



# MEDPERFORM<sup>®</sup> PREMIER

STANDARD FORMULARY

July 2026

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MEDPERFORM® PREMIER STANDARD FORMULARY  
JANUARY 2026

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## What is the Standard Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

## Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**

The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

- **Alphabetical Index Listing**

If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

- **Website or Mobile App**

Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

## What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plan's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and italicized (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. *DIPHEN ORAL ELIXIR 12.5 MG/5ML*).



## Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
AGE	Age Restriction	Coverage depends upon member age
PA	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
QL	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: “How does a member request an exception to the formulary?”

## Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug’s tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)

## General Exclusions

Many plans have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs

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- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

## **What if a drug is not on the Formulary?**

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

## **How does a member request an exception to the Formulary?**

The member will need to contact the plan for details on how to file an exception request.

## **For more information**

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.



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Drug	Status	Notes
<b>Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant</b>		
<b>Amphetamines</b>		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine 3-bead oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 10 mg, 15 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1	QL (5 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL (1800 ML per 30 days)

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Drug	Status	Notes
ZENZEDI ORAL TABLET 30 MG	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 7.5 MG	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
<b>Analeptics</b>		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	
<b>Anorexiants Non-Amphetamine</b>		
<i>benzphetamine hcl oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>diethylpropion hcl oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>phentermine hcl oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>phentermine hcl oral tablet 8 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	Tier 1	PA
<b>Anti-Obesity Agents</b>		
<i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	PA; QL (0.5 ML per 1 day)
<i>orlistat oral capsule 120 mg</i>	Tier 1	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 2	PA; QL (3 ML per 28 days)
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)

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Drug	Status	Notes
<b>Attention-Deficit/Hyperactivity Disorder (Adhd) Agents</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<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 TABLETS IN THE PAST 120 DAYS; QL (4 ML per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	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 (1 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	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 (2 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	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 (3 EA per 1 day)
<b>Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)</b>		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA
<b>Histamine H3-Receptor Antagonist/Inverse Agonists</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
<b>Stimulants - Misc.</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)

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Drug	Status	Notes
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 (1 EA per 1 day)
<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 (1 EA per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 35 MG	Tier 1	QL (1 EA per 1 day)
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 (1 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<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 (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<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 (1 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 1	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	Tier 1	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG	Tier 1	QL (2 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 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 (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 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 (2 EA per 1 day)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	120mL Bottle; 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	150mL Bottle; 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)

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Drug	Status	Notes
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	60mL Bottle; 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)
<b>Allergenic Extracts/Biologicals Misc</b>		
<b>Allergenic Extracts</b>		
<i>dandelion subcutaneous solution 1:20</i>	Tier 3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 2	PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 2	PA; SP
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 2	PA; SP
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 2	PA; SP
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 2	PA; SP
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Tier 2	PA; SP
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 2	PA; SP
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 2	PA; SP
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 2	PA; SP
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Tier 2	PA; SP

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Drug	Status	Notes
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Tier 2	PA; SP
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 2	PA; SP
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 2	PA; SP
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 2	PA; SP
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 2	PA
<b>Alternative Medicines</b>		
<b>Alternative Medicine - A's</b>		
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	Tier 3	
<b>Alternative Medicine - P's</b>		
EC-RX DHEA EXTERNAL CREAM 10 %, 4 %	Tier 3	
<b>Amebicides</b>		
<b>Amebicides</b>		
SOLOSEC ORAL PACKET 2 GM	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)
<b>Aminoglycosides</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 3	PA; SP
HUMATIN ORAL CAPSULE 250 MG	Tier 3	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Tier 3	PA; SP
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 2	PA; SP

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Drug	Status	Notes
<i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i>	Tier 1	PA; SP
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Tier 1	PA; SP
<b>Analgesics - Anti-Inflammatory</b>		
<b>Analgesics - Anti-Inflammatory Combinations</b>		
PRASTERA ORAL KIT 200 & 400 MG	Tier 3	
<b>Antirheumatic - Enzyme Inhibitors</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 2	PA; SP
<b>Antirheumatic Antimetabolites</b>		
<i>methotrexate (anti-rheumatic) oral tablet 2.5 mg</i>	Tier 1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	Tier 2	QL (1 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	Tier 2	QL (2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	Tier 2	QL (2.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	Tier 2	QL (0.6 ML per 28 days)

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Drug	Status	Notes
<b>Anti-Tnf-Alpha - Monoclonal Antibodies</b>		
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	Tier 1	SP
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Tier 1	SP
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	Tier 1	SP
<i>adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	Tier 2	PA; SP
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Tier 2	PA; SP
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 3	PA; SP
<b>Gold Compounds</b>		
<i>auranofin oral capsule 3 mg</i>	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
<b>Interleukin-1 Blockers</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 3	PA; SP
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 3	PA; SP
<b>Interleukin-6 Receptor Inhibitors</b>		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 3	PA; SP
<b>Nonsteroidal Anti-Inflammatory Agents (Nsaid)</b>		
CELEBREX ORAL CAPSULE 100 MG, 200 MG	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
<i>diclofenac potassium oral tablet 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>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 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</i>	Tier 1	
<b>IBU ORAL TABLET 400 MG, 600 MG, 800 MG</b>	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>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 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 30 mg/ml, 60 mg/2ml</i>	Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>LURBIRO ORAL TABLET 100 MG</b>	Tier 3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1	
<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	

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Drug	Status	Notes
<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	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	Tier 3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	Tier 3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML	Tier 3	
VYSCOXA ORAL SUSPENSION 10 MG/ML	Tier 3	PA; QL (40 ML per 1 day)
<b>Phosphodiesterase 4 (Pde4) Inhibitors</b>		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 2	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 2	PA; SP
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 2	PA; SP
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 2	PA; SP
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
<b>Selective Costimulation Modulators</b>		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 3	PA; SP
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 2	PA; SP

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Drug	Status	Notes
<b>Analgesics - Nonnarcotic</b>		
<b>Analgesic Combinations</b>		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT IN THE PAST 120 DAYS; QL (6 EA per 1 day)
<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 3	
<b>Analgesics Other</b>		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<b>Salicylates</b>		
<i>aspirin 81 oral tablet chewable 81 mg</i>	\$0	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin childrens oral tablet chewable 81 mg</i>	\$0	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin oral tablet 325 mg</i>	\$0	
<i>aspirin oral tablet chewable 81 mg</i>	\$0	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>aspirin regimen oral tablet delayed release 81 mg</i>	\$0	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	\$0	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
BAYER ASPIRIN ORAL TABLET 325 MG	\$0	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
<i>childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	\$0	
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin oral tablet 325 mg</i>	\$0	
<i>cvs aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>cvs genuine aspirin oral tablet 325 mg</i>	\$0	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	\$0	
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>eq aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>eq aspirin oral tablet 325 mg</i>	\$0	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>ft aspirin oral tablet 325 mg</i>	\$0	
<i>ft aspirin oral tablet chewable 81 mg</i>	\$0	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>genuine aspirin oral tablet 325 mg</i>	\$0	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	\$0	
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>gnp aspirin oral tablet 325 mg</i>	\$0	
<i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>goodsense aspirin oral tablet 325 mg</i>	\$0	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	\$0	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>kp aspirin oral tablet delayed release 81 mg</i>	\$0	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	\$0	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	\$0	
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>mm aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>qc aspirin oral tablet 325 mg</i>	\$0	
<i>qc aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	\$0	

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Drug	Status	Notes
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	\$0	
<i>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	\$0	
<i>ra aspirin oral tablet 325 mg</i>	\$0	
<i>ra pain relief aspirin oral tablet 325 mg</i>	\$0	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>sb aspirin oral tablet 325 mg</i>	\$0	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	\$0	
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	\$0	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	\$0	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
<b>Unknown</b>		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA
<b>Analgesics - Opioid</b>		
<b>Opioid Agonists</b>		
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years)
DEMEROL INJECTION SOLUTION 75 MG/ML	Tier 3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG	Tier 3	PA
<i>fentanyl citrate intravenous solution 1500 mcg/30ml</i>	Tier 1	
<i>fentanyl citrate solution 1500 mcg/30ml intravenous</i>	Tier 3	
<i>fentanyl citrate-nacl intravenous solution prefilled syringe 500-0.9 mcg/50ml-%</i>	Tier 3	
<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	PA; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<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	QL (2 EA per 1 day)

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Drug	Status	Notes
<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	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA
<i>hydromorphone hcl injection solution 1 mg/ml</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>hydromorphone hcl rectal suppository 3 mg</i>	Tier 1	
<i>hydromorphone hcl-nacl injection solution prefilled syringe 30-0.9 mg/30ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl intravenous solution 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe 30-0.9 mg/30ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous</i>	Tier 3	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine hcl oral solution 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone hcl injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	PA

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Drug	Status	Notes
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
<i>morphine sulfate intravenous solution 0.5 mg/ml</i>	Tier 1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>morphine sulfate-nacl intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%</i>	Tier 3	
<i>morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous</i>	Tier 1	
<i>morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous</i>	Tier 3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	QL (6 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	PA
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	Tier 3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)

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Drug	Status	Notes
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
XYVONA ORAL TABLET 2 MG	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<b>Opioid Combinations</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	Tier 1	QL (150 ML per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Tier 1	QL (61 ML per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years)
<b>Opioid Partial Agonists</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<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 (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 1	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1	
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	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Androgens-Anabolic</b>		
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Tier 1	PA; QL (10 ML per 28 days)

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Drug	Status	Notes
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	Tier 3	
<i>methitest oral tablet 10 mg</i>	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	Tier 3	PA; QL (10 ML per 28 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 transdermal gel 1.62 %, 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	Tier 1	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL (4 EA per 1 day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (10 GM per 1 day)
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)
<b>Anorectal Agents</b>		
<b>Intrarectal Steroids</b>		
<i>budesonide rectal foam 2 mg, 2 mg/act</i>	Tier 1	
CORTIFOAM EXTERNAL FOAM 10 %	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	
<b>Rectal Combinations</b>		
ANA-LEX RECTAL KIT 2-2 %	Tier 3	
ANALPRAM HC EXTERNAL CREAM 1-1 %, 2.5-1 %	Tier 3	
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 2	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	Tier 1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Tier 1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	Tier 1	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	Tier 1	

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Drug	Status	Notes
<i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone ace rectal kit 1-3 %, 2-2 %, 3-0.5 %, 3-2.5 %</i>	Tier 1	
LIDOCORT EXTERNAL CREAM 3-0.5 %	Tier 3	
PROCORT EXTERNAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 2	
<b>Rectal Products - Misc.</b>		
BARRIGEL RECTAL GEL 20 MG/ML	Tier 3	
<b>Rectal Steroids</b>		
<i>anucort-hc rectal suppository 25 mg</i>	Tier 3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
PROCTOCORT EXTERNAL CREAM 1 %	Tier 3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Tier 3	
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	
<b>Vasodilating Agents</b>		
<i>nitroglycerin rectal ointment 0.4 %</i>	Tier 1	
<b>Anthelmintics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg, 6 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
<b>Antianginal Agents</b>		
<b>Antianginals-Other</b>		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	
<b>Nitrates</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	

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Drug	Status	Notes
<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 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Tier 1	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG	Tier 3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 6.5 MG, 9 MG	Tier 2	
<b>Antianxiety Agents</b>		
<b>Antianxiety Agents - Misc.</b>		
<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</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Benzodiazepines</b>		
<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 2	
<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	

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Drug	Status	Notes
<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	
<b>Antiarrhythmics</b>		
<b>Antiarrhythmics Type I-A</b>		
<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 2	
<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	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
<b>Antiarrhythmics Type I-C</b>		
<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	
<b>Antiarrhythmics Type Iii</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 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	
<b>Antiasthmatic And Bronchodilator Agents</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP

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Drug	Status	Notes
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 2	PA; SP
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 2	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	Tier 1	QL (1 EA per 1 day)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	Tier 3	QL (3 ML per 1 day)
<b>Leukotriene Modulators</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 1	
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	
<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	
<b>Selective Phosphodiesterase 4 (Pde4) Inhibitors</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
<b>Steroid Inhalants</b>		
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 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 (4 ML per 1 day)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	Tier 1	QL (2 EA per 1 day)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	Tier 1	QL (4 EA per 1 day)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 1	QL (21.2 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL (21.2 GM per 30 days)
<b>Sympathomimetics</b>		
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	10.7gm/Pkg; QL (32.1 GM per 30 days)

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Drug	Status	Notes
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	6.7gm/Pkg; QL (20.1 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 1	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFORMIST IN THE PAST 120 DAYS; QL (4 ML per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 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 (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	4gm/Pkg
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL (39 GM per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	Tier 2	QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 1	QL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Tier 1	QL (4 ML per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	

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Drug	Status	Notes
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL (4 GM 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	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL (2 EA per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Tier 3	
<b>Unknown</b>		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 3	PA; SP
<b>Xanthines</b>		
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 2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
<b>Anticoagulants</b>		
<b>Anticoagulants - Misc.</b>		
<i>sodium citrate in vitro solution prefilled syringe 4 %</i>	Tier 3	
<b>Coumarin Anticoagulants</b>		
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	

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Drug	Status	Notes
<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	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 2	QL (32 EA per 1 day)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 2	QL (32 EA per 1 day)
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 (4 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 2	QL (32 EA per 1 day)
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	QL (51 EA per 30 days)
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	QL (1 ML per 1 day)
<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	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	Tier 3	QL (8 ML per 1 day)

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Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	Tier 3	QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	Tier 3	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	Tier 3	QL (18 ML per 30 days)
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%, 2500-0.9 ut/500ml-%, 5000-0.9 ut/500ml-%</i>	Tier 1	
<i>heparin sodium (porcine) +rfid injection solution 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	Tier 1	
<b>In Vitro/Lock Anticoagulants</b>		
<i>acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml</i>	Tier 3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	Tier 3	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML	Tier 3	
TRICITRASOL IN VITRO CONCENTRATE 46.7 %	Tier 3	
<b>Thrombin Inhibitors</b>		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Anticonvulsants</b>		
<b>Ampa Glutamate Receptor Antagonists</b>		
<i>perampanel oral suspension 0.5 mg/ml</i>	Tier 1	QL (680 ML per 28 days)

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Drug	Status	Notes
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>perampanel oral tablet 2 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>perampanel oral tablet 4 mg, 6 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Anticonvulsants - Benzodiazepines</b>		
<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 (2 EA per 1 day)
<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 2	PA; QL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
<b>Anticonvulsants - Misc.</b>		
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 (2 EA per 1 day)
<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 oral tablet chewable 100 mg, 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 3	PA; SP

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Drug	Status	Notes
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	SP; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONSULVANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE in 365 days
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	Tier 1	QL (2 EA per 1 day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	Tier 3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 3	PA; SP
<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 (72 ML per 1 day)
<i>gabapentin oral tablet 25 mg, 50 mg, 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 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	Tier 1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	Tier 1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	

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Drug	Status	Notes
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
LYRICA ORAL CAPSULE 200 MG, 75 MG	Tier 1	
NEURONTIN ORAL CAPSULE 400 MG	Tier 1	
NEURONTIN ORAL TABLET 600 MG	Tier 1	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</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 (3 EA per 1 day)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</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 (4 EA per 1 day)
<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 (30 ML per 1 day)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 1	
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 3	PA
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	

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Drug	Status	Notes
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 oral capsule er 24 hour sprinkle 100 mg</i>	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (3 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 50 mg</i>	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (7 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 50 mg</i>	Tier 1	QL (7 EA per 1 day)
<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 3	PA; SP
<b>Carbamates</b>		
<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 (2 EA per 1 day)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)

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Drug	Status	Notes
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 2	QL (1 EA per 1 day)
<b>Gaba Modulators</b>		
<i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</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 (4 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</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 (3 EA per 1 day)
<i>vigabatrin oral packet 500 mg</i>	Tier 1	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA; SP
VIGADRONE ORAL PACKET 500 MG	Tier 1	PA; SP
VIGADRONE ORAL TABLET 500 MG	Tier 1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
<b>Hydantoins</b>		
DILANTIN CAPSULE 100 MG ORAL	Tier 1	
DILANTIN CAPSULE 100 MG ORAL	Tier 3	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	
DILANTIN ORAL CAPSULE 100 MG, 30 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	

