria Treatment - Agents*** | | |
| <i>betaine oral powder</i> | Tier 1 | PA; Specialty |
| *Hyperammonemia Treatment - Agents*** | | |
| <i>carglumic acid oral tablet soluble 200 mg</i> | Tier 1 | PA; Specialty |
| *Hyperparathyroid Treatment - Vitamin D Analogs*** | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Tier 1 | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | Tier 2 | QL (60 EA per 30 days) |

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|---------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| *Hypoparathyroid Treatment - Parathyroid Hormone Analogs*** | | |
| YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1 ML per 14 days) |
| YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1 ML per 14 days) |
| YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (2.8 ML per 28 days) |
| *Hypophosphatasia (Hpp) Agents*** | | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Insulin-Like Growth Factors (Somatomedins)*** | | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Leptin Analogues*** | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** | | |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 84 days) |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 168 days) |
| SUPPRELIN LA SUBCUTANEOUS KIT 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1 EA per 365 days) |
| SYNAREL NASAL SOLUTION 2 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Melanocortin 4 (Mc4) Receptor Agonists*** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Mitochondrial Cardiolipin Binders*** | | |
| FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (4 ML per 28 days) |
| *Natriuretic Peptides*** | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| YUWIWEL SOLUTION RECONSTITUTED 1.3 MG SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| YUWIWEL SOLUTION RECONSTITUTED 2.8 MG SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| YUWIWEL SOLUTION RECONSTITUTED 5.5 MG SUBCUTANEOUS | Tier 3 | PA; QL (2 EA per 28 days) |

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|-----------------------------------------------------------------------|---------------------------|-----------------------------------------|
| *Neurokinin 3 (Nk3) Receptor Antagonists*** | | |
| VEOZAH ORAL TABLET 45 MG | Tier 3 | |
| *Non-Steroidal Mineralocorticoid Receptor Antagonists*** | | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | Tier 3 | PA; QL (30 EA per 30 days) |
| *Parathyroid Hormone And Derivatives*** | | |
| <i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i> | Tier 1 | PA; Specialty; QL (2.24 ML per 28 days) |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1.56 ML per 30 days) |
| *Phenylketonuria Treatment - Agents*** | | |
| JAVYGTOR ORAL PACKET 100 MG, 500 MG | Tier 1 | Specialty |
| JAVYGTOR ORAL TABLET 100 MG | Tier 1 | Specialty |
| KUVAN ORAL PACKET 100 MG, 500 MG | Tier 4 (SP Preferred) | Specialty |
| KUVAN ORAL TABLET 100 MG | Tier 4 (SP Preferred) | Specialty |
| PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (60 ML per 30 days) |
| PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (240 ML per 30 days) |
| PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (60 ML per 30 days) |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i> | Tier 1 | Specialty |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i> | Tier 1 | Specialty |
| SEPHIENCE ORAL PACKET 1000 MG, 250 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ZELVYSIA ORAL PACKET 100 MG, 500 MG | Tier 1 | Specialty |
| *Rank Ligand (Rankl) Inhibitors*** | | |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML | Tier 4 (SP Preferred) | PA; Specialty |
| STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Selective Estrogen Receptor Modulators (Serms)*** | | |
| OSPHENA ORAL TABLET 60 MG | Tier 3 | |
| <i>raloxifene hcl oral tablet 60 mg</i> | Tier 1 | ACA, Some restrictions may apply. |
| *Selective Vasopressin V2-Receptor Antagonists*** | | |
| <i>tolvaptan (hyponatremia) tablet 15 mg oral</i> | Tier 1 | Specialty; QL (30 EA per 365 days) |
| <i>tolvaptan (hyponatremia) tablet 30 mg oral</i> | Tier 1 | Specialty; QL (60 EA per 365 days) |

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|-----------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| <i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i> | Tier 1 | PA; Specialty; QL (56 EA per 28 days) |
| <i>tolvaptan tablet 15 mg oral</i> | Tier 1 | PA; Specialty; QL (30 EA per 365 days) |
| <i>tolvaptan tablet 30 mg oral</i> | Tier 1 | PA; Specialty; QL (60 EA per 365 days) |
| *Somatostatic Agents*** | | |
| <i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i> | Tier 1 | PA; Specialty |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | Tier 1 | Specialty |
| <i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i> | Tier 1 | PA; Specialty |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 4 (SP Preferred) | Specialty |
| PALSONIFY ORAL TABLET 20 MG, 30 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Urea Cycle Disorder - Agents*** | | |
| <i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i> | Tier 1 | PA; Specialty |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK | Tier 4 (SP Non-Preferred) | PA; Specialty |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK | Tier 4 (SP Non-Preferred) | PA; Specialty |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM | Tier 4 (SP Non-Preferred) | PA; Specialty |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM | Tier 4 (SP Non-Preferred) | PA; Specialty |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM | Tier 4 (SP Non-Preferred) | PA; Specialty |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM | Tier 4 (SP Non-Preferred) | PA; Specialty |
| PHEBURANE ORAL PELLETT 483 MG/GM | Tier 4 (SP Non-Preferred) | PA; Specialty |
| RAVICTI ORAL LIQUID 1.1 GM/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i> | Tier 1 | PA; Specialty |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | Tier 1 | PA; Specialty |
| *Vasopressin*** | | |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | Tier 1 | |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> | Tier 1 | |
| <i>desmopressin acetate pf injection solution 4 mcg/ml</i> | Tier 1 | |
| <i>desmopressin acetate spray nasal solution 0.01 %</i> | Tier 1 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------|
| *X-Linked Hypophosphatemia (Xlh) Treatment - Agents*** | | |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Estrogens* | | |
| *Estrogen & Progestin*** | | |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG | Tier 1 | |
| ABIGALE ORAL TABLET 1-0.5 MG | Tier 1 | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | Tier 3 | |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG | Tier 2 | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | Tier 2 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | Tier 1 | |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG | Tier 1 | |
| JINTELI ORAL TABLET 1-5 MG-MCG | Tier 1 | |
| MIMVEY ORAL TABLET 1-0.5 MG | Tier 1 | |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | Tier 1 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | Tier 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 2 | |
| *Estrogen-Progestin-Gnrh Antagonist*** | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | Tier 2 | PA |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG | Tier 2 | PA |
| *Estrogens*** | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 3 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 3 | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) | Tier 3 | ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS |
| <i>estradiol gel 0.25 mg/0.25gm transdermal</i> | Tier 1 | ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS |
| <i>estradiol gel 0.5 mg/0.5gm transdermal</i> | Tier 1 | ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS |