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Drug	Status	Notes
<b>Succinimides</b>		
<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	
<b>Valproic Acid</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	Tier 3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	Tier 3	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	Tier 1	
<b>Antidepressants</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<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	
<b>Antidepressant Combinations</b>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS.
<b>Antidepressants - Misc.</b>		
<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) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	

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Drug	Status	Notes
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Tier 1	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Tier 3	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<b>Gaba Receptor Modulator - Neuroactive Steroid</b>		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA; SP
<b>Monoamine Oxidase Inhibitors (Maois)</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	ST: TRIAL OF MARPLAN, PHENELZINE, OR TRANYLCYPROMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
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	
<b>N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists</b>		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 2	PA; SP
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 2	PA; SP
<b>Selective Serotonin Reuptake Inhibitors (SsrIs)</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	Tier 1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 10 mg/10ml, 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	

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Drug	Status	Notes
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Tier 1	ST: TRIAL OF CITALOPRAM, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE IR, PAROXETINE, OR SERTRALINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<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	
<b>Serotonin Modulators</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
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 (1 EA per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<b>Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 1	ST: TRIAL OF GENERIC DULOXETINE 20MG CAPSULES IN THE PAST 120 DAYS; QL (1 EA per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	QL (1 EA per 1 day)
<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	
<b>Tricyclic Agents</b>		
<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	
<b>Antidiabetics</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antidiabetic Combinations</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)

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Drug	Status	Notes
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
<i>linagliptin-metformin hcl oral tablet 2.5-1000 mg, 2.5-500 mg, 2.5-850 mg</i>	Tier 1	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST: TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA COMBO IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST: TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA COMBO IN THE PAST 120 DAYS; QL (3 EA per 1 day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	Tier 2	QL (2 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 2	QL (2 EA per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	QL (15 ML per 28 days)
<b>Biguanides</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	

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Drug	Status	Notes
<i>metformin hcl oral solution 500 mg/5ml</i>	Tier 1	PA; QL (20 ML per 1 day)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	
<b>Diabetic Other</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (4 EA per 1 FILL)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (4 EA per 1 FILL)
<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 (4 EA per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
<i>mifepristone oral tablet 300 mg</i>	Tier 1	PA; SP
<b>Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
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 (6 EA per 1 day)
<b>Incretin Mimetic Agents (Glp-1 Receptor Agonists)</b>		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1.2 ML per 30 days)

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Drug	Status	Notes
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (0.5 ML per 7 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
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; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2 ML per 28 days)
<b>Insulin</b>		
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)

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Drug	Status	Notes
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 INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	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 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 3	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 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2	QL (24 ML per 28 days)
<i>insulin glargine-yfgh subcutaneous solution 100 unit/ml</i>	Tier 2	QL (40 ML per 28 days)
<i>insulin glargine-yfgh subcutaneous solution pen-injector 100 unit/ml</i>	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro injection solution 100 unit/ml</i>	Tier 1	QL (40 ML per 28 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Tier 1	QL (30 ML per 28 days)
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	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)

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Drug	Status	Notes
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (18 ML per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
<b>Insulin Sensitizing Agents</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<b>Meglitinide Analogues</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<b>Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	

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Drug	Status	Notes
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Antidiarrheal/Probiotic Agents</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 3	SP; ST: TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
BACILLEX ORAL CAPSULE 250 MG	Tier 3	
<i>bilac oral capsule</i>	Tier 3	
BIOCORE DAILY ORAL CAPSULE	Tier 3	
BIOCORE IMMUNE+ ORAL CAPSULE	Tier 3	
BIOCORE RESTORE ORAL CAPSULE	Tier 3	
<i>biostora oral capsule</i>	Tier 3	
DERMACINRX PROBISOL ORAL CAPSULE	Tier 3	
DERMACINRX PROBITRAN ORAL CAPSULE	Tier 3	
FLORRAGUT ORAL CAPSULE	Tier 3	
<i>gutstor oral capsule</i>	Tier 3	
LACTEROL ORAL CAPSULE	Tier 3	
<i>lactovive oral capsule</i>	Tier 3	
<i>microbalance oral capsule</i>	Tier 3	
<i>microvera oral tablet</i>	Tier 3	
<i>microwell oral capsule</i>	Tier 3	
PAXOTIN ORAL CAPSULE	Tier 3	
PROBINATE ORAL CAPSULE	Tier 3	
<i>promella in prebiotic oral capsule</i>	Tier 3	
<i>proriva oral capsule</i>	Tier 3	
<i>relibiotic oral capsule</i>	Tier 3	
<i>surebiotic probiotic support oral capsule</i>	Tier 3	
SYMBIARA ORAL CAPSULE	Tier 3	
VISBIOME GI CARE EX ST ORAL PACKET	Tier 3	
<i>wellpro 31 oral capsule</i>	Tier 3	

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Drug	Status	Notes
<i>xybiotic oral capsule</i>	Tier 3	
<i>zelac oral capsule</i>	Tier 3	
<b>Antidiarrheal/Probiotic Combinations</b>		
<i>probichew oral tablet chewable</i>	Tier 3	
RESTORA RX ORAL CAPSULE 60-1.25 MG	Tier 3	
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	
<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	
<b>Antidotes And Specific Antagonists</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 1	PA; SP
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 1	PA; SP
<b>Antidotes And Specific Antagonists</b>		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	Tier 1	PA
RADIOGARDASE ORAL CAPSULE 0.5 GM	Tier 3	
VISTOGARD ORAL PACKET 10 GM	Tier 2	SP; QL (24 EA per 14 days)
<b>Opioid Antagonists</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	QL (4 EA per 30 days)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	QL (4 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	QL (4 EA per 30 days)
RETOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL (4 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 3	

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Drug	Status	Notes
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Tier 3	QL (2 ML per 30 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	QL (4 ML per 30 days)
<b>Antiemetics</b>		
<b>5-Ht3 Receptor Antagonists</b>		
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (10 EA per 21 FILLs)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; 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	
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)
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 21 days)
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF 5HT3 ANTAGONIST, CORTICOSTEROIDS, MEGESTROL SUSPENSION, OR EMEND IN THE PAST 120 DAYS; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: TRIAL OF GENERIC DRONABINOL (MARINOL) CAPSULES IN THE PAST 120 DAYS; QL (2 ML per 1 day)
<b>Substance P/Neurokinin 1 (Nk1) Receptor Antagonists</b>		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)

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Drug	Status	Notes
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	Tier 1	QL (3 EA per 21 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	PA; QL (3 EA per 21 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 2	QL (2 EA per 21 days)
<b>Antifungals</b>		
<b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins)</b>		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<b>Antifungals</b>		
<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, 165 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	
<b>Imidazole-Related Antifungals</b>		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<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	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL PACKET 300 MG	Tier 3	PA
<i>posaconazole oral suspension 40 mg/ml</i>	Tier 1	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 1	PA
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 3	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Antihistamines</b>		
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	Tier 1	ST: TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS; QL (960 ML per 30 days); AGE (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	AGE (Min 2 Years)
<i>carbzah oral solution 4 mg/5ml</i>	Tier 3	AGE (Min 2 Years)
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	
CLEMSZA ORAL TABLET 2.68 MG	Tier 1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	Tier 3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 3	ST: TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS; QL (960 ML per 30 days); AGE (Min 2 Years)
<b>Antihistamines - Non-Sedating</b>		
<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 oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET IN THE PAST 120 DAYS
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<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	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 3	

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Drug	Status	Notes
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	
<b>Antihyperlipidemics</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
<i>sure result o3d3 system oral kit 1 &amp; 1000 gm &amp; unit</i>	Tier 3	
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl oral capsule 0.5 gm</i>	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	Tier 1	QL (4 EA per 1 day)
LOVAZA ORAL CAPSULE 1 GM	Tier 1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light oral packet 4 gm</i>	Tier 1	
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder 4 gm/dose oral</i>	Tier 1	
<i>cholestyramine light powder 4 gm/dose oral</i>	Tier 3	
<i>cholestyramine oral packet 4 gm</i>	Tier 1	
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose oral</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose oral</i>	Tier 3	
<i>colesevelam hcl oral packet 3.75 gm</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 PACKET 4 GM	Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	

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Drug	Status	Notes
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 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 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 3	ST: TRIAL OF GEMFIBROZIL OR GENERIC FENOFIBRATE IN THE PAST 120 DAYS
<b>Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Tier 3	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 3	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	Tier 1	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	Tier 3	PA
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluvastatin sodium oral capsule 20 mg</i>	\$0	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>	\$0	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>lovastatin oral tablet 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	Tier 1	

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Drug	Status	Notes
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Microsomal Triglyceride Transfer Protein (Mtp) Inhibitors</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA; SP
<b>Nicotinic Acid Derivatives</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; QL (6 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; QL (6 ML per 84 days)
<b>Unknown</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
<b>Antihypertensives</b>		
<b>Ace Inhibitors</b>		
<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

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Drug	Status	Notes
<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	
<b>Agents For Pheochromocytoma</b>		
<i>metyrosine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 1	PA; SP
<b>Angiotensin II Receptor Antagonists</b>		
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	
<b>Antiadrenergic Antihypertensives</b>		
<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>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</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 (120 ML per 1 day)
<i>methyl dopa oral tablet 250 mg, 500 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
<b>Antihypertensive Combinations</b>		
<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	
<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>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	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 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>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<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>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 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>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	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 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	

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Drug	Status	Notes
<b>Antihypertensives - Misc.</b>		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA; SP
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	
<b>Selective Aldosterone Receptor Antagonists (Saras)</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<b>Unknown</b>		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA; SP
<b>Vasodilators</b>		
<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	
<b>Anti-Infective Agents - Misc.</b>		
<b>Anti-Infective Agents - Misc.</b>		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
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 ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
<b>Anti-Infective Misc. - Combinations</b>		
<i>mb caps oral capsule 120 mg</i>	Tier 3	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	Tier 3	
<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	
URELLE ORAL TABLET 81 MG	Tier 3	
URETRON D/S ORAL TABLET 81.6 MG	Tier 3	

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Drug	Status	Notes
URIBEL ORAL TABLET 81.6 MG	Tier 3	
URIMAR-T ORAL CAPSULE 120 MG	Tier 3	
<i>urneva oral capsule 120 mg</i>	Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 3	
<i>uro-mp oral capsule 118 mg</i>	Tier 3	
VILAMIT MB ORAL CAPSULE 118 MG	Tier 3	
VILEVEV MB ORAL TABLET 81 MG	Tier 3	
<b>Antiprotozoal Agents</b>		
<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	QL (2 EA per 1 day)
<b>Glycopeptides</b>		
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 1	QL (77 EA per 28 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	Tier 3	
<b>Leprostatics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
<b>Lincosamides</b>		
<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	
<b>Monobactams</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 2	PA; SP
<b>Oxazolidinones</b>		
<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 2	PA
<b>Unknown</b>		
BLUJEPAL ORAL TABLET 750 MG	Tier 3	PA; QL (4 EA per 1 day)
<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	Status	Notes
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	Tier 1	PA
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (2 EA per 1 day)
<b>Antimalarials</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<b>Antimalarials</b>		
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</i>	Tier 1	QL (6 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 300 mg, 400 mg</i>	Tier 1	QL (2 EA per 1 day)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<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; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG	Tier 3	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG	Tier 3	QL (2 EA per 1 day)
<b>Antimyasthenic/Cholinergic Agents</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
<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 oral tablet 30 mg, 60 mg</i>	Tier 1	
<b>Antimycobacterial Agents</b>		
<b>Antimycobacterial Agents</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	

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Drug	Status	Notes
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<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	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA; SP
<b>Antineoplastics And Adjunctive Therapies</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 1	PA; SP
MYLERAN ORAL TABLET 2 MG	Tier 2	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; SP
<b>Antimetabolites</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Tier 1	SP; ST: TRIAL OF MERCAPTOPYRINE TABLET IN THE PAST 120 DAYS
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate intramuscular solution prefilled syringe 125 mg/5ml</i>	Tier 1	
<i>methotrexate intravenous solution 1000 mg/40ml</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP
TABLOID ORAL TABLET 40 MG	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	

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Drug	Status	Notes
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	PA; QL (120 ML per 60 days)
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 2	PA; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 2	PA; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 2	PA; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 2	PA; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 2	PA; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 2	PA; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 2	PA; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 2	PA; SP
<b>Antineoplastic - Bcl-2 Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 2	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
<b>Antineoplastic - Hormonal And Related Agents</b>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Tier 1	PA; SP
ABIRTEGA ORAL TABLET 250 MG	Tier 1	PA; SP
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 3	PA; SP
<i>anastrozole oral tablet 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA; SP
EULEXIN ORAL CAPSULE 125 MG	Tier 3	

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Drug	Status	Notes
<i>exemestane oral tablet 25 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 3	SP; QL (1 EA per 30 days)
INLURIYO ORAL TABLET 200 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA; SP
<i>leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml</i>	Tier 1	SP
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
<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	
<i>nilutamide oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 3	PA; SP
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene citrate oral tablet 60 mg</i>	Tier 1	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
<b>Antineoplastic - Immunomodulators</b>		
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
<b>Antineoplastic Antibiotics</b>		
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG	Tier 3	PA; SP
<b>Antineoplastic Combinations</b>		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 3	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP

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Drug	Status	Notes
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 2	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 2	PA; SP
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP
BRUKINSA ORAL TABLET 160 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE ORAL TABLET 100 MG	Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 3	PA; SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 2	PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 2	PA; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 2	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 2	PA; SP
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 1	PA; SP
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; SP
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 2	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 3	PA; SP
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 3	PA; SP
HYRNUO ORAL TABLET 10 MG	Tier 3	PA; SP; QL (4 EA per 1 day)

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Drug	Status	Notes
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBTROZI ORAL CAPSULE 200 MG	Tier 2	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
<i>imkeldi oral solution 80 mg/ml</i>	Tier 3	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; SP
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Tier 2	PA; SP
KRAZATI ORAL TABLET 200 MG	Tier 2	PA; SP
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 1	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 3	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	PA

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Drug	Status	Notes
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 1	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; SP
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 3	PA; SP
OJEMDA ORAL TABLET 100 MG	Tier 3	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; SP
<i>pazopanib hcl oral tablet 200 mg, 400 mg</i>	Tier 1	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 2	PA; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 3	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
ROZLYTREK ORAL PACKET 50 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; SP
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 1	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	PA; SP

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Drug	Status	Notes
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; SP
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA; SP
TRUQAP ORAL TABLET 200 MG	Tier 2	PA; SP
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
<b>Antineoplastic Enzymes</b>		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	Tier 3	PA; SP
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 3	PA; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 3	PA; SP
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA; SP

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Drug	Status	Notes
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
<i>tretinoin oral capsule 10 mg</i>	Tier 1	SP
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 3	
<b>Chemotherapy Rescue/Antidote Agents</b>		
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; SP
LEDERLE LEUCOVORIN ORAL TABLET 5 MG	Tier 3	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>mesna oral tablet 400 mg</i>	Tier 1	
<b>Mitotic Inhibitors</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
<b>Unknown</b>		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA; SP
<i>gefitinib oral tablet 250 mg</i>	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
HERNEXEOS ORAL TABLET 60 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
KOMZIFTI ORAL CAPSULE 200 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA; SP
MODEYSO ORAL CAPSULE 125 MG	Tier 3	PA; SP; QL (20 EA per 28 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 3	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 3	PA; SP
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 2	PA; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; SP

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Drug	Status	Notes
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 2	PA; SP
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 2	PA; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	Tier 2	PA; SP
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 2	PA; SP
<b>Antiparkinson And Related Therapy Agents</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
<b>Antiparkinson Anticholinergics</b>		
<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	
<b>Antiparkinson Comt Inhibitors</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST: TRIAL OF COMTAN IN THE PAST 120 DAYS; QL (3 EA per 1 day)
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 1	PA; SP
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	
<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 1	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25mg-100 mg, 50mg-200 mg) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
<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	

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Drug	Status	Notes
<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	
DHIVY ORAL TABLET 25-100 MG	Tier 3	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP
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; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 3	PA; SP
<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 PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
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 (25mg-100 mg, 50mg-200 mg) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 3	PA; SP
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<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 (2 EA per 1 day)

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Drug	Status	Notes
<b>Antipsychotics/Antimanic Agents</b>		
<b>Antimanic Agents</b>		
<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	
<b>Antipsychotics - Misc.</b>		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 1	QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<b>Benzisoxazoles</b>		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 3	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML, 351 MG/2.25ML	Tier 3	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 3	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 3	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 3	QL (0.5 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 IN THE PAST 365 DAYS; QL (2 EA per 1 day)