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|---------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------|
| <i>estradiol gel 0.75 mg/0.75gm transdermal</i> | Tier 1 | ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS |
| <i>estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal</i> | Tier 1 | |
| <i>estradiol gel 1 mg/gm transdermal</i> | Tier 1 | ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS |
| <i>estradiol gel 1.25 mg/1.25gm transdermal</i> | Tier 1 | ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Tier 1 | |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Tier 1 | |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> | Tier 1 | |
| <i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> | Tier 1 | |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY | Tier 3 | ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS |
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 1 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR | Tier 3 | |
| *Estrogen-Selective Estrogen Receptor Modulator Comb*** | | |
| DUAVEE ORAL TABLET 0.45-20 MG | Tier 2 | |
| *Fluoroquinolones* | | |
| *Fluoroquinolones*** | | |
| BAXDELA ORAL TABLET 450 MG | Tier 3 | PA; QL (28 EA per 14 days) |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) | Tier 3 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>levofloxacin oral solution 25 mg/ml</i> | Tier 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>moxifloxacin hcl oral tablet 400 mg</i> | Tier 1 | |
| <i>ofloxacin tablet 300 mg oral</i> | Tier 1 | |
| <i>ofloxacin tablet 400 mg oral</i> | Tier 2 | |
| <i>ofloxacin tablet 400 mg oral</i> | Tier 1 | |

| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------|---------------------------|---------------------------------------|
| *Gastrointestinal Agents - Misc.* | | |
| *5-Ht4 Receptor Agonists*** | | |
| <i>prucalopride succinate oral tablet 1 mg, 2 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| *Bile Acid Synthesis Disorder Agents*** | | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| CTEXLI ORAL TABLET 250 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** | | |
| TRULANCE ORAL TABLET 3 MG | Tier 2 | QL (30 EA per 30 days) |
| *Gallstone Solubilizing Agents*** | | |
| <i>ursodiol oral capsule 300 mg</i> | Tier 1 | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Gastrointestinal Antiallergy Agents*** | | |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i> | Tier 1 | |
| *Gastrointestinal Chloride Channel Activators*** | | |
| <i>lubiprostone capsule 24 mcg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>lubiprostone capsule 8 mcg oral</i> | Tier 1 | QL (120 EA per 30 days) |
| *Gastrointestinal Stimulants*** | | |
| GIMOTI NASAL SOLUTION 15 MG/ACT | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | Tier 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| *Glucagon-Like Peptide-2 (Glp-2) Analogs*** | | |
| GATTEX SUBCUTANEOUS KIT 5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (1 EA per 30 days) |
| *Hepatotropics - Thyroid Hormone Receptor-Beta Agonists*** | | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| *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*** | | |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i> | Tier 1 | |

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|-----------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| *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*** | | |
| <i>balsalazide disodium oral capsule 750 mg</i> | Tier 1 | |
| DIPENTUM ORAL CAPSULE 250 MG | Tier 3 | |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> | Tier 1 | |
| <i>mesalamine oral capsule delayed release 400 mg</i> | Tier 1 | |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i> | Tier 1 | |
| <i>mesalamine rectal enema 4 gm</i> | Tier 1 | |
| <i>mesalamine rectal suppository 1000 mg</i> | Tier 1 | |
| <i>mesalamine-cleanser rectal kit 4 gm</i> | Tier 1 | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG | Tier 3 | |
| ROWASA RECTAL KIT 4 GM | Tier 3 | |
| SFROWASA RECTAL ENEMA 4 GM/60ML | Tier 3 | |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> | Tier 1 | |
| *Integrin Receptor Antagonists*** | | |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Interleukin Antagonists*** | | |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| OMVOH INTRAVENOUS SOLUTION 300 MG/15ML | Tier 4 (SP Preferred) | PA; Specialty |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML | Tier 4 (SP Preferred) | PA; Specialty |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML | Tier 4 (SP Preferred) | PA; Specialty; QL (30 ML per 56 days) |
| SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS | Tier 4 (SP Preferred) | PA; Specialty; QL (1.2 ML per 56 days) |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS | Tier 4 (SP Preferred) | PA; Specialty; QL (2.4 ML per 56 days) |
| STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML | Tier 4 (SP Preferred) | PA; Specialty |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML | Tier 4 (SP Preferred) | PA; Specialty |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Intestinal Acidifiers*** | | |
| <i>enulose oral solution 10 gm/15ml</i> | Tier 1 | |
| <i>generlac oral solution 10 gm/15ml</i> | Tier 1 | |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i> | Tier 1 | |
| *Live Fecal Microbiota (Human)** | | |
| VOWST ORAL CAPSULE | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (12 EA per 3 days) |
| *Peripheral Opioid Receptor Antagonists*** | | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | Tier 2 | QL (30 EA per 30 days) |
| RELISTOR ORAL TABLET 150 MG | Tier 3 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | Tier 3 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML | Tier 3 | PA |
| SYMPROIC ORAL TABLET 0.2 MG | Tier 2 | QL (30 EA per 30 days) |
| *Peroxisome Proliferator-Activated Receptor Agonists*** | | |
| IQIRVO ORAL TABLET 80 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| LIVDELZI ORAL CAPSULE 10 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| *Phosphate Binder Agents*** | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(Fe) | Tier 3 | ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (360 EA per 30 days) |
| <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 | |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ferric citrate oral tablet 1 gm 210 mg(fe)</i> | Tier 3 | ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (360 EA per 30 days) |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG | Tier 3 | ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (90 EA per 30 days) |
| <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 | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | Tier 2 | QL (180 EA per 30 days) |
| *Tryptophan Hydroxylase Inhibitors*** | | |
| XERMELO ORAL TABLET 250 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Tumor Necrosis Factor Alpha Blockers*** | | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| <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 |
| *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 | |
| 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 | |

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|-------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <i>tamsulosin hcl oral capsule 0.4 mg</i> | Tier 1 | |
| *Citrates*** | | |
| <i>cytra-2 oral solution 500-334 mg/5ml</i> | Tier 1 | |
| <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 |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| PROCYSBI ORAL PACKET 300 MG, 75 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Igan Agents - Endothelin & Angiotensin Ii Receptor Antag*** | | |
| FILSPARI ORAL TABLET 200 MG, 400 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Igan Agents - Endothelin Receptor Antagonist*** | | |
| VANRAFIA ORAL TABLET 0.75 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Phosphates*** | | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG | Tier 2 | |
| *Prostatic Hypertrophy Agent Combinations*** | | |
| JALYN ORAL CAPSULE 0.5-0.4 MG | Tier 3 | ST; TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS |
| *Small Interfering Ribonucleic Acid Agents (Sirna)*** | | |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Urinary Analgesics*** | | |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</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 1 | PA; Specialty |
| <i>tiopronin oral tablet delayed release 100 mg, 300 mg</i> | Tier 1 | PA; Specialty |

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|----------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|
| VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG | Tier 1 | 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 SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (8 ML per 28 days) |
| *Antihemophilic Products*** | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | Tier 4 (SP Preferred) | Specialty |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i> | Tier 4 (SP Preferred) | Specialty |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT | Tier 4 (SP Preferred) | Specialty |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | Tier 4 (SP Non-Preferred) | Specialty |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| 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 |
| TRETTEN 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 1 | PA; Specialty |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML | Tier 1 | PA; Specialty |
| *Bruton's Tyrosine Kinase (Btk) Inhibitors*** | | |
| WAYRILZ ORAL TABLET 400 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Direct-Acting P2y12 Inhibitors*** | | |
| BRILINTA TABLET 60 MG ORAL | Tier 2 | QL (60 EA per 30 days) |
| BRILINTA TABLET 90 MG ORAL | Tier 2 | |
| <i>ticagrelor tablet 60 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |

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|--------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| <i>ticagrelor tablet 90 mg oral</i> | Tier 1 | |
| *Hematorheologic Agents*** | | |
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | Tier 1 | |
| *Phosphodiesterase Iii Inhibitors*** | | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 1 | |
| *Plasma Factor Xiia Inhibitors - Monoclonal Antibodies*** | | |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Plasma Kallikrein Inhibitors*** | | |
| EKTERLY ORAL TABLET 300 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (120 EA per 30 days) |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (28 EA per 28 days) |
| ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (28 EA per 28 days) |
| *Platelet Aggregation Inhibitor Combinations*** | | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i> | Tier 1 | |
| *Platelet Aggregation Inhibitors*** | | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| *Prekallikrein-Directed Antisense Oligonucleotides (Aso)*** | | |
| DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | Tier 4 (SP Preferred) | PA; Specialty; QL (0.8 ML per 28 days) |
| *Protease-Activated Receptor-1 (Par-1) Antagonists*** | | |
| ZONTIVITY ORAL TABLET 2.08 MG | Tier 3 | QL (30 EA per 30 days) |
| *Pyruvate Kinase Activators*** | | |
| AQVESME ORAL TABLET 100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (60 EA per 30 days) |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (60 EA per 30 days) |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (7 EA per 7 days) |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (14 EA per 14 days) |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (14 EA per 14 days) |

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| *Quinazoline Agents*** | | |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i> | Tier 1 | |
| *Spleen Tyrosine Kinase (Syk) Inhibitors*** | | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (60 EA per 30 days) |
| *Thienopyridine Derivatives*** | | |
| <i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i> | Tier 1 | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| *Hematopoietic Agents* | | |
| *Agents For Gaucher Disease*** | | |
| CERDELGA ORAL CAPSULE 84 MG | Tier 4 (SP Preferred) | Specialty; QL (56 EA per 28 days) |
| <i>miglustat oral capsule 100 mg</i> | Tier 1 | PA; Specialty |
| YARGESA ORAL CAPSULE 100 MG | Tier 1 | PA; Specialty |
| *Amino Acids*** | | |
| <i>l-glutamine oral packet 5 gm</i> | Tier 1 | PA; Specialty; QL (180 EA per 30 days) |
| *Cobalamin Combinations*** | | |
| ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG | Tier 1 | |
| *Cobalamins*** | | |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | Tier 1 | |
| <i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i> | Tier 3 | |
| *Cxcr4 Receptor Antagonist*** | | |
| XOLREMDI ORAL CAPSULE 100 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (120 EA per 30 days) |
| *Cytotoxic Agents*** | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 3 | |
| SIKLOS ORAL TABLET 100 MG, 1000 MG | Tier 3 | |
| XROMI ORAL SOLUTION 100 MG/ML | Tier 3 | PA |
| *Erythropoiesis-Stimulating Agents (Esas)*** | | |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Folic Acid/Folate Combinations*** | | |
| AIRAVITE ORAL TABLET 2.5-25-1 MG | Tier 1 | |
| <i>folbee oral tablet 2.5-25-1 mg</i> | Tier 1 | |
| <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 | |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------|---------------------------|-----------------------------|
| *Folic Acid/Folates*** | | |
| <i>cvs folic acid oral tablet 800 mcg</i> | Tier 1 | ACA |
| FA-8 ORAL CAPSULE 0.8 MG | Tier 1 | |
| <i>folate oral tablet 400 mcg</i> | Tier 1 | ACA |
| <i>folic acid oral capsule 0.8 mg</i> | Tier 1 | |
| <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)*** | | |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Tier 4 (SP Preferred) | PA; Specialty |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 4 (SP Preferred) | PA; Specialty |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 4 (SP Preferred) | PA; Specialty |
| *Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*** | | |
| VAFSEO TABLET 150 MG ORAL | Tier 3 | PA; QL (120 EA per 30 days) |
| VAFSEO TABLET 300 MG ORAL | Tier 3 | PA; QL (60 EA per 30 days) |
| *Iron Combinations*** | | |
| <i>ferottrinsic oral capsule</i> | Tier 1 | |
| <i>foltrin oral capsule</i> | Tier 1 | |
| <i>hematinic plus vit/minerals oral tablet 106-1 mg</i> | Tier 1 | |
| K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG | Tier 1 | |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | |
| <i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | |
| <i>se-tan plus oral capsule 162-115.2-1 mg</i> | Tier 1 | |
| TRICON ORAL CAPSULE | Tier 1 | |
| <i>trigels-f forte oral capsule 460-60-0.01-1 mg</i> | Tier 1 | |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| *Iron W/ Folic Acid*** | | |
| <i>hematinic/folic acid oral tablet 324-1 mg</i> | Tier 1 | |
| *Iron*** | | |
| BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML | Tier 1 | |
| <i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>fe-vite iron oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| <i>iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml</i> | Tier 1 | |
| <i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i> | Tier 1 | |
| *Thrombopoietin (Tpo) Receptor Agonists*** | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| DOPTELET ORAL TABLET 20 MG | Tier 4 (SP Preferred) | PA; Specialty |
| DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| <i>eltrombopag olamine packet 12.5 mg oral</i> | Tier 1 | PA; Specialty; QL (240 EA per 30 days) |
| <i>eltrombopag olamine packet 25 mg oral</i> | Tier 1 | PA; Specialty; QL (120 EA per 30 days) |
| <i>eltrombopag olamine tablet 12.5 mg oral</i> | Tier 1 | PA; Specialty; QL (240 EA per 30 days) |
| <i>eltrombopag olamine tablet 25 mg oral</i> | Tier 1 | PA; Specialty; QL (120 EA per 30 days) |
| <i>eltrombopag olamine tablet 50 mg oral</i> | Tier 1 | PA; Specialty; QL (60 EA per 30 days) |
| <i>eltrombopag olamine tablet 75 mg oral</i> | Tier 1 | PA; Specialty; QL (60 EA per 30 days) |
| MUPLETA ORAL TABLET 3 MG | Tier 4 (SP Preferred) | PA; Specialty; QL (7 EA per 30 days) |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Hemostatics* | | |
| *Hemostatics - Systemic*** | | |
| <i>aminocaproic acid oral solution 0.25 gm/ml</i> | Tier 1 | |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i> | Tier 1 | |
| <i>tranexamic acid oral tablet 650 mg</i> | Tier 1 | |
| *Hypnotics/Sedatives/Sleep Disorder Agents* | | |
| *Barbiturate Hypnotics*** | | |
| <i>phenobarbital elixir 20 mg/5ml oral</i> | Tier 1 | |
| <i>phenobarbital elixir 20 mg/5ml oral</i> | Tier 2 | |
| <i>phenobarbital elixir 30 mg/7.5ml oral</i> | Tier 1 | |
| <i>phenobarbital elixir 30 mg/7.5ml oral</i> | Tier 2 | |
| <i>phenobarbital elixir 60 mg/15ml oral</i> | Tier 1 | |

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|---------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|
| <i>phenobarbital elixir 60 mg/15ml oral</i> | Tier 2 | |
| <i>phenobarbital tablet 100 mg oral</i> | Tier 2 | |
| <i>phenobarbital tablet 15 mg oral</i> | Tier 2 | |
| <i>phenobarbital tablet 16.2 mg oral</i> | Tier 2 | |
| <i>phenobarbital tablet 30 mg oral</i> | Tier 2 | |
| <i>phenobarbital tablet 32.4 mg oral</i> | Tier 2 | |
| <i>phenobarbital tablet 60 mg oral</i> | Tier 2 | |
| <i>phenobarbital tablet 64.8 mg oral</i> | Tier 1 | |
| <i>phenobarbital tablet 64.8 mg oral</i> | Tier 2 | |
| <i>phenobarbital tablet 97.2 mg oral</i> | Tier 2 | |
| *Benzodiazepine Hypnotics*** | | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>flurazepam hcl capsule 15 mg oral</i> | Tier 2 | QL (60 EA per 30 days) |
| <i>flurazepam hcl capsule 15 mg oral</i> | Tier 3 | QL (60 EA per 30 days) |
| <i>flurazepam hcl capsule 30 mg oral</i> | Tier 2 | QL (30 EA per 30 days) |
| <i>flurazepam hcl capsule 30 mg oral</i> | Tier 3 | QL (30 EA per 30 days) |
| <i>quazepam oral tablet 15 mg</i> | Tier 3 | |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| *Non-Benzodiazepine - Gaba-Receptor Modulators*** | | |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i> | Tier 1 | ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days) |
| *Orexin Receptor Antagonists*** | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 2 | ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days) |
| DAYVIGO ORAL TABLET 10 MG, 5 MG | Tier 2 | ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days) |
| QUVIVIQ TABLET 25 MG ORAL | Tier 3 | ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (60 EA per 30 days) |
| QUVIVIQ TABLET 50 MG ORAL | Tier 3 | ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days) |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| *Selective Melatonin Receptor Agonists*** | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (158 ML per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i> | Tier 1 | 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. |
| <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. |
| *Bulk Laxatives*** | | |
| <i>fiber oral powder 51.7 %</i> | Tier 1 | |
| *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 | |