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Drug	Status	Notes
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS 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 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 IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Tier 2	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Tier 2	QL (2.63 ML per 70 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 1	QL (2 EA per 1 day)

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Drug	Status	Notes
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	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	QL (1 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	Tier 2	QL (1 ML per 56 days)
<b>Butyrophenones</b>		
<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	
<b>Dibenzapines</b>		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	Tier 2	SP
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 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	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	

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Drug	Status	Notes
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine fumarate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	Tier 3	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (1 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (18 ML per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	Tier 3	QL (1 EA per 28 days)
<b>Dihydroindolones</b>		
<i>molindone hcl oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone hcl oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone hcl oral tablet 5 mg</i>	Tier 1	
<b>Phenothiazines</b>		
<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	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 1	
<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 maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Quinolinone Derivatives</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	Tier 2	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	Tier 2	QL (2 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS
<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</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (3 EA per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	Tier 2	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)

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Drug	Status	Notes
<b>Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Unknown</b>		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI, OR VRAYLAR WITHIN THE PAST 120 DAYS; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI, OR VRAYLAR WITHIN THE PAST 120 DAYS
<b>Antiseptics &amp; Disinfectants</b>		
<b>Chlorine Antiseptics</b>		
<i>chlorhexidine gluconate solution 20 %</i>	Tier 1	
<b>Iodine Antiseptics</b>		
<i>Iugols strong iodine external solution 5-10 %</i>	Tier 3	
<b>Antivirals</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	\$0	MUST BE AT LEAST 12 YEARS OLD \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days)
APTIVUS ORAL CAPSULE 250 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	SP; QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)

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Drug	Status	Notes
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 2	SP; QL (6 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	SP
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	Tier 1	SP
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	SP; QL (850 ML per 30 days)
<i>etravirine oral tablet 100 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 2	SP; QL (6 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 2	SP; QL (720 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML	Tier 3	SP; QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	Tier 1	SP; QL (10 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	SP; QL (10 EA per 1 day)

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Drug	Status	Notes
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>maraviroc oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
NORVIR ORAL PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)
REYATAZ ORAL PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)
<i>rilpivirine hcl oral tablet 25 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	SP; QL (12 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 2	PA; SP
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	SP; QL (31 ML per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; SP
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 2	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 2	PA; SP
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2	SP; QL (6 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	SP; QL (6 EA per 1 day)
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP
VIREAD ORAL POWDER 40 MG/GM	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	SP; QL (1 EA per 1 day)

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Drug	Status	Notes
YEZTUGO ORAL TABLET 300 MG	Tier 3	PA; SP
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 3	PA; SP
<i>zidovudine oral capsule 100 mg</i>	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<b>Antiviral Combinations</b>		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 28 days); AGE (Min 12 Years)
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); AGE (Min 12 Years)
<b>Cmv Agents</b>		
LIVTENCITY ORAL TABLET 200 MG	Tier 2	PA; SP
PREVYMIS ORAL PACKET 120 MG, 20 MG	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 2	PA; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	PA; SP
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG	Tier 3	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 3	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 2	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	

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Drug	Status	Notes
SOVALDI ORAL PACKET 150 MG, 200 MG	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
VEMLIDY ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; SP
<b>Herpes Agents</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	
<b>Influenza Agents</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</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)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 2	QL (2 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 2	QL (2 EA per 180 days)
<b>Misc. Antivirals</b>		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); AGE (Min 18 Years)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX ORAL CAPSULE 200 MG	Tier 2	
<b>Respiratory Syncytial Virus (Rsv) Agents</b>		
<i>ribavirin inhalation solution reconstituted 6 gm</i>	Tier 1	
<b>Beta Blockers</b>		
<b>Alpha-Beta Blockers</b>		
<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 (1 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Beta Blockers Cardio-Selective</b>		
<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	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
LOPRESSOR ORAL TABLET 12.5 MG	Tier 3	QL (4 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 12.5 mg</i>	Tier 3	QL (4 EA per 1 day)
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
TENORMIN ORAL TABLET 25 MG	Tier 1	
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION IN THE PAST 120 DAYS; QL (360 ML per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<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	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (64 ML per 1 day)
SOTYLIZE SOLUTION 5 MG/ML ORAL	Tier 3	480mL Bottle; ST: TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (64 ML per 1 day)

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Drug	Status	Notes
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Calcium Channel Blockers</b>		
<b>Calcium Channel Blockers</b>		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<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 FILL)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 5 MG	Tier 3	PA
<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, 180 mg, 240 mg, 300 mg, 360 mg, 420 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>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	

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Drug	Status	Notes
<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 1	
<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
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 1	
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	PA
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 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 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	
<b>Cardiotonics</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg</i>	Tier 1	PA
<i>digoxin solution 0.05 mg/ml oral</i>	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG	Tier 3	PA
<b>Cardiovascular Agents - Misc.</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 3	QL (8 EA per 1 day)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 2	PA; SP
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	Tier 1	QL (2 EA per 1 day)

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Drug	Status	Notes
<b>Impotence Agents</b>		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	Tier 3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; QL (3 EA per 30 days)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; QL (3 EA per 30 days)
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML	Tier 3	
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	Tier 3	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	Tier 3	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	Tier 3	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	Tier 3	
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	Tier 3	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	Tier 3	
<i>ildenafil citrate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
<i>ildenafil citrate oral tablet dispersible 10 mg</i>	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
<b>Peripheral Vasodilators</b>		
<i>papaverine hcl injection solution 30 mg/ml</i>	Tier 1	
<b>Prostaglandin Vasodilators</b>		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 2	PA; SP

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Drug	Status	Notes
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 2	PA; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	Tier 2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 1	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	Tier 2	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	Tier 2	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Tier 2	PA; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; SP
<i>bosentan oral tablet soluble 32 mg</i>	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Tier 1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 1	PA; SP; QL (2 EA per 1 day)

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Drug	Status	Notes
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 2	PA; SP
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
<b>Sinus Node Inhibitors</b>		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	QL (15 ML per 1 day)
<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 (2 EA per 1 day)
<b>Unknown</b>		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 3	PA; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 2	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 2	PA; SP
<b>Cephalosporins</b>		
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>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	

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Drug	Status	Notes
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Tier 1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	Tier 1	
<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	
<b>Cephalosporins - 3Rd Generation</b>		
<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	
<b>Chemicals</b>		
<b>Bulk Chemicals - A's</b>		
<i>enovarx-amitriptyline external kit 2 %</i>	Tier 3	
<b>Contraceptives</b>		
<b>Combination Contraceptives - Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHYST ORAL TABLET 90-20 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BALZIVA ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSSELLE ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE ORAL TABLET 90-20 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ICLEVIA ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JASMIEL ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
JULEBER ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)

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Drug	Status	Notes
LORYNA ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NEXTSTELLIS ORAL TABLET 3-14.2 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
NIKKI ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<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>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
OCELLA ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TURQOZ ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VESTURA ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	\$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	\$0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	\$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	\$0	
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	\$0	
<b>Emergency Contraceptives</b>		
AFTERA ORAL TABLET 1.5 MG	\$0	
AFTERPILL ORAL TABLET 1.5 MG	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
HER STYLE ORAL TABLET 1.5 MG	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	
MY CHOICE ORAL TABLET 1.5 MG	\$0	
MY WAY ORAL TABLET 1.5 MG	\$0	
NEW DAY ORAL TABLET 1.5 MG	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0	
OPTION 2 ORAL TABLET 1.5 MG	\$0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	\$0	
REACT ORAL TABLET 1.5 MG	\$0	
SHEWISE ORAL TABLET 1.5 MG	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	\$0	

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Drug	Status	Notes
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
<b>Progestin Contraceptives - Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<b>Progestin Contraceptives - IUD</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	\$0	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0	
<b>Progestin Contraceptives - Oral</b>		
CAMILA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DEBLITANE ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
EMZAHH ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
INCASSIA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYLEQ ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindrone oral tablet 0.35 mg</i>	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORLYROC ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPILL ORAL TABLET 0.075 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ORQUIDEA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SHAROBEL ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

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Drug	Status	Notes
SLYND ORAL TABLET 4 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
<b>Corticosteroids</b>		
<b>Glucocorticosteroids</b>		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 3	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA; SP
BETALOAN SUIK COMBINATION KIT 30 MG/5ML	Tier 3	
<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 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 1	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 1	PA; SP
<i>dexamethasone acetate injection suspension 8 mg/ml</i>	Tier 1	
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 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 3	
<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	
IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 3	
<i>jaythari oral suspension 22.75 mg/ml</i>	Tier 1	PA; SP
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 1	PA; SP
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 1	PA; SP
MEDPREDKIT COMBINATION KIT 4 MG	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	

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Drug	Status	Notes
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML	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>p-care k40g combination kit 40 mg/ml</i>	Tier 3	
<i>p-care k80g combination kit 40 mg/ml</i>	Tier 3	
<i>physicians ez use joint/tunnel combination kit 40-1 mg/ml-%</i>	Tier 3	
<i>pod-care 100cg combination kit 30 mg/5ml</i>	Tier 3	
<i>pod-care 100kg combination kit 40 mg/ml</i>	Tier 3	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 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 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<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; SP
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	Tier 3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Tier 3	PA; SP
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml, 80 mg/ml</i>	Tier 1	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML	Tier 3	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Cough/Cold/Allergy</b>		
<b>Antitussives</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<b>Cough/Cold/Allergy Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
<i>coditussin dac oral liquid 30-10-200 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
<i>duratuss ac oral liquid 10-1 mg/5ml</i>	Tier 3	
<i>g tussin ac oral solution 100-10 mg/5ml</i>	Tier 1	AGE (Min 12 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	Tier 1	AGE (Min 12 Years)
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Min 18 Years)
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	Tier 3	AGE (Min 12 Years)
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	Tier 1	AGE (Min 12 Years)
<i>maxi-tuss cd oral liquid 10-4-10 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	Tier 3	
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	Tier 3	AGE (Min 12 Years)
<i>poly-tussin ac oral liquid 10-4-10 mg/5ml</i>	Tier 3	AGE (Min 12 Years)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1	
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	Tier 3	AGE (Min 12 Years)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	
RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML	Tier 3	AGE (Min 12 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	ST: TRIAL OF PROMETHAZINE/CODEINE IN THE PAST 120 DAYS; QL (2 EA per 1 day); AGE (Min 18 Years)

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Drug	Status	Notes
<b>Expectorants</b>		
<i>potassium iodide (expectorant) oral solution 1 gm/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GM/ML	Tier 3	
<b>Misc. Respiratory Inhalants</b>		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 %	Tier 3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 %	Tier 3	
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Tier 1	
<b>Mucolytics</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
<b>Dermatologicals</b>		
<b>Acne Products</b>		
<i>abenor external cream 4-10 %</i>	Tier 3	
<i>abenor hp external lotion 4-15 %</i>	Tier 3	
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>acioxaiy external cream 15-4 %</i>	Tier 3	
<i>adainzoxia external gel 0.3-2.5-4 %</i>	Tier 3	
<i>adalina external gel 4-5 %</i>	Tier 3	
<i>adapalene external cream 0.1 %</i>	Tier 1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
<i>adeinzde external gel 0.1-2.5-1 %</i>	Tier 3	
<i>adermica external gel 2.5-1-2-0.025 %</i>	Tier 3	
<i>adermica hp external gel 2.5-1-2-0.05 %</i>	Tier 3	
<i>admirazol dual external cream 6-2-5 %</i>	Tier 3	
<i>admirazol external cream 6-2-5 %</i>	Tier 3	
<i>admirazol hp dual external cream 8.5-2-5 %</i>	Tier 3	
<i>admirazol hp external cream 8.5-2-5 %</i>	Tier 3	
<i>alixi external cream 6-4 %</i>	Tier 3	
<i>alixi hp external cream 8.5-4 %</i>	Tier 3	
<i>alomira external gel 5-1-2-0.05 %</i>	Tier 3	
<i>alomira hp external gel 5-1-2-0.1 %</i>	Tier 3	

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Drug	Status	Notes
<i>alomira lp external gel 5-1-2-0.025 %</i>	Tier 3	
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	AGE (Max 39 Years)
<i>aluris external cream 4-0.05 %</i>	Tier 3	
<i>aluris external gel 4-0.05 %</i>	Tier 3	
<i>aluris hp external cream 4-0.1 %</i>	Tier 3	
<i>aluris hp plus external cream 4-0.1 %</i>	Tier 3	
<i>aluris lp external cream 4-0.025 %</i>	Tier 3	
<i>aluris lp plus external cream 4-0.025 %</i>	Tier 3	
<i>aluris plus external cream 4-0.05 %</i>	Tier 3	
<i>aluxof external therapy pack 10-4 &amp; 2-4-0.05 %</i>	Tier 3	
<i>aluxof hp external therapy pack 10-4 &amp; 2-4-0.1 %</i>	Tier 3	
<i>alvox external cream 4-0.05 %</i>	Tier 3	
<i>alvox hp external cream 4-0.1 %</i>	Tier 3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
AMZEEQ EXTERNAL FOAM 4 %	Tier 3	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>apexol cleanser external suspension 2-8 %</i>	Tier 3	
<i>apexol hp cleanser external suspension 5-10 %</i>	Tier 3	
<i>aphoria external gel 0.3-2.5-4 %</i>	Tier 3	
<i>aporix external gel 1-4 %</i>	Tier 3	
<i>aporix external lotion 1-4 %</i>	Tier 3	
<i>artilis external gel 1-2.5-4 %</i>	Tier 3	
<i>artilis hp external gel 1-5-4 %</i>	Tier 3	
<i>augustil external gel 1-4-2-0.025 %</i>	Tier 3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Tier 3	QL (1419 GM per 1 FILL)
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	Tier 3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	Tier 3	
<i>avidora external cream 1-4-0.025 %</i>	Tier 3	
<i>avidora external solution 1-4-0.025 %</i>	Tier 3	
<i>avidora hp external cream 1-4-0.05 %</i>	Tier 3	
<i>awanis external cream 8.5-2-0.025 %</i>	Tier 3	

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Drug	Status	Notes
<i>azalta external gel 2-5-0.025 %</i>	Tier 3	
<i>azalta hp external gel 2-5-0.05 %</i>	Tier 3	
AZELEX EXTERNAL CREAM 20 %	Tier 3	PA
BENZAC AC WASH EXTERNAL LIQUID 5 %	Tier 3	
BENZEPRO EXTERNAL 5.8 %	Tier 3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 %	Tier 3	
BENZEPRO EXTERNAL LIQUID 6.8 %	Tier 3	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
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 phos-benzoyl perox external gel 1.2-2.5 %</i>	Tier 1	ST: TRIAL OF CLINDAMYCIN/BENZOYL PEROXIDE 1 %-5 % GEL IN THE PAST 120 DAYS
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</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	QL (180 ML per 1 FILL)
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CLINOIN EXTERNAL CREAM 1.25-0.025-1 %	Tier 3	
<i>dapsone external gel 5 %, 7.5 %</i>	Tier 1	
<i>deoxia external gel 1-4 %</i>	Tier 3	
<i>deoxia external lotion 1-4 %</i>	Tier 3	
<i>deoxiademtar external gel 1-4-2-0.025 %</i>	Tier 3	
<i>deoxiatar external solution 1-4-0.025 %</i>	Tier 3	
<i>deoxiavar external cream 1-4-0.05 %</i>	Tier 3	
<i>diadimaxia external cream 6-2-5 %</i>	Tier 3	
<i>diadimaxia external gel 6-2-5 %</i>	Tier 3	
<i>diaoxia external gel 6-4 %</i>	Tier 3	
<i>diasaxiatar external cream 8.5-2-0.025 %</i>	Tier 3	
<i>diasaxiatar external gel 8.5-2-0.025 %</i>	Tier 3	
<i>diasdimaxia external cream 8.5-2-5 %</i>	Tier 3	
<i>diasdimaxia external gel 8.5-2-5 %</i>	Tier 3	
<i>diasoxia external cream 6-4 %, 8.5-4 %</i>	Tier 3	
<i>diasoxia external gel 8.5-4 %</i>	Tier 3	
<i>dimoxia external gel 4-5 %</i>	Tier 3	
<i>draxacey external suspension 2-8 %</i>	Tier 3	
<i>drixece external suspension 5-10 %</i>	Tier 3	
<i>dynoma external cream 0.05-4 %</i>	Tier 3	
<i>eceoxia external cream 4-10 %</i>	Tier 3	
<i>ery external pad 2 %</i>	Tier 3	
<i>erythromycin external gel 2 %</i>	Tier 1	
<i>erythromycin external solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ethoxia external cream 4-0.05 %</i>	Tier 3	
<i>fluoxia external cream 0.05-4 %</i>	Tier 3	
<i>idyyxiatar external gel 5-0.025 %</i>	Tier 3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 %	Tier 3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 %	Tier 3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 %	Tier 3	
<i>inzdeaxiatar external gel 2.5-1-2-0.025 %</i>	Tier 3	
<i>inzdeaxiavar external gel 2.5-1-2-0.05 %</i>	Tier 3	
<i>inzdeoxia external gel 2.5-1-4 %</i>	Tier 3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	