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|------------------------------------------------------------------------|------------------|-----------------------------------|
| <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. |
| 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/STUDDED | 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. |

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|-----------------------------------------------------|------------------|-----------------------------------|
| 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 |
| 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 | |

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|---------------------------------------|------------------|--------------|
| <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 | |
| 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 | |

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| <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 | |
| 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 | |

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|---------------------------------------------|------------------|------------------------------------------------------------------------------------|
| EASY TOUCH SAFETY LANCETS 28G | Tier 2 | |
| EMBRACE LANCETS ULTRA THIN 30G | Tier 2 | |
| EMBRACE PRESSURE ACTIVATED 21G | Tier 2 | |
| EMBRACE PRESSURE ACTIVATED 28G | Tier 2 | |
| EVERSENSE 365 SENSOR/HOLDER | Tier 3 | PA; QL (1 EA per 365 days) |
| EVERSENSE 365 SMART TRANSMIT | Tier 3 | PA; QL (1 EA per 365 days) |
| EVERSENSE SENSOR/HOLDER | Tier 3 | PA; QL (3 EA per 90 days) |
| EVERSENSE SMART TRANSMITTER | Tier 3 | PA; QL (1 EA per 90 days) |
| FIFTY50 SAFETY SEAL LANCETS | Tier 2 | |
| FIFTY50 UNILET LANCETS 33G | Tier 2 | |
| FINGERSTIX LANCETS | Tier 2 | |
| <i>fondcircle 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) |
| 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 | |

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

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------|------------------|--------------|
| LIBERTY MEDICAL LANCETS | Tier 2 | |
| <i>lite touch lancets</i> | Tier 2 | |
| LITETOUGH 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 | |
| MINIMED INSTINCT GLUC SENSOR | Tier 3 | PA |
| 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 | |
| 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 | |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------|------------------|--------------|
| 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 | |
| RIGHTEST ALTERNATE SITE ADAPT | Tier 2 | |
| RIGHTEST GD500 LANCING DEVICE | Tier 2 | |
| RIGHTEST 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>saps scare twist top lancets</i> | Tier 2 | |
| <i>sb lancets thin</i> | Tier 2 | |

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

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| Drug Name | Drug Tier | Notes |
|--------------------------------|------------------|--------------|
| ULTRA-THIN II AUTO LANCET | Tier 2 | |
| UNILET COMFORTOUCH LANCET | Tier 2 | |
| UNILET EXCELITE | Tier 2 | |
| UNILET EXCELITE II | Tier 2 | |
| UNILET G.P. LANCET | Tier 2 | |
| UNILET G.P. SUPERLITE LANCET | Tier 2 | |
| UNILET GP 28 ULTRA THIN | Tier 2 | |
| UNILET LANCET | Tier 2 | |
| UNILET MICRO-THIN 33G | Tier 2 | |
| UNILET SUPERLITE LANCET | Tier 2 | |
| UNILET SUPER-THIN 30G | Tier 2 | |
| UNILET ULTRA-THIN 28G | Tier 2 | |
| UNISTIK 1 | Tier 2 | |
| UNISTIK 2 | Tier 2 | |
| UNISTIK 2 COMFORT | Tier 2 | |
| UNISTIK 2 EXTRA | Tier 2 | |
| UNISTIK 2 NEONATAL | Tier 2 | |
| UNISTIK 2 NORMAL | Tier 2 | |
| UNISTIK 2 SUPER | Tier 2 | |
| UNISTIK 3 | Tier 2 | |
| UNISTIK 3 COMFORT | Tier 2 | |
| UNISTIK 3 EXTRA | Tier 2 | |
| UNISTIK 3 GENTLE | Tier 2 | |
| UNISTIK 3 NEONATAL | Tier 2 | |
| UNISTIK 3 NORMAL | Tier 2 | |
| UNISTIK CZT COMFORT | Tier 2 | |
| UNISTIK CZT NORMAL | Tier 2 | |
| UNISTIK NORMAL | Tier 2 | |
| UNISTIK PRO SAFETY LANCET | Tier 2 | |
| UNISTIK SAFETY LANCETS 28G | Tier 2 | |
| UNISTIK SAFETY LANCETS 30G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 21G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 23G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 28G | Tier 2 | |
| UNISTIK TOUCH SAFETY LANC 30G | Tier 2 | |
| VERIFINE SAFE LANCET MINI 21G | Tier 2 | |
| VERIFINE SAFE LANCET MINI 23G | Tier 2 | |
| VERIFINE SAFE LANCET MINI 28G | Tier 2 | |
| 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 | |