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Drug	Status	Notes
<i>ithoxia external cream 4-0.1 %</i>	Tier 3	
<i>lounzdomdioxatar external therapy pack 10-4 &amp; 2-4-0.05 %</i>	Tier 3	
<i>melzara external cream 10-2-6 %</i>	Tier 3	
MYORISAN ORAL CAPSULE 30 MG	Tier 1	
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
<i>onzdeaxiademtar external gel 5-1-2-2-0.025 %</i>	Tier 3	
<i>onzdeaxiademvar external gel 5-1-2-2-0.05 %</i>	Tier 3	
<i>onzdeaxiatar external gel 5-1-2-0.025 %</i>	Tier 3	
<i>onzdeaxiavar external gel 5-1-2-0.05 %</i>	Tier 3	
<i>onzdeaxiazar external gel 5-1-2-0.1 %</i>	Tier 3	
<i>onzdeoxia external gel 1-5-4 %</i>	Tier 3	
<i>oxiaice external lotion 4-15 %</i>	Tier 3	
<i>oxiatar external cream 4-0.025 %</i>	Tier 3	
<i>oxiavar external cream 4-0.05 %</i>	Tier 3	
<i>oxiavarry external cream 4-0.05 %</i>	Tier 3	
<i>oxiavary external cream 4-0.1 %</i>	Tier 3	
<i>oxiazar external cream 4-0.1 %</i>	Tier 3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	Tier 3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	Tier 3	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %	Tier 3	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	Tier 3	AGE (Max 39 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	Tier 3	AGE (Max 39 Years)
<i>rumilo external cream 15-4 %</i>	Tier 3	
<i>saroxia external cream 4-0.05 %</i>	Tier 3	
<i>sirvana external gel 5-0.025 %</i>	Tier 3	
<i>sorixia external cream 4-0.05 %</i>	Tier 3	
<i>sss 10-5 external cream 10-5 %</i>	Tier 3	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	Tier 1	QL (1419 GM per 1 FILL)

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Drug	Status	Notes
<i>sulfacetamide sodium-sulfur external suspension 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 3	
<i>tardeoxia external cream 1-4-0.025 %</i>	Tier 3	
<i>tardimaxia external gel 2-5-0.025 %</i>	Tier 3	
<i>taroxia external cream 4-0.025 %</i>	Tier 3	
<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 external gel 0.04 %, 0.1 %</i>	Tier 1	AGE (Max 39 Years)
<i>tretinoin microsphere external gel 0.08 %</i>	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% IN THE PAST 365 DAYS; AGE (Max 39 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	Tier 1	AGE (Max 39 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% IN THE PAST 365 DAYS; AGE (Max 39 Years)
<i>unzdomdioxiazar external therapy pack 10-4 &amp; 2-4-0.1 %</i>	Tier 3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 %	Tier 3	
<i>vardimaxia external gel 2-5-0.05 %</i>	Tier 3	
<i>varoxia external cream 4-0.05 %</i>	Tier 3	
<i>varoxia external gel 4-0.05 %</i>	Tier 3	
WINLEVI EXTERNAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %	Tier 3	
<i>zaclir cleansing external lotion 8 %</i>	Tier 3	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<b>Analgesics - Topical</b>		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %	Tier 3	
<i>enovarx-baclofen external cream 1 %</i>	Tier 3	
<i>enovarx-tramadol external cream 5 %</i>	Tier 3	
MISICARUB EXTERNAL CREAM 2 %, 5 %	Tier 3	

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Drug	Status	Notes
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %	Tier 3	
PRAKETAMIDE EXTERNAL CREAM 5 %	Tier 3	
<b>Antibiotics - Topical</b>		
<i>batizia external ointment 2-2 %</i>	Tier 3	
<i>baxonil external ointment 1-2 %</i>	Tier 3	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>idaran external ointment 1-2 %</i>	Tier 3	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nanran external ointment 2-2 %</i>	Tier 3	
<b>Antifungals - Topical</b>		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	QL (19.8 ML per 1 FILL)
<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	QL (19.8 ML per 1 FILL)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox treatment external kit 8 %</i>	Tier 3	
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	
<i>dazinia external cream 1-2.5-2 %</i>	Tier 3	
<i>delibon external cream 2-2.5 %</i>	Tier 3	
<i>denvita external cream 2-4 %</i>	Tier 3	
DERMAZENE EXTERNAL CREAM 1-1 %	Tier 1	
<i>difmetioxrime external solution 4-2-1-4 %</i>	Tier 3	
<i>econazole nitrate external cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
EXELDERM EXTERNAL CREAM 1 %	Tier 2	
EXODERM EXTERNAL LOTION 25-1 %	Tier 3	
<i>fenovia external solution 4-2-1-4 %</i>	Tier 3	
<i>fervina external lotion 3-5-20 %</i>	Tier 3	
<i>fidila external shampoo 2-2 %</i>	Tier 3	
<i>filoma external solution 8-1-1 %</i>	Tier 3	
<i>frivo external cream 1-4 %</i>	Tier 3	

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Drug	Status	Notes
<i>fungimez external solution</i>	Tier 3	
<i>hexiounyl external lotion 3-5-20 %</i>	Tier 3	
<i>hixdefrima external solution 8-1-1 %</i>	Tier 3	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Tier 1	
<i>imioxia external cream 1-4 %</i>	Tier 3	
<i>iodoquimez-hc external cream 1-1.9 %</i>	Tier 3	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	Tier 1	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
LUZU EXTERNAL CREAM 1 %	Tier 3	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM IN THE PAST 365 DAYS; QL (60 GM per 28 days)
MICONATATE EXTERNAL THERAPY PACK 2-1 %	Tier 3	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Tier 1	
MYCOZYL AL EXTERNAL SOLUTION 1 %	Tier 3	
<i>naftifine hcl external cream 1 %</i>	Tier 1	
<i>naftifine hcl external cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<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	QL (90 GM per 1 FILL)
<i>nystatin external powder 100000 unit/gm</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	QL (180 GM per 1 FILL)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
<i>phedrax external shampoo 2-2 %</i>	Tier 3	
<i>pheodoyo external cream 1-2.5-2 %</i>	Tier 3	
<i>pheoxia external cream 2-4 %</i>	Tier 3	
<i>pheyo external cream 2.5-2 %</i>	Tier 3	

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Drug	Status	Notes
<i>sulconazole nitrate external solution 1 %</i>	Tier 1	
<i>tavaborole external solution 5 %</i>	Tier 1	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	Tier 3	
VYSTONE EXTERNAL CREAM 1-1.9 %	Tier 3	
<b>Anti-Inflammatory Agents - Topical</b>		
<i>diclofenac epolamine external patch 1.3 %</i>	Tier 1	
<i>diclofenac sodium external gel 1 %</i>	Tier 1	QL (900 GM per 28 days)
<i>diclofenac sodium external solution 1.5 %</i>	Tier 1	QL (300 ML per 28 days)
<i>diclofenac sodium external solution 2 %</i>	Tier 1	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
<i>dual complex formula 1 kit external cream</i>	Tier 3	
<i>enovarx-diclofenac sodium external cream 2.5 %</i>	Tier 3	
<i>enovarx-ibuprofen external cream 10 %</i>	Tier 3	
<i>enovarx-naproxen external cream 10 %</i>	Tier 3	
<i>fbl kit external cream 15-4-5 %</i>	Tier 3	
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	Tier 3	
<i>napro external cream 15 %</i>	Tier 3	
<i>triple complex formula 3 kit external cream 20-2-10 %</i>	Tier 3	
<i>vp fc kit external cream</i>	Tier 3	
<i>vp gkl kit external cream 20-2-10 %</i>	Tier 3	
<b>Antineoplastic Or Premalignant Lesion Agents - Topical</b>		
AMELUZ EXTERNAL GEL 10 %	Tier 3	
<i>bexarotene external gel 1 %</i>	Tier 1	PA; SP
<i>diclofenac sodium external gel 3 %</i>	Tier 1	
<i>fluorouracil external cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil external cream 5 %</i>	Tier 1	
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	
<i>kazuri external gel 5-1-0.05 %</i>	Tier 3	
KEFUNOVA EXTERNAL CREAM 5-0.005 %	Tier 3	
<i>keraxa external gel 3-4 %</i>	Tier 3	
<i>kerida external gel 5-30-0.1 %</i>	Tier 3	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 FILL)

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Drug	Status	Notes
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 FILL)
<i>kynara external gel 5-1-2 %</i>	Tier 3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	Tier 3	
PANRETIN EXTERNAL GEL 0.1 %	Tier 3	SP; QL (60 GM per 28 days)
<i>quidroxar external gel 5-30-0.1 %</i>	Tier 3	
<i>quihoxaxia external gel 5-1-2 %</i>	Tier 3	
<i>quihoxvar external gel 5-1-0.05 %</i>	Tier 3	
<i>roaxia external gel 3-4 %</i>	Tier 3	
TOLAK EXTERNAL CREAM 4 %	Tier 2	
VALCHLOR EXTERNAL GEL 0.016 %	Tier 2	PA; SP
<b>Antipsoriatics</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Tier 2	PA; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Tier 2	PA; SP
<i>calcipotriene external cream 0.005 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
<i>calcipotriene external solution 0.005 %</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
<i>diooxia external cream 0.005-4 %</i>	Tier 3	
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	
<i>purazil external cream 0.005-4 %</i>	Tier 3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 3	PA; SP

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Drug	Status	Notes
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 2	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 2	PA; SP
<i>tazarotene external cream 0.05 %</i>	Tier 1	AGE (Max 39 Years)
<i>tazarotene external cream 0.1 %</i>	Tier 1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tier 1	AGE (Max 39 Years)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; SP
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	Tier 2	PA; SP
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
VTAMA EXTERNAL CREAM 1 %	Tier 2	PA; QL (60 GM per 30 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 2	PA; SP
ZITHRANOL EXTERNAL SHAMPOO 1 %	Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
<b>Antiseborrheic Products</b>		
<i>dafilor external shampoo 0.77-2 %</i>	Tier 3	
<i>dionaris external shampoo 0.77-0.05-3 %</i>	Tier 3	
<i>divendo external shampoo 0.77-0.05 %</i>	Tier 3	
ESKATA EXTERNAL SOLUTION 40 %	Tier 3	
<i>haxchlo external shampoo 0.77-0.05 %</i>	Tier 3	
<i>haxchlodrex external shampoo 0.77-0.05-3 %</i>	Tier 3	
<i>haxdrax external shampoo 0.77-2 %</i>	Tier 3	
OVACE PLUS EXTERNAL SHAMPOO 10 %	Tier 3	
OVACE PLUS WASH EXTERNAL GEL 10 %	Tier 3	
OVACE PLUS WASH EXTERNAL LIQUID 10 %	Tier 3	

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Drug	Status	Notes
OVACE WASH EXTERNAL LIQUID 10 %	Tier 3	
PLEXION NS EXTERNAL SHAMPOO 9.8 %	Tier 3	
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sodium sulfacetamide external shampoo 10 %, 9.8 %</i>	Tier 1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	Tier 1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium external liquid 10 %</i>	Tier 1	
<b>Antivirals - Topical</b>		
<i>acyclovir external ointment 5 %</i>	Tier 1	
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 3	PA
<b>Burn Products</b>		
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
<b>Cauterizing Agents</b>		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %	Tier 3	
<i>silver nitrate external solution 0.5 %</i>	Tier 1	
<b>Corticosteroids - Topical</b>		
<i>acioxia external gel 0.5-0.1 %</i>	Tier 3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	Tier 3	
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	
ALA-SCALP EXTERNAL LOTION 2 %	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<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 1	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

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Drug	Status	Notes
<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 foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	
<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
<i>chlohux external shampoo 0.05-2 %</i>	Tier 3	
<i>chlooxia external cream 0.05-4 %</i>	Tier 3	
<i>chlooxia external ointment 0.05-4 %</i>	Tier 3	
<i>chlooxia external solution 0.05-4 %</i>	Tier 3	
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	
<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	

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Drug	Status	Notes
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAYS; QL (2 EA per 30 days)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	Tier 3	
<i>desonide external cream 0.05 %</i>	Tier 1	
<i>desonide external gel 0.05 %</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>desonide external lotion 0.05 %</i>	Tier 1	
<i>desonide external ointment 0.05 %</i>	Tier 1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone external gel 0.05 %</i>	Tier 1	
<i>desoximetasone external liquid 0.25 %</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM, GEL, OINT), FLUOCINONIDE (CRM, GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO) OR HALOBETASOL (CRM, OINT) IN PAST 120 DAYS
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>diochloy external solution 0.005-0.05 %</i>	Tier 3	
<i>divinix external cream 0.05-4 %</i>	Tier 3	
<i>divinix external ointment 0.05-4 %</i>	Tier 3	
<i>divinix external solution 0.05-4 %</i>	Tier 3	
<i>domela external cream 0.01-4 %</i>	Tier 3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide external gel 0.05 %</i>	Tier 1	
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	
<i>fluocinonide external solution 0.05 %</i>	Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>halcinonide external cream 0.1 %</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PAST 120 DAYS
<i>halcinonide external solution 0.1 %</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PAST 120 DAYS
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	Tier 1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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; QL (236 ML per 30 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 lotion 2 %</i>	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
<i>ilxor external shampoo 0.05-2 %</i>	Tier 3	
<i>mezparox-hc external cream 1-2.5 %</i>	Tier 1	
<i>mezparox-hc forte external cream 2.5-2.5 %</i>	Tier 3	
<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	
NUCORT EXTERNAL LOTION 2 %	Tier 3	
<i>paramox-hc external gel 1-2 %</i>	Tier 1	
<i>plenura external solution 0.005-0.05 %</i>	Tier 3	
PRAMOSONE EXTERNAL CREAM 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS

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Drug	Status	Notes
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	Tier 2	
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	Tier 2	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	Tier 3	
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
<i>teliora external gel 0.1-0.5 %</i>	Tier 3	
<i>tetoxia external cream 0.01-4 %</i>	Tier 3	
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 2	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 %</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<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	QL (454 GM per 30 days)
<b>Eczema Agents</b>		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 2	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 2	PA; SP

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Drug	Status	Notes
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 2	PA; SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 2	PA; SP
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL (60 GM per 30 days)
<b>Emollient/Keratolytic Agents</b>		
CEM-UREA EXTERNAL SOLUTION 45 %	Tier 3	
HYDRO 40 EXTERNAL FOAM 40 %	Tier 3	
PRONAL EXTERNAL GEL 40-10 %	Tier 3	
UMECTA MOUSSE EXTERNAL FOAM 40 %	Tier 1	
URAMAXIN EXTERNAL GEL 45 %	Tier 3	
<i>urea external cream 20 %, 39 %, 40 %, 45 %</i>	Tier 1	
<i>urea external lotion 40 %</i>	Tier 1	
<i>urea nail external gel 45 %</i>	Tier 1	
UREDEB EXTERNAL CREAM 39 %	Tier 3	
<i>uremez-40 external cream 40 %</i>	Tier 3	
URESOL EXTERNAL CREAM 42.5 %	Tier 3	
<i>xirun external gel 40-10 %</i>	Tier 3	
<i>xurea external cream 39 %</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate external cream 12 %</i>	Tier 1	
<i>ammonium lactate external lotion 12 %</i>	Tier 1	
<i>vitamin c brightening serum external liquid</i>	Tier 1	
<b>Enzymes - Topical</b>		
NEXOBRID EXTERNAL GEL 8.8 %	Tier 3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	PA
<b>Hair Growth Agents</b>		
<i>finapid external solution 0.1-5 %</i>	Tier 3	
<i>finapod external solution 0.1-7 %</i>	Tier 3	
<i>finapodtar external solution 0.1-7-0.025 %</i>	Tier 3	
<i>flyprogpitdar external solution 0.1-0.1-5-0.025 %</i>	Tier 3	
<i>harisis external solution 0.1-0.1-5-0.025 %</i>	Tier 3	
<i>harviva external solution 0.1-5 %</i>	Tier 3	
<i>harviva hp external solution 0.1-7 %</i>	Tier 3	
<i>hemtara external solution 0.05-5 %</i>	Tier 3	
<i>hemtara hp external solution 0.05-7 %</i>	Tier 3	

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Drug	Status	Notes
<i>hentis external solution 5-0.1-0.025 %</i>	Tier 3	
<i>hentis hp external solution 7-0.1-0.025 %</i>	Tier 3	
<i>hesmilla external solution 0.05-5-2-0.5 %</i>	Tier 3	
<i>hevona external solution 0.01-5-0.025 %</i>	Tier 3	
<i>holixia external solution 0.1-7 %</i>	Tier 3	
<i>holizar external solution 7-0.025 %</i>	Tier 3	
<i>honista external solution 0.1-7-0.025 %</i>	Tier 3	
<i>hovitra external solution 7-4 %</i>	Tier 3	
LITFULO ORAL CAPSULE 50 MG	Tier 3	PA; SP
<i>oxopid external solution 0.05-5 %</i>	Tier 3	
<i>oxopidaxiaqup external solution 0.05-5-2-0.5 %</i>	Tier 3	
<i>oxopod external solution 0.05-7 %</i>	Tier 3	
<i>pidprogtar external solution 5-0.1-0.025 %</i>	Tier 3	
<i>podoxia external solution 7-4 %</i>	Tier 3	
<i>podprog external solution 0.1-7 %</i>	Tier 3	
<i>podprogtar external solution 7-0.1-0.025 %</i>	Tier 3	
<i>podtar external solution 7-0.025 %</i>	Tier 3	
<i>tetpidtar external solution 0.01-5-0.025 %</i>	Tier 3	
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod external cream 5 %</i>	Tier 1	
<b>Immunosuppressive Agents - Topical</b>		
<i>elyzia external cream 4-0.1 %</i>	Tier 3	
<i>elyzia external ointment 4-0.1 %</i>	Tier 3	
<i>hovyn external solution 0.1 %</i>	Tier 3	
HYFTOR EXTERNAL GEL 0.2 %	Tier 3	PA; SP
<i>nujo external solution 0.1 %</i>	Tier 3	
<i>nuju external cream 0.1 %</i>	Tier 3	
<i>oxianujo external cream 4-0.1 %</i>	Tier 3	
<i>oxianujo external ointment 4-0.1 %</i>	Tier 3	
<i>pimecrolimus external cream 1 %</i>	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% or 0.5% OINTMENT IN THE PAST 120 DAYS

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Drug	Status	Notes
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% or 0.5% OINTMENT IN THE PAST 120 DAYS
<i>veven external cream 0.1 %</i>	Tier 3	
<b>Keratolytic/Antimitotic Agents</b>		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	Tier 3	
KERALYT EXTERNAL SHAMPOO 6 %	Tier 3	
<i>metdray external gel 2-17 %</i>	Tier 3	
PODOCON-25 EXTERNAL SOLUTION 25 %	Tier 3	
<i>podofilox external gel 0.5 %</i>	Tier 1	ST: TRIAL OF 0.5% PODOFILOX SOLUTION IN THE PAST 120 DAYS; QL (0.5 GM per 1 day)
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid er external solution 28.5 %</i>	Tier 1	
<i>salicylic acid external shampoo 6 %</i>	Tier 1	
<i>salicylic acid external solution 26 %</i>	Tier 1	
<i>salicylic acid wart remover external liquid 27.5 %</i>	Tier 3	
<i>salimez external cream 6 %</i>	Tier 3	
<i>salimez forte external cream 10 %</i>	Tier 3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %	Tier 3	
SALVAX EXTERNAL FOAM 6 %	Tier 3	
SALYCIM EXTERNAL CREAM 6 %	Tier 3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 %	Tier 3	
VIRASAL EXTERNAL LIQUID 27.5 %	Tier 3	
<i>weleris external gel 2-17 %</i>	Tier 3	
XALIX EXTERNAL SOLUTION 28 %	Tier 3	
YCANTH EXTERNAL SOLUTION 0.7 %	Tier 3	PA
<b>Local Anesthetics - Topical</b>		
<i>alegenix external disk 0.0375-5 %</i>	Tier 1	
<i>anodynerx external patch 0.05-2.5-5 %</i>	Tier 3	
CADIRAMD EXTERNAL KIT 2.5-2.5 %	Tier 3	
CETACAINE EXTERNAL AEROSOL 2-2-14 %	Tier 3	
CETACAINE EXTERNAL GEL 2-2-14 %	Tier 3	

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Drug	Status	Notes
CETACAINE EXTERNAL LIQUID 2-2-14 %	Tier 3	
CLEVER CHOICE COMFORT EZ TRANSDERMAL PATCH 2-4-1 %, 20-4-1 %	Tier 3	
CRYODOSE TA EXTERNAL AEROSOL	Tier 3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %	Tier 3	
<i>dyclopro external solution 0.5 %</i>	Tier 3	
<i>eha external lotion 4 %</i>	Tier 3	
<i>enovarx-lidocaine hcl external cream 10 %, 5 %</i>	Tier 3	
<i>enznonuty external ointment 20-10-10 %</i>	Tier 3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	Tier 3	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Tier 1	
<i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>	Tier 3	
<i>l.e.t. (racepinephrine) external solution 4-0.05-0.5 %</i>	Tier 3	
<i>l.e.t. (racepinephrine) gel 4-0.05-0.5 % external</i>	Tier 1	
<i>l.e.t. external gel 4-0.05-0.5 %</i>	Tier 3	
<i>levatio external patch 0.03-5 %</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 (3 EA per 1 day)
<i>lidocaine hcl external cream 3 %, 4.12 %</i>	Tier 1	
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	
LIDOCAN EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
<i>lidopin external cream 3 %, 3.25 %</i>	Tier 3	
<i>lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %</i>	Tier 1	
LIDOREX EXTERNAL GEL 2.8 %	Tier 3	
LIDORUB EXTERNAL CREAM 7.5 %	Tier 3	
<i>lidostream external kit 5 &amp; 10 %</i>	Tier 3	
LIDOTHOL EXTERNAL GEL 4.5-5 %	Tier 3	
LIDTOPIC EXTERNAL CREAM 7.5 %	Tier 3	
LIDTOPIC MAX EXTERNAL CREAM 10 %	Tier 3	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	Tier 3	

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Drug	Status	Notes
LYDEXA EXTERNAL CREAM 4.12 %	Tier 3	
<i>nendrix external gel 5-40 %</i>	Tier 3	
NEUROZYL EXTERNAL CREAM 4.12 %	Tier 3	
<i>nobela external ointment 20-10-10 %</i>	Tier 3	
<i>nolira external cream 23-7 %</i>	Tier 3	
<i>nynutey external cream 23-7 %</i>	Tier 3	
PHARMACIST CHOICE TSX TRANSDERMAL PATCH 2-4-1 %	Tier 3	
<i>premium lidocaine external ointment 5 %</i>	Tier 3	QL (240 GM per 30 days)
<i>premium scar external patch 2-4-30 %</i>	Tier 3	
<i>prepiv supply combination kit 2.5-2.5 &amp; 0.9 %</i>	Tier 3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	Tier 3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %	Tier 3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	Tier 3	
<i>topical l.e.t. external gel 4-0.09-0.5 %</i>	Tier 3	
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRILOCAINE EXTERNAL CREAM 4.12 %	Tier 1	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	Tier 3	
<i>wayzen external gel 5-40 %</i>	Tier 3	
<b>Misc. Dermatological Products</b>		
DERMASO PLUS EXTERNAL CREAM	Tier 3	
GENADUR COMBINATION KIT	Tier 3	
PR CREAM EXTERNAL KIT	Tier 3	
PRESERA EXTERNAL FOAM	Tier 3	
<b>Misc. Topical</b>		
<i>dermacinrx surgical combopak external kit</i>	Tier 3	
DRYSOL EXTERNAL SOLUTION 20 %	Tier 3	
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %	Tier 3	
QBREXZA EXTERNAL PAD 2.4 %	Tier 3	PA
XERAC AC EXTERNAL SOLUTION 6.25 %	Tier 3	
<b>Phosphodiesterase 4 (Pde4) Inhibitors - Topical</b>		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	PA; QL (100 GM per 30 days)

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Drug	Status	Notes
ZORYVE EXTERNAL CREAM 0.05 %	Tier 2	PA; QL (2 GM per 1 day)
ZORYVE EXTERNAL CREAM 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)
<b>Podiatric Products</b>		
DIABECIN HR EXTERNAL CREAM 4.12-0.13 %	Tier 3	
<b>Rosacea Agents</b>		
<i>aveida external gel 1-1 %</i>	Tier 3	
<i>aveidaoxia external gel 1-1-4 %</i>	Tier 3	
<i>azelaic acid external gel 15 %</i>	Tier 1	
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 1	
<i>dazaveidaoxia external gel 0.25-1-1-4 %</i>	Tier 3	
<i>dazomon external gel 0.25 %</i>	Tier 3	
<i>doxycycline oral capsule delayed release 40 mg</i>	Tier 1	PA
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA
FINACEA EXTERNAL FOAM 15 %	Tier 2	
<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	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
<i>remyda external gel 0.25 %</i>	Tier 3	
<i>rensoti external cream 1-4-1 %</i>	Tier 3	
<i>restimo external gel 1-1 %</i>	Tier 3	
<i>rocelix external cream 4-1 %</i>	Tier 3	
<i>rositara external gel 1-1-4 %</i>	Tier 3	
<i>rovis external gel 0.25-1-1-4 %</i>	Tier 3	
<b>Scabicides &amp; Pediculicides</b>		
<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 external suspension 0.9 %</i>	Tier 1	
<b>Scar Treatment Products</b>		
RECEDO EXTERNAL GEL	Tier 3	
<b>Wound Care Products</b>		
ALLEVYN GENTLE EXTERNAL PAD	Tier 3	

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Drug	Status	Notes
AQUACEL AG BURN EXTERNAL PAD 4"X5"	Tier 3	
ATRAPRO CP EXTERNAL KIT	Tier 3	
COLLANEX EXTERNAL POWDER	Tier 3	
CURITY HYPERTONIC NACL STRIP EXTERNAL	Tier 3	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	Tier 3	
FILSUVEZ EXTERNAL GEL 10 %	Tier 3	PA; SP
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	Tier 3	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	Tier 3	
KENDALL ALGINATE 12" ROPE EXTERNAL	Tier 3	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	Tier 3	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	Tier 3	
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	Tier 3	
KERASTAT EXTERNAL GEL 5 %	Tier 3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	Tier 3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	Tier 3	
MICROMATRIX WOUND POWDER EXTERNAL POWDER	Tier 3	
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	Tier 3	
VASHE WOUND EXTERNAL SOLUTION , 0.033 %	Tier 3	
<b>Diagnostic Products</b>		
<b>Diagnostic Tests</b>		
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)

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Drug	Status	Notes
CONTOUR TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
<i>udsx medicated system combination kit 20 mg</i>	Tier 3	
<i>udsxmp medicated system combination kit 20 mg</i>	Tier 3	
<b>Dietary Products/Dietary Management Products</b>		
<b>Dietary Management Products</b>		
ASTAMED MYO ORAL CAPSULE	Tier 3	
AVAILNEX ORAL TABLET CHEWABLE 750 MG	Tier 3	
AXONA ORAL PACKET	Tier 3	
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	Tier 3	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG	Tier 3	
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG	Tier 3	
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG	Tier 3	
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	Tier 3	
ENLYTE ORAL CAPSULE	Tier 3	
ENTERAGAM ORAL PACKET 5 GM	Tier 3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT	Tier 3	
FOSTEUM PLUS ORAL CAPSULE	Tier 3	
GALAXTRA ORAL POWDER	Tier 3	
LDL CARE ORAL POWDER	Tier 3	
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	Tier 3	
<i>lormate oral capsule</i>	Tier 3	
<i>medactiv oral tablet</i>	Tier 3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	Tier 3	
<i>neoke bhb oral powder</i>	Tier 3	
<i>pro-critic oral packet</i>	Tier 3	
PROLEEVA ORAL CAPSULE	Tier 3	

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Drug	Status	Notes
RHEUMATE ORAL CAPSULE	Tier 3	
SULFZIX ORAL CAPSULE	Tier 3	
TOBAKIENT ORAL CAPSULE	Tier 3	
VASCAZEN ORAL CAPSULE 1 GM	Tier 3	
<i>vb6 p5p oral powder</i>	Tier 3	
<b>Digestive Aids</b>		
<b>Digestive Enzymes</b>		
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 3	PA; SP
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	
<b>Diuretics</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<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; SP
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 1	PA; SP
<b>Diuretic Combinations</b>		
<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	
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 3	PA; SP
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	

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Drug	Status	Notes
LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML	Tier 3	PA; SP; QL (1 EA per 1 FILL)
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Potassium Sparing Diuretics</b>		
<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	
<b>Thiazides And Thiazide-Like Diuretics</b>		
<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	
<b>Endocrine And Metabolic Agents - Misc.</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 3	PA
<b>Bone Density Regulators</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	Tier 1	
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 3	PA; SP
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	
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	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 2	PA; SP

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Drug	Status	Notes
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 7 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 7 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 2	PA; SP
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Tier 1	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 2	PA; SP
<b>Corticotropin</b>		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 3	PA; SP
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
<b>Fertility Regulators</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS
CLOMID ORAL TABLET 50 MG	Tier 1	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
<i>clomiphene citrate tablet 50 mg oral</i>	Tier 1	
<i>clomiphene citrate tablet 50 mg oral</i>	Tier 3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Tier 3	SP; ST: TRIAL OF GONAL-F OR GONAL-F-RFF IN THE PAST 120 DAYS
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	Tier 2	SP

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Drug	Status	Notes
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	Tier 2	SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 2	SP
MILOPHENE ORAL TABLET 50 MG	Tier 1	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 2	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS
<b>Gnrh/Lhrh Antagonists</b>		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	Tier 1	SP
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	Tier 1	SP
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 3	PA; SP
<b>Growth Hormone Releasing Hormones (Ghrh)</b>		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 3	PA; SP
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 3	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 3	PA; SP
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 2	PA; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 3	PA; SP

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Drug	Status	Notes
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 3	PA; SP
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 2	PA; SP
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 2	PA; SP
<b>Hormone Receptor Modulators</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 3	PA; SP
<b>Lhrh/Gnrh Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 3	PA; SP
<b>Menopausal Symptoms Suppressants</b>		
VEOZAH ORAL TABLET 45 MG	Tier 3	
<b>Metabolic Modifiers</b>		
<i>betaine oral powder</i>	Tier 1	PA; SP
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>carglumic acid oral tablet soluble 200 mg</i>	Tier 1	PA; SP
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 1	SP
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML	Tier 3	PA; SP; QL (3.5 ML per 7 days)
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	Tier 1	PA; SP
HARLIKU ORAL TABLET 2 MG	Tier 3	PA; SP
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 1	SP
JAVYGTOR ORAL TABLET 100 MG	Tier 1	SP
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 2	SP
KUVAN ORAL TABLET 100 MG	Tier 2	SP

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Drug	Status	Notes
<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	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 3	PA; SP
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Tier 3	PA; SP
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM	Tier 3	PA; SP
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM	Tier 3	PA; SP
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Tier 3	PA; SP
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Tier 3	PA; SP
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Tier 3	PA; SP
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Tier 3	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 3	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Tier 2	PA; SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
PHEBURANE ORAL PELLETT 483 MG/GM	Tier 3	PA; SP
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 2	QL (2 EA per 1 day)
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 3	PA; SP; QL (0.5 ML per 90 days)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 3	PA; SP
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 1	SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 1	SP

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Drug	Status	Notes
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 3	PA; SP
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	Tier 1	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 2	PA; SP
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Tier 3	PA; SP
XPHOZAH ORAL TABLET 20 MG, 30 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 (2 EA per 1 day)
XURIDEN ORAL PACKET 2 GM	Tier 2	PA; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Tier 3	PA; SP
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 1	SP
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 3	
<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	
<b>Progesterone Receptor Antagonists</b>		
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
<b>Prolactin Inhibitors</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>Somatostatic Agents</b>		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 3	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	SP
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 3	PA; SP