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

| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| 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 - Monoclonal Antibodies*** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 2 | PA; QL (3 ML per 90 days) |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML | Tier 2 | PA; QL (4.5 ML per 90 days) |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML | Tier 2 | PA; QL (4.5 ML per 90 days) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Tier 2 | PA; QL (3 ML per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | Tier 2 | PA; QL (1 ML per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | Tier 2 | PA; QL (1 ML per 30 days) |
| *Ergot Combinations*** | | |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Tier 2 | ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (40 EA per 28 days) |
| *Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*** | | |
| ELYXYB ORAL SOLUTION 120 MG/4.8ML | Tier 3 | PA |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------|
| *Migraine Products*** | | |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i> | Tier 1 | ST; TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.; QL (30 ML per 28 days) |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | Tier 1 | ST; TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.; QL (8 ML per 28 days) |
| *Selective Serotonin Agonists 5-Ht(1)*** | | |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> | Tier 1 | ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days) |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i> | Tier 1 | ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days) |
| <i>frovatriptan succinate oral tablet 2.5 mg</i> | Tier 1 | ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days) |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (27 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i> | Tier 1 | QL (27 EA per 30 days) |
| <i>sumatriptan solution 20 mg/act nasal</i> | Tier 1 | SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB); QL (18 EA per 30 days) |
| <i>sumatriptan solution 5 mg/act nasal</i> | Tier 1 | SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB); QL (36 EA per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | Tier 1 | QL (18 ML per 30 days) |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i> | Tier 1 | QL (18 ML per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| <i>zolmitriptan solution 2.5 mg nasal</i> | Tier 3 | ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days) |
| <i>zolmitriptan solution 5 mg nasal</i> | Tier 1 | ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days) |
| ZOMIG NASAL SOLUTION 2.5 MG | Tier 3 | ST; TRIAL OF ONE: SUMATRIPTAN, RIZATRIPTAN; QL (18 EA per 30 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | Tier 1 | QL (18 EA per 30 days) |
| *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 ORAL TABLET 155-852-130 MG | Tier 1 | |
| <i>phosphorous oral tablet 155-852-130 mg</i> | Tier 1 | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG | Tier 1 | |
| PHOSPHO-TRIN K500 ORAL TABLET 500 MG | Tier 1 | |
| *Potassium*** | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 1 | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 1 | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ | Tier 1 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ | Tier 1 | |
| KLOR-CON ORAL PACKET 20 MEQ | Tier 1 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | Tier 1 | |
| <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 3 | |
| *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) |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| *Antileptics*** | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | Tier 4 (SP Preferred) | PA; Specialty; OC |
| *B-Lymphocyte Stimulator (Blys)- Specific Inhibitors*** | | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Chelating Agents*** | | |
| <i>penicillamine oral tablet 250 mg</i> | Tier 1 | PA; Specialty |
| <i>trientine hcl capsule 250 mg oral</i> | Tier 1 | PA; Specialty |
| <i>trientine hcl capsule 500 mg oral</i> | Tier 4 (SP Non-Preferred) | Specialty |
| *Cyclosporine Analogs*** | | |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 1 | |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | Tier 1 | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | Tier 1 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (180 EA per 30 days) |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | Tier 3 | |
| NEORAL ORAL SOLUTION 100 MG/ML | Tier 3 | |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG | Tier 3 | |
| *Enzymes*** | | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Farnesyltransferase Inhibitors*** | | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Immunomodulators - Combinations*** | | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG- UNT/5ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Immunomodulators For Myelodysplastic Syndromes*** | | |
| <i>lenalidomide capsule 10 mg oral</i> | Tier 1 | PA; Specialty |
| <i>lenalidomide capsule 10 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>lenalidomide capsule 15 mg oral</i> | Tier 1 | PA; Specialty |
| <i>lenalidomide capsule 15 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>lenalidomide capsule 2.5 mg oral</i> | Tier 1 | PA; Specialty |
| <i>lenalidomide capsule 2.5 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>lenalidomide capsule 20 mg oral</i> | Tier 1 | PA; Specialty |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|
| <i>lenalidomide capsule 20 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>lenalidomide capsule 25 mg oral</i> | Tier 1 | PA; Specialty |
| <i>lenalidomide capsule 25 mg oral</i> | Tier 1 | PA; Specialty; OC |
| <i>lenalidomide capsule 5 mg oral</i> | Tier 1 | PA; Specialty |
| <i>lenalidomide capsule 5 mg oral</i> | Tier 1 | 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 | |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Tier 1 | |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i> | Tier 1 | |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | Tier 1 | |
| <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 | |
| *Macrolide Immunosuppressants*** | | |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | Tier 1 | |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | Tier 3 | |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | Tier 3 | |
| <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 3 | |
| *Monoclonal Antibodies*** | | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Patient Assessment Services - No Drug Dispensed*** | | |
| <i>eua patient assessment</i> | Tier 3 | |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------|---------------------------|------------------------|
| *Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** | | |
| VIJOICE ORAL PACKET 50 MG | Tier 4 (SP Preferred) | PA; Specialty |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Potassium Removing Agents*** | | |
| KIONEX COMBINATION SUSPENSION 15 GM/60ML | Tier 1 | |
| LOKELMA PACKET 10 GM ORAL | Tier 2 | QL (34 EA per 30 days) |
| LOKELMA PACKET 5 GM ORAL | Tier 2 | QL (30 EA per 30 days) |
| <i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i> | Tier 1 | |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML | Tier 1 | |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML | Tier 1 | |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM | Tier 3 | PA |
| *Purine Analogs*** | | |
| AZASAN ORAL TABLET 100 MG, 75 MG | Tier 1 | |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| IMURAN ORAL TABLET 50 MG | Tier 3 | |
| *Rock Inhibitors*** | | |
| REZUROCK ORAL TABLET 200 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Mouth/Throat/Dental Agents* | | |
| *Anesthetics Topical Oral - Combinations*** | | |
| FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION | Tier 3 | |
| *Anesthetics Topical Oral*** | | |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | Tier 1 | |
| *Anti-Infectives - Throat*** | | |
| <i>clotrimazole mouth/throat troche 10 mg</i> | Tier 1 | |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | Tier 1 | |
| ORAVIG BUCCAL TABLET 50 MG | Tier 3 | |
| *Antiseptics - Mouth/Throat*** | | |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | Tier 1 | |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 % | Tier 1 | |
| *Saliva Stimulants*** | | |
| <i>cevimeline hcl oral capsule 30 mg</i> | Tier 1 | |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------|------------------|--------------|
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | Tier 1 | |
| *Steroids - Mouth/Throat/Dental*** | | |
| KOURZEQ MOUTH/THROAT PASTE 0.1 % | Tier 1 | |
| ORALONE MOUTH/THROAT PASTE 0.1 % | Tier 1 | |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i> | Tier 1 | |
| *Multivitamins* | | |
| *Prenatal Mv & Min W/Fe-Fa*** | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG | Tier 3 | ACA |
| <i>completenate oral tablet chewable 29-1 mg</i> | Tier 3 | ACA |
| CO-NATAL FA ORAL TABLET | Tier 3 | ACA |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG | Tier 3 | ACA |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG | Tier 3 | ACA |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | Tier 3 | ACA |
| INATAL GT ORAL TABLET | Tier 3 | ACA |
| <i>matronex oral tablet 27-1 mg</i> | Tier 3 | ACA |
| <i>natalchew oral tablet chewable 29-1 mg</i> | Tier 3 | ACA |
| NIVA-PLUS ORAL TABLET 27-1 MG | Tier 3 | ACA |
| <i>one vite womens plus oral tablet 27-1 mg</i> | Tier 3 | ACA |
| <i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i> | Tier 3 | ACA |
| <i>pnv-select oral tablet 27-0.6-0.4 mg</i> | Tier 3 | ACA |
| PRENATABS RX ORAL TABLET 29-1 MG | Tier 2 | ACA |
| <i>prenatal 19 oral tablet 29-1 mg</i> | Tier 2 | ACA |
| <i>prenatal 19 oral tablet chewable</i> | Tier 2 | ACA |
| <i>prenatal oral tablet 27-1 mg</i> | Tier 3 | ACA |
| <i>prenatal plus oral tablet 27-1 mg</i> | Tier 2 | ACA |
| <i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i> | Tier 3 | ACA |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG | Tier 2 | ACA |
| <i>prenova oral tablet 0.8 mg</i> | Tier 3 | ACA |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG | Tier 3 | ACA |
| <i>se-natal 19 oral tablet 29-1 mg</i> | Tier 2 | ACA |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i> | Tier 2 | ACA |
| TARON-C DHA ORAL CAPSULE 35-1 MG | Tier 3 | ACA |
| <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 |

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

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <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 | |
| 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*** | | |
| <i>edaravone intravenous solution 30 mg/100ml</i> | Tier 1 | PA; Specialty |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Benzothiazoles*** | | |
| <i>riluzole oral tablet 50 mg</i> | Tier 1 | Specialty |
| TEGLUTIK ORAL SUSPENSION 50 MG/10ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** | | |
| SKYCLARYS ORAL CAPSULE 50 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Muscular Dystrophy - Histone Deacetylase Inhibitors** | | |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (270 ML per 30 days) |