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Drug	Status	Notes
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 3	PA; SP
<b>Unknown</b>		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 3	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 3	PA; SP
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 3	PA; SP
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 1	PA; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Tier 1	PA; SP
<i>tolvaptan oral tablet 15 mg</i>	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 1	SP; QL (60 EA per 365 days)
<b>Estrogens</b>		
<b>Estrogen Combinations</b>		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	QL (1 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	QL (2 EA per 7 days)
COVARYX HS ORAL TABLET 0.625-1.25 MG	Tier 3	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 3	
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 3	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 3	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	Tier 1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	Tier 1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Tier 3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	

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Drug	Status	Notes
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA
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	
<b>Estrogens</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	QL (2 EA per 7 days)
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	QL (2 EA per 7 days)
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	Tier 3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm</i>	Tier 1	QL (1 EA per 1 day)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
<i>estradiol transdermal gel 1 mg/gm</i>	Tier 1	QL (1 GM per 1 day)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	Tier 1	QL (37.5 GM per 30 days)
<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	QL (2 EA per 7 days)
<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	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	

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Drug	Status	Notes
<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; QL (16.2 ML per 30 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	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	QL (1 EA per 7 days)
<b>Fluoroquinolones</b>		
<b>Fluoroquinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 2	
<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 oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Gastrointestinal Agents - Misc.</b>		
<b>5-Ht4 Receptor Agonists</b>		
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Agents For Chronic Idiopathic Constipation (Cic)</b>		
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (1 EA per 1 day)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
CTEXLI ORAL TABLET 250 MG	Tier 3	PA; SP
<b>Farnesoid X Receptor (Fxr) Agonists</b>		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
<b>Gallstone Solubilizing Agents</b>		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	Tier 3	

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Drug	Status	Notes
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
<b>Gastrointestinal Stimulants</b>		
<i>dexpanthenol injection solution 250 mg/ml</i>	Tier 3	
GIMOTI NASAL SOLUTION 15 MG/ACT	Tier 3	PA; SP
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 1	
<b>Hepatotropics</b>		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 3	PA; SP
<b>Inflammatory Bowel Agents</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 3	PA; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 3	PA; SP
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	
<i>mesalamine er oral capsule extended release 500 mg</i>	Tier 1	
<i>mesalamine oral 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	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	Tier 2	PA; SP

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Drug	Status	Notes
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	Tier 2	PA; SP
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 2	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 2	PA; SP
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 2	PA; SP
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 2	PA; SP
<b>Intestinal Acidifiers</b>		
<i>enulose oral solution 10 gml/15ml</i>	Tier 1	
<i>generlac oral solution 10 gml/15ml</i>	Tier 1	
<i>lactulose encephalopathy oral solution 10 gml/15ml</i>	Tier 1	
<b>Irritable Bowel Syndrome (Ibs) Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA

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Drug	Status	Notes
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 (1 EA per 1 day)
<b>Phosphate Binder Agents</b>		
<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	
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	Tier 1	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 (12 EA per 1 day)
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 (3 EA per 1 day)
<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 (6 EA per 1 day)
<b>Short Bowel Syndrome (Sbs) Agents</b>		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
<b>Unknown</b>		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 3	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 3	PA; SP
IQIRVO ORAL TABLET 80 MG	Tier 2	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 2	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA; SP

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Drug	Status	Notes
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 3	PA; SP
REBYOTA RECTAL SUSPENSION 150 ML	Tier 3	PA; SP
VOWST ORAL CAPSULE	Tier 3	PA; SP; QL (4 EA per 1 day)
<b>General Anesthetics</b>		
<b>Volatile Anesthetics</b>		
<i>desflurane inhalation solution</i>	Tier 1	
<i>isoflurane inhalation solution</i>	Tier 1	
<i>sevoflurane inhalation solution</i>	Tier 1	
TERRELL INHALATION SOLUTION	Tier 1	
<b>Genitourinary Agents - Miscellaneous</b>		
<b>Acidifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
<b>Alkalinizers</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5ML	Tier 3	
<i>oral citrate oral solution 490-640 mg/5ml</i>	Tier 3	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 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>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml</i>	Tier 1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	Tier 3	
<b>Cystinosis Agents</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 2	PA; SP
<b>Genitourinary Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 3	

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Drug	Status	Notes
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 3	
<i>glycine irrigation solution 1.5 %</i>	Tier 1	
<i>glycine urologic irrigation solution 1.5 %</i>	Tier 1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	
AVODART ORAL CAPSULE 0.5 MG	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 1	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	
<b>Unknown</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 2	PA; SP
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 3	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	Tier 2	PA; SP
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	
<b>Urinary Stone Agents</b>		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	

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Drug	Status	Notes
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 2	SP
<i>tiopronin oral tablet 100 mg</i>	Tier 1	SP
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	Tier 1	SP
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 1	SP
<b>Gout Agents</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
<b>Gout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	Tier 3	PA; QL (10 ML per 1 day)
<b>Uricosurics</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<b>Hematological Agents - Misc.</b>		
<b>Antihemophilic Products</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Tier 2	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
ALHEMO SUBCUTANEOUS SOLUTION PEN- INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 3	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 3	SP

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Drug	Status	Notes
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 750 UNIT	Tier 2	SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 3	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 3	SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 2	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 3	SP
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 3	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 3	SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	Tier 3	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 2	SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	Tier 3	SP

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Drug	Status	Notes
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 3	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 3	SP
<i>obizur intravenous solution reconstituted 500 unit</i>	Tier 3	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 3	SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 3	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 3	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 3	SP
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 3	SP

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Drug	Status	Notes
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 3	SP
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 3	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 3	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 2	SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	Tier 1	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 1	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 1	PA; SP
<b>Complement Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 3	PA; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 2	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Tier 3	PA; SP
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Tier 2	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Tier 3	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Tier 3	PA; SP

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Drug	Status	Notes
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
WAYRILZ ORAL TABLET 400 MG	Tier 3	PA; SP
<b>Hematorheologic Agents</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	
<b>Plasma Kallikrein Inhibitors</b>		
EKTERLY ORAL TABLET 300 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Tier 2	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 2	PA; SP
<b>Plasma Proteins</b>		
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Tier 3	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	
BRILINTA ORAL TABLET 90 MG	Tier 2	QL (2 EA per 1 day)
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
<b>Unknown</b>		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Tier 2	PA; SP
AQVESME ORAL TABLET 100 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 2	PA; SP; QL (0.8 ML per 28 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 3	PA; SP

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Drug	Status	Notes
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 3	PA; SP
<b>Hematopoietic Agents</b>		
<b>Agents For Gaucher Disease</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	SP
<i>miglustat oral capsule 100 mg</i>	Tier 1	PA; SP
YARGESA ORAL CAPSULE 100 MG	Tier 1	PA; SP
<b>Agents For Sickle Cell Anemia</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
<i>l-glutamine oral packet 5 gm</i>	Tier 1	PA; SP
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
SIKLOS ORAL TABLET 1000 MG	Tier 3	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA IN THE PAST 365 DAYS
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
<b>Cobalamins</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	Tier 1	
<i>methylcobalamin injection solution reconstituted 10000 mcg</i>	Tier 1	
<b>Folic Acid/Folates</b>		
<i>cvs folic acid oral tablet 800 mcg</i>	\$0	
<i>folate oral tablet 400 mcg</i>	\$0	
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>ft folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>gnp folic acid oral tablet 400 mcg</i>	\$0	
<i>kp folic acid oral tablet 800 mcg</i>	\$0	
<i>qc folic acid oral tablet 800 mcg</i>	\$0	
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>true folic acid oral tablet 400 mcg</i>	\$0	
<i>yl folic acid oral tablet 400 mcg</i>	\$0	
<b>Hematopoietic Growth Factors</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 3	PA; SP

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Drug	Status	Notes
DOPTELET ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 2	PA; SP
<i>eltrombopag olamine oral packet 12.5 mg, 25 mg</i>	Tier 1	PA; SP
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; SP
<i>eltrombopag olamine tablet 25 mg oral</i>	Tier 1	PA; SP
<i>eltrombopag olamine tablet 25 mg oral</i>	Tier 3	SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 2	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 2	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 2	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 3	PA; SP
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 2	PA; SP
<b>Hematopoietic Mixtures</b>		
<i>cholecal df oral tablet 1-3800 mg-unit</i>	Tier 3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT	Tier 3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	Tier 3	
<i>folic d3 oral capsule 1-3775 mg-unit</i>	Tier 3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT	Tier 3	
<i>folite oral tablet</i>	Tier 3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	Tier 3	
FOLIXATE ORAL TABLET 1-125 MG-MCG	Tier 3	
FOLTIRA ORAL TABLET 1000-125 MCG	Tier 3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	Tier 3	

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Drug	Status	Notes
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT	Tier 3	
<i>folvitra oral tablet 1000-125 mcg</i>	Tier 3	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Tier 3	
<i>ortho df oral capsule 1-3775 mg-unit</i>	Tier 3	
<i>ortho-folic oral capsule 1-3760 mg-unit</i>	Tier 3	
<i>ostachol oral tablet 1-3800 mg-unit</i>	Tier 3	
<b>Stem Cell Mobilizers</b>		
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA; SP
<b>Hemostatics</b>		
<b>Hemostatics - Systemic</b>		
<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	
<b>Hemostatics - Topical</b>		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	Tier 3	
GEL-FLOW EXTERNAL KIT	Tier 3	
GELFOAM-JMI POWDER EXTERNAL KIT	Tier 3	
GELFOAM-JMI SPONGE EXTERNAL KIT	Tier 3	
<i>monsels ferric subsulfate external paste</i>	Tier 3	
<i>monsels ferric subsulfate external solution</i>	Tier 3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	Tier 3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	Tier 3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	Tier 3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
THROMBOGEN EXTERNAL KIT 10000 UNIT	Tier 3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT	Tier 3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL EXTERNAL SOLUTION	Tier 3	

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Drug	Status	Notes
VISTASEAL EXTERNAL PREFILLED SYRINGE KIT 10 ML, 2 ML, 4 ML	Tier 3	
<b>Hypnotics/Sedatives/Sleep Disorder Agents</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<b>Hypnotics - Tricyclic Agents</b>		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<b>Non-Barbiturate Hypnotics</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml</i>	Tier 1	
<i>midazolam hcl injection solution 10 mg/2ml, 5 mg/ml</i>	Tier 1	
<i>midazolam hcl oral syrup 2 mg/ml</i>	Tier 1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ESZOPICLONE, FLURAZEPAM, TEMAZEPAM, ZALEPLON, OR ZOLPIDEM IN THE PAST 120 DAYS
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
<b>Orexin Receptor Antagonists</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 3	PA; SP
<i>ramelteon oral tablet 8 mg</i>	Tier 1	ST: TRIAL OF ZOLPIDEM IR, ZALEPLON, OR ESZOPICLONE IN THE PAST 120 DAYS
<i>tasimelteon oral capsule 20 mg</i>	Tier 1	PA; SP
<b>Laxatives</b>		
<b>Laxative Combinations</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
PEG-PREP ORAL KIT 5-210 MG-GM	\$0	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND 45-75 YEARS OF AGE
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (3 EA per 1 FILL)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	\$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1479-225-188 MG	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
<b>Laxatives - Miscellaneous</b>		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	
<b>Local Anesthetics-Parenteral</b>		
<b>Local Anesthetic Combinations</b>		
<i>lets kit</i>	Tier 3	

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Drug	Status	Notes
MARVONA SUIK COMBINATION KIT 0.5 %	Tier 3	
MARVONA-25 SUIK COMBINATION KIT 0.25 %	Tier 3	
<b>Local Anesthetics - Amides</b>		
<i>bupivacaine hcl injection solution prefilled syringe 0.125 % (50 ml)</i>	Tier 1	
<b>Macrolides</b>		
<b>Azithromycin</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
ZITHROMAX ORAL TABLET 500 MG	Tier 3	
<b>Clarithromycin</b>		
<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	
<b>Erythromycins</b>		
E.E.S. 400 ORAL TABLET 400 MG	Tier 3	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
<b>Fidaxomicin</b>		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 1	QL (2 EA per 1 day)
<i>fidaxomicin oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Medical Devices And Supplies</b>		
<b>Bandages-Dressings-Tape</b>		
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6"	Tier 3	

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Drug	Status	Notes
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	Tier 3	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	Tier 3	
CURITY AMD ANTIMICROBIAL STRIP	Tier 3	
CURITY IODOFORM PACKING STRIP	Tier 3	
CURITY WOUND CLOSURE 1/2"X4"	Tier 3	
CURITY WOUND CLOSURE 1/4"X1.5"	Tier 3	
CURITY WOUND CLOSURE 1/4"X3"	Tier 3	
CURITY WOUND CLOSURE 1/4"X4"	Tier 3	
CURITY WOUND CLOSURE 1/8"X3"	Tier 3	
EXCILON AMD DRAIN SPONGES PAD 4"X4"	Tier 3	
KERLIX AMD ANTIMICROBIAL	Tier 3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	Tier 3	
TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8"	Tier 3	
TELFA AMD NON-ADHERENT PAD 3"X8"	Tier 3	
<b>Contraceptives</b>		
<i>aimsco lubricated</i>	\$0	IF QL=60 THEN \$0 COPAY
CAYA VAGINAL DIAPHRAGM	\$0	
<i>condoms</i>	\$0	IF QL=60 THEN \$0 COPAY
DUREX EXTRA SENSITIVE THIN	\$0	IF QL=60 THEN \$0 COPAY
DUREX EXTRA SENSITIVE THIN DEVICE	\$0	IF QL=60 THEN \$0 COPAY
DUREX REALFEEL DEVICE	\$0	IF QL=60 THEN \$0 COPAY
DUREX TROPICAL	\$0	IF QL=60 THEN \$0 COPAY
FANTASY LUBRICATED	\$0	IF QL=60 THEN \$0 COPAY
FANTASY LUBRICATED/SPERMICIDE	\$0	IF QL=60 THEN \$0 COPAY
FC2 FEMALE CONDOM	\$0	IF QS LIMIT=60 THEN \$0 COPAY AND TIER=10. IF QL/DAY=1 THEN \$0 COPAY AND TIER=10.
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	
KAMELEON LUBRICATED	\$0	IF QL=60 THEN \$0 COPAY
<i>kimono</i>	\$0	IF QL=60 THEN \$0 COPAY
KIMONO COLORS DEVICE	\$0	IF QL=60 THEN \$0 COPAY
KIMONO MAXX-LARGE FLARE	\$0	IF QL=60 THEN \$0 COPAY
<i>kimono micro thin</i>	\$0	IF QL=60 THEN \$0 COPAY
<i>kimono micro thin plus</i>	\$0	IF QL=60 THEN \$0 COPAY
<i>kimono plus</i>	\$0	IF QL=60 THEN \$0 COPAY
<i>kimono ps</i>	\$0	IF QL=60 THEN \$0 COPAY

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>kimono ps plus</i>	\$0	IF QL=60 THEN \$0 COPAY
<i>kimono sensation</i>	\$0	IF QL=60 THEN \$0 COPAY
<i>kimono sensation plus</i>	\$0	IF QL=60 THEN \$0 COPAY
KIMONO SPECIAL DEVICE	\$0	IF QL=60 THEN \$0 COPAY
<i>maxx</i>	\$0	IF QL=60 THEN \$0 COPAY
<i>maxx plus</i>	\$0	IF QL=60 THEN \$0 COPAY
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	\$0	
REALITY LATEX CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
REALITY LATEX/ULTRA TEXTURED DEVICE	\$0	IF QL=60 THEN \$0 COPAY
REALITY LATEX/ULTRA THIN DEVICE	\$0	IF QL=60 THEN \$0 COPAY
TROJAN BARESKIN DEVICE	\$0	IF QL=60 THEN \$0 COPAY
TROJAN ENZ	\$0	IF QL=60 THEN \$0 COPAY
TROJAN MAGNUM	\$0	IF QL=60 THEN \$0 COPAY
TROJAN ULTRA RIBBED LUBRICATED DEVICE	\$0	IF QL=60 THEN \$0 COPAY
TROJAN ULTRA THIN	\$0	IF QL=60 THEN \$0 COPAY
TROJAN ULTRA THIN/SPERMICIDAL	\$0	IF QL=60 THEN \$0 COPAY
TROJAN-ENZ LUBRICATED	\$0	IF QL=60 THEN \$0 COPAY
TROJAN-ENZ/SPERMICIDAL	\$0	IF QL=60 THEN \$0 COPAY
<i>true cover device</i>	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX COLOR CONDOMS + LUBE	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUB/RIBBED/STUDDED	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUB/SPERMICIDE EX ST	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUB/SPERMICIDE XL	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUBRICATED	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUBRICATED EX LARGE	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUBRICATED EXTRA ST	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUBRICATED/SPERMICIDE	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX NATURAL CONDOMS + LUBE	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX NON-LUBRICATED	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX RIA LUB/SPERMICIDE	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX RIA LUBRICATED	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX RIA NON-LUBRICATED	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	IF QL=60 THEN \$0 COPAY
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	\$0	

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Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	\$0	
<b>Diabetic Supplies</b>		
ACCU-CHEK FASTCLIX LANCETS	Tier 2	
ACCU-CHEK SAFE-T PRO LANCETS	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>advanced mobile lancet</i>	Tier 2	
<i>advantage safety lancets 28g</i>	Tier 2	
ADVOCATE LANCETS	Tier 2	
ADVOCATE LANCETS 30G	Tier 2	
ADVOCATE SAFETY LANCETS	Tier 2	
ADVOCATE SAFETY LANCETS 21G	Tier 2	
ADVOCATE SAFETY LANCETS 23G	Tier 2	
ADVOCATE SAFETY LANCETS 26G	Tier 2	
ADVOCATE SAFETY LANCETS 28G	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS	Tier 2	
<i>aimsco twist lancets 32g</i>	Tier 2	
AIMSCO TWIST LANCETS 33G	Tier 2	
AQUALANCE LANCETS 30G	Tier 2	
<i>assure comfort lancets 28g</i>	Tier 2	

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Drug	Status	Notes
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	
BD MICROTAINER LANCETS	Tier 2	
CAREONE LANCET SUPER THIN 30G	Tier 2	
<i>careone lancet thin 23g</i>	Tier 2	
CARESENS LANCETS	Tier 2	
CARESENS LANCETS 30G	Tier 2	
CARETOUCH SAFETY LANCETS	Tier 2	
CARETOUCH SAFETY LANCETS 26G	Tier 2	
CARETOUCH TWIST LANCETS 28G	Tier 2	
CARETOUCH TWIST LANCETS 30G	Tier 2	
CARETOUCH TWIST LANCETS 33G	Tier 2	
CARETOUCH TWIST MC LANCETS 30G	Tier 2	
CHOSEN LANCETS 30G	Tier 2	
CHOSEN SAFETY LANCETS 28G	Tier 2	
CLEANLET LANCETS 28G	Tier 2	
CLEVER CHEK LANCETS	Tier 2	
CLEVER CHOICE COMFORT EZ	Tier 2	
CLEVER CHOICE LANCETS 21G	Tier 2	
CLEVER CHOICE LANCETS 23G	Tier 2	
CLEVER CHOICE LANCETS 28G	Tier 2	
COAGUCHEK LANCETS	Tier 2	
<i>comfort assured lancets 28g</i>	Tier 2	
<i>comfort assured lancets 33g</i>	Tier 2	
COMFORT TOUCH LANCETS 31G	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	
COMFORT TOUCH TWIST LANCET 30G	Tier 2	
<i>cvs lancets original</i>	Tier 2	
<i>cvs lancets thin 26g</i>	Tier 2	
<i>cvs ultra thin lancets</i>	Tier 2	

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Drug	Status	Notes
DEXCOM G7 15 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)
<i>diabetes monitor digit add-on kit</i>	Tier 3	
<i>diabetes monitor digit soln kit</i>	Tier 3	
DIATHRIVE LANCET ULTRA THIN 30	Tier 2	
DIATHRIVE LANCETS	Tier 2	
DROPLET LANCETS ULTRA THIN 30G	Tier 2	
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	Tier 2	
DROPSAFE MEDLANCE LANCET 30G	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 SAFETY LANCETS 21G	Tier 2	
EASY TOUCH SAFETY LANCETS 23G	Tier 2	
EASY TOUCH SAFETY LANCETS 26G	Tier 2	

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Drug	Status	Notes
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	
ENLITE GLUCOSE SENSOR	Tier 3	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA
EVERSENSE SENSOR/HOLDER	Tier 3	PA
EVERSENSE SMART TRANSMITTER	Tier 3	PA
FIFTY50 SAFETY SEAL LANCETS	Tier 2	
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINGERSTIX LANCETS	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	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

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Drug	Status	Notes
FREESTYLE LIBRE 3 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE UNISTICK II LANCETS	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
<i>global inject ease lancets 28g</i>	Tier 2	
<i>global inject ease lancets 30g</i>	Tier 2	
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
<i>gnp sterile lancets 28g</i>	Tier 2	
<i>gnp sterile lancets 30g</i>	Tier 2	
<i>gnp sterile lancets 33g</i>	Tier 2	
GOJJI STERILE LANCETS	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA
GUARDIAN SENSOR (3)	Tier 3	PA
<i>guardian sensor 3</i>	Tier 3	PA
HAEMOLANCE	Tier 2	
HAEMOLANCE LOW FLOW LANCETS	Tier 2	
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 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	
HY-VEE LANCETS	Tier 2	
<i>hy-vee thin lancets</i>	Tier 2	
<i>ilet insulin pump device</i>	Tier 3	PA
IN TOUCH STERILE LANCETS 30G	Tier 2	

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Drug	Status	Notes
<i>kinney lancets</i>	Tier 2	
<i>kinney thin lancets</i>	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>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	
LIBERTY MEDICAL LANCETS	Tier 2	
<i>lite touch lancets</i>	Tier 2	
LITETOUCH LANCETS	Tier 2	
<i>live better lancet super thin</i>	Tier 2	
<i>medichoice safety lancet</i>	Tier 2	
<i>medichoice safety lancet extra</i>	Tier 2	
<i>medichoice safety lancet norm</i>	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
MICROLET LANCETS	Tier 2	
MINIMED 780G INSULIN PUMP KIT	Tier 3	PA
MM TWIST LANCETS	Tier 2	
<i>mobile lancets 30g</i>	Tier 2	

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Drug	Status	Notes
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 2	
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
PERFECT LANCETS 28G	Tier 2	
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE LANCETS	Tier 2	
<i>pip lancets 28g</i>	Tier 2	
<i>pip lancets 30g</i>	Tier 2	
<i>pro comfort lancets 30g</i>	Tier 2	
<i>pro comfort lancets 31g</i>	Tier 2	
<i>pro comfort safety lancets 30g</i>	Tier 2	
PRODIGY LANCETS 28G	Tier 2	
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
<i>pure comfort lancets 30g</i>	Tier 2	
<i>px lancets microthin 33g</i>	Tier 2	
<i>px lancets ultra thin 28g</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	

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Drug	Status	Notes
<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 LANCET DEVICES 30G	Tier 3	
RELION LANCETS	Tier 3	
RELION LANCETS MICRO-THIN 33G	Tier 2	
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION ULTRA THIN LANCETS 30G	Tier 2	
RIGHTTEST 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>sapscare twist top lancets</i>	Tier 2	
<i>sb lancets thin</i>	Tier 2	
<i>sb lancets ultra thin</i>	Tier 2	
SENSILANCE SAFETY LANCETS 21G	Tier 2	
SENSILANCE SAFETY LANCETS 26G	Tier 2	
SENSILANCE SAFETY LANCETS 28G	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
SIMPLERA SYSTEM	Tier 3	PA
SINGLE-LET	Tier 2	
SMARTEST LANCETS 28G	Tier 2	
SOLUS V2 LANCETS 28G	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	

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Drug	Status	Notes
<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	
T:SLIM X2 BASAL-IQ PUMP DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	Tier 3	PA
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	Tier 3	PA
T:SLIM X2 INSULIN PUMP DEVICE	Tier 3	PA
TANDEM MOBI SYSTEM STARTER KIT	Tier 3	PA
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	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 twist top lancets</i>	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	
TWIIST REFILL KIT KIT	Tier 2	
TWIIST REFILL KIT/INFUSION SET KIT	Tier 2	
TWIIST STARTER KIT KIT	Tier 2	QL (1 EA per 365 days)
<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	
ULTRA-THIN II AUTO LANCET	Tier 2	
ULTRA-THIN II LANCETS	Tier 2	
UNILET COMFORTOUCH LANCET	Tier 2	

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Drug	Status	Notes
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	

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Drug	Status	Notes
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	
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	
VIVAGUARD LANCETS	Tier 2	
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
<i>zevrx twist top lancets 30g</i>	Tier 2	
<b>Foot Care Products</b>		
BIOFREQUENCY INSOLES	Tier 3	
<b>Gi-Gu Ostomy &amp; Irrigation Supplies</b>		
URESTA STARTER KIT	Tier 3	
<i>yoni fit bladder support kit 1 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 2 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 3 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 4 vaginal device</i>	Tier 3	
<i>yoni fit bladder support kit 5 vaginal device</i>	Tier 3	
<b>Impotence Aids</b>		
RAPPORT RLS KIT	Tier 3	
RAPPORT VTD KIT	Tier 3	
<b>Misc. Devices</b>		
<i>alcoh-wipe sheet</i>	Tier 3	
<i>essentra wipes 9x9" sheet 70 %</i>	Tier 3	
<b>Oral Hygiene Products</b>		
MI PASTE DENTAL PASTE	Tier 3	
MI PASTE PLUS DENTAL PASTE	Tier 3	
REMESENSE DENTAL 3 %	Tier 3	
<b>Parenteral Therapy Supplies</b>		
AUTOJECT 2	Tier 3	
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 SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	

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Drug	Status	Notes
BD INSULIN SYRINGE ULTRAFINE 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 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	
CEQUR SIMPLICITY 2U DEVICE	Tier 2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 2	QL (1 EA per 365 days)
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 U-500 31G X 6MM 0.5 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	
HAN-EASE	Tier 3	
<i>inject-ease</i>	Tier 3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	Tier 2	

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Drug	Status	Notes
J-TIP KIT W/VIAL ADAPTERS KIT	Tier 3	
NORDIPEN 5 INJECTION DEVICE	Tier 3	
NORDIPEN DELIVERY SYSTEM	Tier 3	
<b>Migraine Products</b>		
<b>Migraine Combinations</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (10 EA per 7 days)
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (8 ML per 28 days)
<b>Migraine Products - Monoclonal Antibodies</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA; QL (1.5 ML per 30 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)
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 (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (16 EA per 30 days)
<b>Migraine Products - Nsaids</b>		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 3	PA

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Drug	Status	Notes
<b>Serotonin Agonists</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	Tier 3	QL (18 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Tier 3	QL (18 ML per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (8 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 nasal solution 20 mg/lact</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/lact</i>	Tier 1	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 refill subcutaneous solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)

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Drug	Status	Notes
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	Tier 3	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
<b>Minerals &amp; Electrolytes</b>		
<b>Calcium</b>		
CALCIFOL ORAL WAFER 1342-1.6 MG	Tier 3	
<b>Fluoride</b>		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 3	
<i>sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml</i>	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<b>Iodine Products</b>		
<i>iodine strong oral solution 5 %</i>	Tier 1	
<b>Phosphate</b>		
K-PHOS ORAL TABLET 500 MG	Tier 3	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	Tier 3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 3	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 3	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 3	
<b>Potassium</b>		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ, 25 MEQ	Tier 3	
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	

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Drug	Status	Notes
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
K-PRIME ORAL TABLET EFFERVESCENT 25 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 oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</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	
<b>Sodium</b>		
<i>sodium chloride (pf) injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	Tier 1	
<b>Trace Minerals</b>		
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
<b>Zinc</b>		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
<b>Miscellaneous Therapeutic Classes</b>		
<b>Chelating Agents</b>		
CUVRIOR ORAL TABLET 300 MG	Tier 3	PA; SP
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA; SP
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	Tier 1	PA; SP
<b>Continuous Renal Replacement Therapy (Crrt)</b>		
<b>Solutions</b>		
<i>phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmoll</i>	Tier 3	
<i>phoxillum bk4/2.5 extracorporeal solution 32-4-2.5-1 meq-mmoll</i>	Tier 3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L	Tier 3	

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Drug	Status	Notes
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L	Tier 3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L	Tier 3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L	Tier 3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L	Tier 3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L	Tier 3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L	Tier 3	
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 %	Tier 3	
<i>trisodium citrate/crrt extracorporeal solution</i>	Tier 3	
<i>trisodium citrate/crrt solution extracorporeal</i>	Tier 1	
<b>Digital Therapy</b>		
<i>natural cycles contraceptive</i>	\$0	
<b>Homeopathic Products</b>		
ACUNOL ORAL TABLET	Tier 3	
COLCIGEL EXTERNAL GEL	Tier 3	
ECZEMOL ORAL TABLET	Tier 3	
<i>morcin external cream</i>	Tier 3	
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG	Tier 3	
PSORIZIDE ULTRA ORAL TABLET	Tier 3	
SPEEDGEL RX EXTERNAL GEL	Tier 3	
<i>streptococcinum 30c sublingual pellet</i>	Tier 3	
TRANZGEL EXTERNAL GEL	Tier 3	
<b>Immunomodulators</b>		
JOENJA ORAL TABLET 70 MG	Tier 3	PA; SP
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 1	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
REZUROCK ORAL TABLET 200 MG	Tier 2	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 3	PA; SP

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Drug	Status	Notes
<b>Immunosuppressive Agents</b>		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>cyclosporine modified capsule 50 mg oral</i>	Tier 1	
<i>cyclosporine modified capsule 50 mg oral</i>	Tier 3	
<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	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 3	PA; SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 3	PA; SP
<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	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
<b>Irrigation Solutions</b>		
ARGYLE STERILE WATER IRRIGATION SOLUTION	Tier 3	
<i>lactated ringers irrigation solution</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION	Tier 3	

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Drug	Status	Notes
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
<i>sterile water for irrigation solution irrigation</i>	Tier 3	
<i>sterile water for irrigation solution irrigation</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
<b>Misc Natural Products</b>		
BRUSELIX ORAL TABLET	Tier 3	
<i>imubolic oral capsule</i>	Tier 3	
<i>ultra hers rx oral capsule</i>	Tier 3	
<i>ultra his oral capsule</i>	Tier 3	
<i>ultra pcos oral capsule</i>	Tier 3	
<b>Miscellaneous Therapeutic Classes</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Potassium Removing Agents</b>		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
LOKELMA ORAL PACKET 10 GM	Tier 2	QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	Tier 2	QL (1 EA per 1 day)
<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 3	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
<b>Sclerosing Agents</b>		
<i>polidocanol intravenous solution 5 %</i>	Tier 1	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 3	PA; SP
<b>Unknown</b>		
<i>eua patient assessment</i>	Tier 3	
VIJOICE ORAL PACKET 50 MG	Tier 3	PA; SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Tier 3	PA; SP

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Drug	Status	Notes
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA; SP
<b>Mouth/Throat/Dental Agents</b>		
<b>Anesthetics Topical Oral</b>		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
<i>lidocaine hcl mouth/throat solution 4 %</i>	Tier 1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<b>Anti-Infectives - Throat</b>		
<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	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
<b>Dental Products</b>		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 3	
<i>denta 5000 plus sensitive dental gel 1.1-5 %</i>	Tier 3	
<i>dentagel dental gel 1.1 %</i>	Tier 3	
EASYGEL DENTAL GEL 0.4 %	Tier 3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 3	
FLUORIDEX DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 %	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
<i>fraiche 5000 dental dental gel 1.1 %</i>	Tier 3	
<i>fraiche 5000 previ dental gel 1.1-3 %</i>	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 3	