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|-------------------------------------------------------------------------------------|---------------------------|---------------|
| *Neuromuscular Blocking Agent - Neurotoxins*** | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT | Tier 4 (SP Non-Preferred) | PA; Specialty |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT | Tier 4 (SP Non-Preferred) | PA; Specialty |
| MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** | | |
| DAYBUE ORAL SOLUTION 200 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| EVRYSDI ORAL TABLET 5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Ophthalmic Agents* | | |
| *Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** | | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | Tier 2 | |
| *Beta-Blockers - Ophthalmic Combinations*** | | |
| <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 | |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i> | Tier 1 | |
| *Beta-Blockers - Ophthalmic*** | | |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % | Tier 3 | |
| <i>carteolol hcl ophthalmic solution 1 %</i> | Tier 1 | |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| <i>timolol hemihydrate ophthalmic solution 0.5 %</i> | Tier 1 | |
| <i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i> | Tier 1 | |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 % | Tier 1 | |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | Tier 1 | |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | Tier 1 | |
| <i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i> | Tier 1 | |

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|-------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Cholinergic Agonists*** | | |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT | Tier 2 | PA |
| *Cycloplegic Mydriatic Combinations*** | | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % | Tier 3 | |
| *Cycloplegic Mydriatics*** | | |
| <i>atropine sulfate solution 1 % ophthalmic</i> | Tier 1 | |
| <i>atropine sulfate solution 1 % ophthalmic</i> | Tier 3 | |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i> | Tier 1 | |
| <i>phenylephrine hcl solution 10 % ophthalmic</i> | Tier 1 | |
| <i>phenylephrine hcl solution 2.5 % ophthalmic</i> | Tier 1 | |
| <i>phenylephrine hcl solution 2.5 % ophthalmic</i> | Tier 2 | |
| *Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** | | |
| XIIDRA OPHTHALMIC SOLUTION 5 % | Tier 2 | QL (60 EA per 30 days) |
| *Miotic Combinations*** | | |
| YUVEZZI OPHTHALMIC SOLUTION 2.75-0.1 % | Tier 3 | ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (30 EA per 30 days) |
| *Miotics - Direct Acting Pupil Selective*** | | |
| VIZZ OPHTHALMIC SOLUTION 1.44 % | Tier 3 | ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (25 EA per 25 days) |
| *Miotics - Direct Acting*** | | |
| <i>pilocarpine hcl solution 1 % ophthalmic</i> | Tier 1 | |
| <i>pilocarpine hcl solution 1.25 % ophthalmic</i> | Tier 1 | QL (10 ML per 30 days) |
| <i>pilocarpine hcl solution 2 % ophthalmic</i> | Tier 1 | |
| <i>pilocarpine hcl solution 4 % ophthalmic</i> | Tier 1 | |
| QLOSI OPHTHALMIC SOLUTION 0.4 % | Tier 3 | ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (60 EA per 30 days) |
| *Ophthalmic Antiallergic*** | | |
| ALOCRILOPHTHALMIC SOLUTION 2 % | Tier 3 | ST; TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (40 ML per 30 days) |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | Tier 1 | QL (12 ML per 30 days) |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------|
| <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*** | | |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | Tier 2 | |
| 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 1 | |
| <i>erythromycin ointment 5 mg/gm ophthalmic</i> | Tier 2 | |
| <i>gatifloxacin ophthalmic solution 0.5 %</i> | Tier 1 | |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | Tier 1 | |
| <i>levofloxacin ophthalmic solution 0.5 %</i> | Tier 2 | |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| <i>ofloxacin ophthalmic solution 0.3 %</i> | Tier 1 | |
| <i>tobramycin ophthalmic solution 0.3 %</i> | Tier 1 | |
| *Ophthalmic Antifungal*** | | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | Tier 2 | |
| *Ophthalmic Anti-Infective Combinations*** | | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | Tier 1 | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | Tier 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Tier 1 | |
| NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 | Tier 1 | |
| POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM | Tier 1 | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | Tier 1 | |
| *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 | |

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| Drug Name | Drug Tier | Notes |
|-------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------|
| *Ophthalmic Diagnostic Products*** | | |
| <i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i> | Tier 1 | |
| *Ophthalmic Ectoparasiticide** | | |
| XDEMVIY OPHTHALMIC SOLUTION 0.25 % | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Ophthalmic Immunomodulators*** | | |
| <i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i> | Tier 1 | |
| <i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i> | Tier 1 | QL (60 EA per 30 days) |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | Tier 2 | QL (60 EA per 30 days) |
| VERKAZIA OPHTHALMIC EMULSION 0.1 % | Tier 3 | PA |
| *Ophthalmic Kinase Inhibitors - Combinations*** | | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | Tier 3 | ST; SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops |
| *Ophthalmic Local Anesthetics*** | | |
| ALTACAINE OPHTHALMIC SOLUTION 0.5 % | Tier 1 | |
| <i>tetracaine hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| *Ophthalmic Nerve Growth Factors*** | | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** | | |
| <i>bromfenac sodium ophthalmic solution 0.075 %</i> | Tier 1 | QL (5 ML per 16 days) |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | Tier 1 | |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | Tier 1 | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | Tier 2 | QL (3.4 ML per 16 days) |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i> | Tier 1 | |
| *Ophthalmic Rho Kinase Inhibitors*** | | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | Tier 3 | ST; SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops |
| *Ophthalmic Selective Alpha Adrenergic Agonists*** | | |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i> | Tier 1 | |
| <i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i> | Tier 1 | |
| *Ophthalmic Steroid Combinations*** | | |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i> | Tier 1 | |
| <i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i> | Tier 1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i> | Tier 1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i> | Tier 1 | |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % | Tier 1 | |

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

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------|---------------------------|---------------|
| *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 |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Ophthalmics Misc. - Other*** | | |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML | Tier 2 | |
| *Prostaglandins - Ophthalmic*** | | |
| <i>bimatoprost ophthalmic solution 0.01 %</i> | Tier 1 | |
| <i>latanoprost ophthalmic solution 0.005 %</i> | Tier 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | Tier 2 | |
| <i>tafluprost (pf) ophthalmic solution 0.0015 %</i> | Tier 1 | |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i> | Tier 1 | |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | Tier 3 | |
| *Otic Agents* | | |
| *Otic Agents - Miscellaneous*** | | |
| <i>acetic acid otic solution 2 %</i> | Tier 1 | |
| *Otic Anti-Infectives*** | | |
| <i>ciprofloxacin hcl otic solution 0.2 %</i> | Tier 1 | |
| <i>ofloxacin otic solution 0.3 %</i> | Tier 1 | |
| *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 3 | |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | Tier 1 | |
| OTOVEL OTIC SOLUTION 0.3-0.025 % | Tier 3 | |
| *Otic Steroids*** | | |
| <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 | |

| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------|
| *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. |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Immune Serums*** | | |
| ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| GAMASTAN INTRAMUSCULAR SOLUTION | Tier 4 (SP Non-Preferred) | PA; Specialty |
| GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML | Tier 4 (SP Preferred) | PA; Specialty |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | Tier 4 (SP Preferred) | PA; Specialty |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM | Tier 4 (SP Preferred) | PA; Specialty |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | Tier 4 (SP Preferred) | PA; Specialty |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | Tier 4 (SP Preferred) | PA; Specialty |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT | Tier 3 | |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML | Tier 4 (SP Preferred) | PA; Specialty |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | Tier 4 (SP Preferred) | PA; Specialty |
| <i>qivigy intravenous solution 10 gm/100ml, 5 gm/50ml</i> | Tier 4 (SP Non-Preferred) | PA; Specialty |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML | Tier 3 | |
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML | Tier 3 | |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | Tier 4 (SP Preferred) | PA; Specialty |
| YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Passive Immunizing Agents - Combinations*** | | |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Penicillins* | | |
| *Amidinopenicillins*** | | |
| PIVYA ORAL TABLET 185 MG | Tier 3 | PA |
| *Aminopenicillins*** | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | Tier 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 1 | |
| <i>amoxicillin tablet chewable 125 mg oral</i> | Tier 3 | |
| <i>amoxicillin tablet chewable 250 mg oral</i> | Tier 1 | |
| <i>ampicillin oral capsule 500 mg</i> | Tier 1 | |
| *Natural Penicillins*** | | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | Tier 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| *Penicillin Combinations*** | | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | Tier 1 | |
| *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 | |

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| Drug Name | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------|
| *Parenteral Vehicles*** | | |
| <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 | |
| *Progestins* | | |
| *Progestins*** | | |
| GALLIFREY ORAL TABLET 5 MG | Tier 1 | |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>norethindrone acetate oral tablet 5 mg</i> | Tier 1 | |
| <i>progesterone intramuscular oil 50 mg/ml</i> | Tier 1 | |
| <i>progesterone oral capsule 100 mg, 200 mg</i> | Tier 1 | |
| *Psychotherapeutic And Neurological Agents - Misc.* | | |
| *Agents For Opioid Withdrawal*** | | |
| <i>lofexidine hcl tablet 0.18 mg oral</i> | Tier 1 | QL (108 EA per 9 days) |
| <i>lofexidine hcl tablet 0.18 mg oral</i> | Tier 1 | QL (192 EA per 16 days) |
| *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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Anti-Cataplectic 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 oral solution 500 mg/ml</i> | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (540 ML per 30 days) |
| *Anti-Cataplectic 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) |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Antisense Oligonucleotide (Aso) Inhibitor Agents*** | | |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Benzodiazepines & Tricyclic Agents*** | | |
| <i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i> | Tier 1 | |
| <i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i> | Tier 3 | |
| *Cholinomimetics - Ache Inhibitors*** | | |
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i> | Tier 1 | |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i> | Tier 1 | |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i> | Tier 1 | PA; QL (200 ML per 30 days) |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | Tier 1 | |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> | Tier 1 | QL (30 EA per 30 days) |
| ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG | Tier 3 | ST; TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS; QL (60 EA per 30 days) |
| *Fibromyalgia Agent - Snris*** | | |
| <i>milnacipran hcl oral 12.5 & 25 & 50 mg</i> | Tier 1 | ST; SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine |
| <i>milnacipran hcl 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 1 | PA; Specialty |

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|--------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|
| *Ms Agents - Pyrimidine Synthesis Inhibitors*** | | |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | Tier 1 | PA; Specialty; QL (30 EA per 30 days) |
| *Multiple Sclerosis Agents - Antimetabolites*** | | |
| <i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i> | Tier 1 | PA; Specialty |
| <i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i> | Tier 1 | PA; Specialty |
| <i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i> | Tier 1 | PA; Specialty |
| <i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i> | Tier 1 | PA; Specialty |
| <i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i> | Tier 1 | PA; Specialty |
| <i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i> | Tier 1 | PA; Specialty |
| <i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i> | Tier 1 | PA; Specialty |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Multiple Sclerosis Agents - Interferons*** | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| BETASERON KIT 0.3 MG SUBCUTANEOUS | Tier 4 (SP Preferred) | PA; Specialty; QL (1 EA per 28 days) |
| BETASERON KIT 0.3 MG SUBCUTANEOUS | Tier 4 (SP Preferred) | PA; Specialty; QL (14 EA per 28 days) |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1 ML per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1 ML per 30 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1 ML per 30 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1 ML per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | Tier 4 (SP Preferred) | PA; Specialty; QL (1 ML per 28 days) |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| 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) |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (15 ML per 28 days) |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** | | |
| <i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i> | Tier 1 | PA; Specialty; QL (60 EA per 30 days) |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> | Tier 1 | 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 1 | PA; Specialty; QL (60 EA per 30 days) |
| *Multiple Sclerosis Agents*** | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | Tier 4 (SP Preferred) | PA; Specialty; QL (12 ML per 28 days) |
| <i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i> | Tier 1 | PA; Specialty; QL (30 ML per 30 days) |
| <i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i> | Tier 1 | PA; Specialty; QL (12 ML per 28 days) |
| GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS | Tier 1 | PA; Specialty; QL (30 ML per 30 days) |
| GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS | Tier 1 | 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) |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------|---------------------------|----------------------------------------|
| <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*** | | |
| NUDEXTA ORAL CAPSULE 20-10 MG | Tier 2 | 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. |
| <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. |

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|--------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|
| <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) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i> | Tier 2 | ACA, Some restrictions may apply. |
| <i>varenicline tartrate tablet 0.5 mg oral</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>varenicline tartrate tablet 0.5 mg oral</i> | Tier 2 | ACA, Some restrictions may apply. |
| <i>varenicline tartrate tablet 1 mg oral</i> | Tier 1 | ACA, Some restrictions may apply. |
| <i>varenicline tartrate tablet 1 mg oral</i> | Tier 2 | ACA, Some restrictions may apply. |
| <i>varenicline tartrate(continue) oral tablet 1 mg</i> | Tier 1 | ACA, Some restrictions may apply. |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | |
| <i>fingolimod hcl oral capsule 0.5 mg</i> | Tier 1 | 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) |

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|---------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------|
| MAYZENT TABLET 1 MG ORAL | Tier 4 (SP Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| MAYZENT TABLET 2 MG ORAL | Tier 4 (SP Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (7 EA per 30 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (30 EA per 30 days) |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | Tier 4 (SP Non-Preferred) | PA; Specialty; QL (28 EA per 28 days) |
| *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 | |
| *Respiratory Agents - Misc.* | | |
| *Alpha-Proteinase Inhibitor (Human)*** | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML | Tier 4 (SP Non-Preferred) | PA; Specialty |
| *Cftr Potentiators*** | | |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | Tier 4 (SP Preferred) | PA; Specialty |
| KALYDECO ORAL TABLET 150 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Cystic Fibrosis Agent - Combinations*** | | |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG | Tier 4 (SP Preferred) | PA; Specialty |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | Tier 4 (SP Non-Preferred) | PA; Specialty |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | Tier 4 (SP Preferred) | PA; Specialty |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | Tier 4 (SP Preferred) | PA; Specialty |

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|------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------|
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG | Tier 4 (SP Preferred) | PA; Specialty |
| *Cystic Fibrosis Agents - Miscellaneous*** | | |
| BRONCHITOL INHALATION CAPSULE 40 MG | Tier 4 (SP Non-Preferred) | ST; Specialty; TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS; QL (560 EA per 28 days) |
| 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 1 | 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 1 | PA; Specialty; QL (90 EA per 30 days) |
| <i>pirfenidone tablet 267 mg oral</i> | Tier 1 | 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 1 | 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 | |
| <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 | |

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| Drug Name | Drug Tier | Notes |
|------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------|
| <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 1 | |
| <i>doxycycline monohydrate tablet 150 mg oral</i> | Tier 1 | ST; TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS |
| <i>doxycycline monohydrate tablet 50 mg oral</i> | Tier 1 | |
| <i>doxycycline monohydrate tablet 75 mg oral</i> | Tier 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 115 mg oral</i> | Tier 1 | ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days) |
| <i>minocycline hcl er tablet extended release 24 hour 45 mg oral</i> | Tier 2 | ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days) |
| <i>minocycline hcl er tablet extended release 24 hour 55 mg oral</i> | Tier 1 | ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days) |
| <i>minocycline hcl er tablet extended release 24 hour 65 mg oral</i> | Tier 1 | ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days) |
| <i>minocycline hcl er tablet extended release 24 hour 80 mg oral</i> | Tier 1 | ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days) |

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|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------|
| <i>minocycline hcl er tablet extended release 24 hour 90 mg oral</i> | Tier 1 | ST; MINOCYCLINE IR TABLETS/CAPSULES; QL (30 EA per 30 days) |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | Tier 1 | |
| TARGADOX ORAL TABLET 50 MG | Tier 1 | ST; TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| *Thyroid Agents* | | |
| *Antithyroid Agents*** | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 1 | |
| *Thyroid Hormones*** | | |
| LEVO-T TABLET 100 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 112 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 125 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 137 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 150 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 175 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 200 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 25 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 300 MCG ORAL | Tier 1 | |
| LEVO-T TABLET 50 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 75 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| LEVO-T TABLET 88 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| <i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 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) |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------|
| <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 | |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | Tier 3 | ST; TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS |
| 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, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG | Tier 3 | 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, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 | PA |
| UNITHROID TABLET 100 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| UNITHROID TABLET 112 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| UNITHROID TABLET 125 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| UNITHROID TABLET 137 MCG ORAL | Tier 1 | QL (60 EA per 30 days) |
| 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. |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------|------------------|-----------------------------------|
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | ACA, Some restrictions may apply. |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | ACA, Some restrictions may apply. |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 2 | ACA, Some restrictions may apply. |
| QUADRACEL INTRAMUSCULAR SUSPENSION | Tier 2 | ACA, Some restrictions may apply. |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | ACA, Some restrictions may apply. |
| TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML | Tier 2 | ACA, Some restrictions may apply. |
| VAXELIS INTRAMUSCULAR SUSPENSION | Tier 2 | ACA, Some restrictions may apply. |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | ACA, Some restrictions may apply. |
| *Ulcer Drugs/Antispasmodics/Anticholinergics * | | |
| *Anticholinergic Combinations*** | | |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i> | Tier 3 | |
| DONNATAL ORAL ELIXIR 16.2 MG/5ML | Tier 3 | |
| DONNATAL ORAL TABLET 16.2 MG | Tier 3 | |
| PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML | Tier 1 | |
| PHENOHYTRO ORAL TABLET 16.2 MG | Tier 1 | |
| *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 sublingual tablet sublingual 0.125 mg</i> | Tier 1 | |
| <i>hyosyne oral elixir 0.125 mg/5ml</i> | Tier 1 | |
| <i>hyosyne oral solution 0.125 mg/ml</i> | Tier 1 | |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG | Tier 3 | |
| LEVSIN ORAL TABLET 0.125 MG | Tier 3 | |
| LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG | Tier 3 | |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------|
| 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 |
| *Proton Pump Inhibitors*** | | |
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i> | Tier 1 | QL (30 EA per 30 days) |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i> | Tier 1 | |
| <i>esomeprazole magnesium packet 10 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>esomeprazole magnesium packet 2.5 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>esomeprazole magnesium packet 20 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>esomeprazole magnesium packet 40 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>esomeprazole magnesium packet 40 mg oral</i> | Tier 1 | ST; TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE; QL (60 EA per 30 days) |
| <i>esomeprazole magnesium packet 5 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML | Tier 3 | |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML | Tier 1 | |
| <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 | |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------|
| <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>pantoprazole sodium tablet delayed release 40 mg oral</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>pantoprazole sodium tablet delayed release 40 mg oral</i> | Tier 1 | |
| <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) |
| *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*** | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | Tier 1 | |
| *Urinary Antispasmodics* | | |
| *Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** | | |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i> | Tier 1 | |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | Tier 1 | |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i> | Tier 1 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | Tier 1 | |

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| Drug Name | Drug Tier | Notes |
|---------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------|
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR | Tier 3 | ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i> | Tier 1 | ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> | Tier 1 | |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i> | Tier 1 | |
| <i>trospium chloride oral tablet 20 mg</i> | Tier 1 | |
| *Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** | | |
| <i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i> | Tier 1 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | Tier 2 | ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM |
| *Urinary Antispasmodics - Cholinergic Agonists*** | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | |
| *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. |
| PEDVAX HIB 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. |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------|------------------|-----------------------------------|
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | ACA, Some restrictions may apply. |
| *Viral Vaccine Combinations*** | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | Tier 2 | ACA, Some restrictions may apply. |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 2 | ACA, Some restrictions may apply. |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 2 | ACA, Some restrictions may apply. |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | Tier 2 | ACA, Some restrictions may apply. |
| *Viral Vaccines*** | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | Tier 2 | ACA, Some restrictions may apply. |
| AFLURIA INTRAMUSCULAR SUSPENSION | Tier 2 | ACA, Some restrictions may apply. |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 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 3 | ACA, Some restrictions may apply. |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML | Tier 3 | ACA, Some restrictions may apply. |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | Tier 2 | ACA, Some restrictions may apply. |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | Tier 2 | ACA, Some restrictions may apply. |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | ACA, Some restrictions may apply. |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | ACA, Some restrictions may apply. |
| FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML | Tier 2 | ACA, Some restrictions may apply. |
| FLUCELVAX INTRAMUSCULAR SUSPENSION | 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. |

| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 2 | ACA, Some restrictions may apply. |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML | Tier 2 | ACA, Some restrictions may apply. |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | Tier 2 | ACA, Some restrictions may apply. |
| IPOL INJECTION SUSPENSION | Tier 2 | ACA, Some restrictions may apply. |
| MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML | Tier 3 | ACA, Some restrictions may apply. |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | Tier 3 | ACA, Some restrictions may apply. |
| <i>nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml</i> | 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 INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 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. |
| 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 |

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| Drug Name | Drug Tier | Notes |
|--------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| *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 |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG | Tier 3 | ST; TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | Tier 2 | |
| YUVAFEM VAGINAL TABLET 10 MCG | Tier 1 | |
| *Vaginal Progestins*** | | |
| CRINONE VAGINAL GEL 4 %, 8 % | Tier 2 | |

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| Drug Name | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|
| *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 oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 1 | PA; Specialty |
| *Vasopressors*** | | |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |

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- 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.

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

Right to Accounting of Disclosures

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

Right to Request Restrictions on Uses or Disclosures

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

Right to Request Amendment of PHI

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

Right to Be Notified of a Breach

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

Right to Revoke Authorization

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

Right to Receive a Copy of this Notice

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

Changes to this Notice

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

To Report a Privacy Violation

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

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

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

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

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

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

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

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

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

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

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

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

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10/01/2023

07/2025

| Language | Translation |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spanish | Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-280-5600 (TTY: 711). |
| Chinese | 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-877-280-5600 (TTY 711)。 |
| Tagalog | Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga na-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 |

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| | 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 fòma aksesib yo disponib tou gratis. Rele 1-877-280-5600 (TTY 711). |
| Polish | Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-280-5600 (TTY 711). |
| Hindi | यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं आपके लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी निःशुल्क उपलब्ध हैं। कॉल 1-877-280-5600 (TTY 711)। |

Japanese

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



GlobalHealth

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