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Drug	Status	Notes
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	Tier 3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
PREVIDENT DENTAL GEL 1.1 %	Tier 3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	Tier 3	
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 3	
<i>sf dental gel 1.1 %</i>	Tier 3	
<i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>	Tier 1	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	Tier 3	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 3	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	Tier 3	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Tier 3	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Tier 3	
<i>sodium fluoride dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	Tier 1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 %	Tier 3	
<b>Steroids - Mouth/Throat/Dental</b>		
<i>acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %</i>	Tier 3	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	
NUMOISYN MOUTH/THROAT LIQUID	Tier 3	
NUMOISYN MOUTH/THROAT LOZENGE	Tier 3	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Multivitamins</b>		
<b>Multiple Vitamins W/ Minerals &amp; Fluoride-Iron-Folic Acid</b>		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	Tier 3	
<b>Ped Multi Vitamins W/Fl &amp; Fe</b>		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	Tier 3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Tier 3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Tier 3	
<b>Ped Mv W/ Fluoride</b>		
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Tier 3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	
<i>multivitamin/fluoride oral suspension 0.25 mg/ml</i>	Tier 1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Tier 3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML	Tier 3	
SOLUVITA WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Tier 3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	

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Drug	Status	Notes
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>tri-vitamin with fluoride oral suspension 0.25 mg/ml</i>	Tier 3	
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<b>Pediatric Multiple Vitamins &amp; Minerals W/ Fluoride</b>		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
<b>Prenatal Vitamins</b>		
ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE 0.18-25 MG	\$0	
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG	\$0	
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.12-25 MG	\$0	
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	\$0	
ATABEX OB ORAL TABLET 29-1 MG	\$0	
ATABEX ONE ORAL CAPSULE DELAYED RELEASE 27-1-40 MG	\$0	
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	\$0	
<i>cadeau dha oral capsule 29-0.4-0.8-375 mg</i>	\$0	
CENTRUM PRENATAL GUMMIES ORAL TABLET CHEWABLE 0.18-25 MG	\$0	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	\$0	
<i>classic prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>complete natal dha oral 29-1-200 &amp; 200 mg</i>	\$0	
<i>completenate oral tablet chewable 29-1 mg</i>	\$0	
CO-NATAL FA ORAL TABLET	\$0	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	\$0	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	\$0	
<i>cvs prenatal gummy oral tablet chewable 0.18-25 mg, 0.4 mg, 0.4-113.5 mg, 0.4-25 mg</i>	\$0	
<i>cvs prenatal multi+dha oral capsule 27-0.8-250 mg</i>	\$0	
<i>cvs prenatal multivitamin oral capsule 27-0.8-250 mg</i>	\$0	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	\$0	
<i>cvs womens prenatal+dha oral 28-0.975 &amp; 200 mg</i>	\$0	
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	\$0	

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Drug	Status	Notes
<i>eql prenatal formula oral tablet 28-0.8 mg</i>	\$0	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	\$0	
<i>ft prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>gnp prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>gnp prenatal/folic acid oral tablet 28-0.8 mg</i>	\$0	
GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE 0.12-33.3 MG	\$0	
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	\$0	
INATAL GT ORAL TABLET	\$0	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	\$0	
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	\$0	
<i>kpn prenatal oral tablet 0.1 mg</i>	\$0	
<i>masonatal oral tablet 28-0.8 mg</i>	\$0	
<i>matronex oral tablet 27-1 mg</i>	\$0	
<i>m-natal plus oral tablet 27-1 mg</i>	\$0	
<i>multi prenatal oral tablet 27-0.8 mg</i>	\$0	
NEONATAL PLUS ORAL TABLET 27-1 MG	\$0	
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	\$0	
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG	\$0	
NIVA-PLUS ORAL TABLET 27-1 MG	\$0	
OBSTETRIX DHA ORAL 29-1 & 350 MG	\$0	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG	\$0	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG	\$0	
OBTREX DHA ORAL 29-1 & 350 MG	\$0	
OBTREX ORAL TABLET	\$0	
ONE A DAY PRENATAL ADV BRAIN ORAL THERAPY PACK	\$0	
ONE A DAY PRENATAL ADVANCED ORAL THERAPY PACK	\$0	
ONE A DAY PRENATAL ORAL CAPSULE 27-0.8-200 MG	\$0	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG	\$0	
<i>one vite womens oral tablet 27-0.8 mg</i>	\$0	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>one vite womens plus oral tablet 27-1 mg</i>	\$0	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 0.333 MG	\$0	
<i>pnv 27-calfel/fa oral tablet 60-1 mg</i>	\$0	
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	\$0	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	\$0	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	\$0	
<i>prenatabs fa oral tablet 29-1 mg</i>	\$0	
PRENATABS RX ORAL TABLET 29-1 MG	\$0	
<i>prenatal (w/iron &amp; fa) oral tablet 27-0.8 mg</i>	\$0	
<i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg, 18-0.8 &amp; 290 mg</i>	\$0	
<i>prenatal 19 oral tablet , 29-1 mg</i>	\$0	
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	\$0	
<i>prenatal complete oral capsule therapy pack</i>	\$0	
<i>prenatal complete oral tablet 14-0.4 mg</i>	\$0	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG	\$0	
<i>prenatal fa + dha + choline oral tablet chewable 0.18-35 mg</i>	\$0	
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	\$0	
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	\$0	
<i>prenatal forte oral tablet</i>	\$0	
<i>prenatal gummies oral tablet chewable 0.18-25 mg</i>	\$0	
<i>prenatal gummies/dha &amp; fa oral tablet chewable 0.4-32.5 mg</i>	\$0	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>	\$0	
<i>prenatal multivit plus folate oral tablet 0.8 mg</i>	\$0	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	\$0	
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	\$0	
<i>prenatal one daily oral tablet 27-0.8 mg</i>	\$0	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg, 6.75-0.2 mg</i>	\$0	
<i>prenatal plus oral tablet 27-1 mg</i>	\$0	

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Drug	Status	Notes
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	\$0	
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	\$0	
<i>prenatal vitamins oral tablet 27-0.8 mg</i>	\$0	
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	\$0	
<i>prenatal/iron oral tablet , 28-0.8 mg</i>	\$0	
<i>prenatal+dha oral 28-0.975 &amp; 200 mg</i>	\$0	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	\$0	
PRENATOL-M ORAL TABLET 27-1.2 MG	\$0	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	\$0	
<i>qc prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>ra prenatal formula oral tablet 28-0.8 mg</i>	\$0	
<i>ra prenatal oral tablet 28-0.8 mg</i>	\$0	
<i>se-natal 19 oral tablet 29-1 mg</i>	\$0	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	\$0	
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG	\$0	
STUART ONE ORAL CAPSULE 27-0.8-200 MG	\$0	
TARON-C DHA ORAL CAPSULE 35-1 MG	\$0	
THERANATAL COMPLETE ORAL 27-1 & 300 MG	\$0	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	\$0	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG	\$0	
THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG	\$0	
<i>thrivite rx oral tablet 29-1 mg</i>	\$0	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	\$0	
TRINATE ORAL TABLET	\$0	
<i>ultra prenatal vit/min + dha oral capsule 23-0.8-200 mg</i>	\$0	
UPSPRING PRENATAL COMPLETE ORAL CAPSULE 9-0.267-191.67 MG	\$0	
VINATE CARE ORAL TABLET CHEWABLE 40-1 MG	\$0	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	\$0	
VITAFUSION PRENATAL ORAL TABLET CHEWABLE 0.18-32.5 MG	\$0	

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Drug	Status	Notes
<i>vita-pac oral capsule 0.9 mg</i>	\$0	
<i>wesnatal dha complete oral 29-1-200 &amp; 200 mg</i>	\$0	
<i>westab plus oral tablet 27-1 mg</i>	\$0	
<b>Musculoskeletal Therapy Agents</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm</i>	Tier 3	
FEXMID ORAL TABLET 7.5 MG	Tier 1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<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	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	Tier 3	
TANLOR ORAL TABLET 1000 MG	Tier 1	
<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	
<b>Direct Muscle Relaxants</b>		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Muscle Relaxant Combinations</b>		
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	QL (4 EA per 1 day)
<b>Unknown</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
<b>Viscosupplements</b>		
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)

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Drug	Status	Notes
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	Tier 2	PA; QL (12 ML per 180 days)
<b>Nasal Agents - Systemic And Topical</b>		
<b>Nasal Agent Combinations</b>		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Tier 1	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (23 GM per 30 days)
<i>lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)</i>	Tier 1	
<b>Nasal Anesthetics</b>		
<i>cocaine hcl nasal solution 40 mg/ml</i>	Tier 1	
NUMBRINO NASAL SOLUTION 40 MG/ML	Tier 3	
<b>Nasal Antiallergy</b>		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Tier 1	
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 1	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
<b>Nasal Steroids</b>		
<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	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (6.8 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (10.6 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS: MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)
<b>Neuromuscular Agents</b>		
<b>Als Agents</b>		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 3	PA; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 3	PA; SP

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Drug	Status	Notes
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 3	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 3	PA; SP
<b>Muscular Dystrophy Agents</b>		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; SP
<b>Spinal Muscular Atrophy Agents (Sma)</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 3	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 3	PA; SP
<b>Unknown</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; SP
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG	Tier 3	PA; SP
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; SP
<b>Nutrients</b>		
<b>Lipids</b>		
DOJOLVI ORAL LIQUID 100 %	Tier 3	PA; SP
NEOKE MCT70 ORAL POWDER 70 GM/100GM	Tier 3	
<b>Misc. Nutritional Substances</b>		
ALTEMIA ORAL EMULSION	Tier 3	
CYTOTINE ORAL POWDER	Tier 3	
<b>Proteins</b>		
AMINOAMRMS ORAL CAPSULE	Tier 3	
AMINORELIEFRMS CAPSULE ORAL	Tier 3	
AMINORELIEFRMS ORAL CAPSULE	Tier 1	
NEOKE ALCAR ORAL POWDER	Tier 3	
REFRESH AA 15 PKU ORAL LIQUID	Tier 3	
REFRESH AA 15 TYR ORAL LIQUID	Tier 3	
<b>Ophthalmic Agents</b>		
<b>Beta-Blockers - Ophthalmic</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %</i>	Tier 1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1	

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Drug	Status	Notes
<i>carteolol hcl ophthalmic solution 1 %</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	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<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	ST: TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<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 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Tier 1	ST: TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %</i>	Tier 1	
<i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %</i>	Tier 1	
<i>timolol-dorzolamid-bimatoprost ophthalmic solution 0.5-2-0.01 %</i>	Tier 1	
<b>Cycloplegic Mydriatics</b>		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Tier 3	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %, 1 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Tier 3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 %	Tier 3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	

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Drug	Status	Notes
<i>tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %</i>	Tier 1	
<i>tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic</i>	Tier 1	
<i>tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic</i>	Tier 3	
<i>tropicamide-phenylephrine ophthalmic solution 1-2.5 %</i>	Tier 1	
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	Tier 1	
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	Tier 1	
<i>tropic-cyclop-pe-keto-propar ophthalmic solution prefilled syringe</i>	Tier 1	
<b>Miotics</b>		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 3	SP
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	Tier 1	QL (10 ML per 30 days)
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)
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 3	QL (1 EA per 1 day)
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>bimatoprost-brimonidine-dorzol ophthalmic solution 0.01-0.1-2 %</i>	Tier 3	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic solution 0.1-2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
<b>Ophthalmic Anti-Infectives</b>		
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM	Tier 3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	

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Drug	Status	Notes
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	Tier 3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>	Tier 1	
MITOSOL OPHTHALMIC KIT 0.2 MG	Tier 3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %</i>	Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	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	
<i>povidone-iodine ophthalmic solution 5 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 2	
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	Tier 3	PA; SP

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Drug	Status	Notes
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 1	QL (2 EA per 1 day)
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 1	QL (2 EA per 1 day)
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Tier 3	PA
<b>Ophthalmic Integrin Antagonists</b>		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	QL (2 EA per 1 day)
<b>Ophthalmic Kinase Inhibitors</b>		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 25 days)
<b>Ophthalmic Local Anesthetics</b>		
AKTEN OPHTHALMIC GEL 3.5 %	Tier 3	
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Tier 3	
IHEEZO OPHTHALMIC GEL 3 %	Tier 3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Tier 3	
<i>tetracaine hcl solution 0.5 % ophthalmic</i>	Tier 1	
<i>tetracaine hcl solution 0.5 % ophthalmic</i>	Tier 3	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 3	PA; SP
<b>Ophthalmic Photoenhancers</b>		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 %	Tier 3	SP
<b>Ophthalmic Steroids</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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.; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA OPHTHALMIC INSERT 0.4 MG	Tier 3	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1	QL (5 ML per 7 days)
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	Tier 3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 2	QL (8.3 ML per 14 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (5 ML per 7 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	QL (5 GM per 7 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 1	QL (5 GM per 7 days)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (5 ML per 7 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Tier 1	QL (10 ML per 7 days)
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</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>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Tier 1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	QL (10 ML per 7 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	QL (10 ML per 7 days)

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Drug	Status	Notes
<i>prednisolone-bromfenac ophthalmic solution 1-0.075 %</i>	Tier 1	
<i>prednisolone-moxifloxacin ophthalmic solution 1-0.5 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
<i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>	Tier 3	
<i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>	Tier 3	
<b>Ophthalmic Surgical Aids</b>		
GELFILM OPHTHALMIC FILM	Tier 3	
<b>Ophthalmics - Misc.</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Tier 3	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (4 EA per 1 day)
ALOCRILOPHTHALMIC SOLUTION 2 %	Tier 3	ST: TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (20 ML per 30 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)

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Drug	Status	Notes
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	QL (50 ML per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 2	PA; SP
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 2	PA; SP
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 7 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<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 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (2 ML per 3 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Tier 3	PA
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	QL (2.5 ML per 25 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC EMULSION 0.005 %	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
<b>Unknown</b>		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA
<b>Otic Agents</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid otic solution 2 %</i>	Tier 1	
<b>Otic Anti-Infectives</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	
<b>Otic Combinations</b>		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	

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Drug	Status	Notes
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Tier 1	
<i>ciprofloxacin-hydrocortisone otic suspension 0.2-1 %</i>	Tier 1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
PRAMOTIC OTIC LIQUID 1-0.1 %	Tier 3	
<b>Otic Steroids</b>		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
<b>Oxytocics</b>		
<b>Abortifacients/Agents For Cervical Ripening</b>		
CERVIDIL VAGINAL INSERT 10 MG	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3GM	Tier 3	
<b>Oxytocics</b>		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	QL (28 EA per 30 days)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
<b>Passive Immunizing And Treatment Agents</b>		
<b>Antitoxins-Antivenins</b>		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 3	
<b>Immune Serums</b>		
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 2	PA; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 3	PA; SP

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Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 2	PA; SP
<b>Monoclonal Antibodies</b>		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 3	PA; SP
<b>Penicillins</b>		
<b>Amidinopenicillins</b>		
PIVYA ORAL TABLET 185 MG	Tier 3	PA
<b>Aminopenicillins</b>		
<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 oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<b>Natural Penicillins</b>		
<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	
<b>Penicillin Combinations</b>		
<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	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Pharmaceutical Adjuvants</b>		
<b>Gelatin Capsules (Empty)</b>		
<i>capsule ezeefit #0 clear capsule</i>	Tier 3	
<i>capsule ezeefit #00 clear capsule</i>	Tier 3	
DRCAPS SIZE 00 CAPSULE	Tier 3	
DRCAPS SIZE 1 CAPSULE	Tier 3	
<b>Liquid Vehicles</b>		
ADA EXTERNAL SHAMPOO	Tier 3	
<i>bacteriostatic water(benz alc) injection solution</i>	Tier 3	
<i>cherry oral syrup</i>	Tier 3	
FLAVOR BLEND ORAL SUSPENSION	Tier 3	
<i>flavor plus oral liquid</i>	Tier 3	
FLAVOR SWEET DYE FREE ORAL SYRUP	Tier 3	
<i>flavor sweet oral syrup</i>	Tier 3	
<i>flavor sweet sf dye free oral syrup</i>	Tier 3	
FOAMIL EXTERNAL LIQUID	Tier 3	
LOZIBASE S	Tier 3	
<i>multi-peptide serum external liquid</i>	Tier 3	
ORA-BLEND ORAL SUSPENSION	Tier 3	
ORA-BLEND SF ORAL SUSPENSION	Tier 3	
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	Tier 3	
ORA-PLUS ORAL LIQUID	Tier 3	
ORA-SWEET ORAL SYRUP	Tier 3	
ORA-SWEET SF ORAL SYRUP	Tier 3	
PCCA ACACIA SYRUP BASE ORAL SYRUP	Tier 3	
PCCA SWEET-SF ORAL SYRUP	Tier 3	
PCCA SYRUP VEHICLE ORAL SYRUP	Tier 3	
PCCA-PLUS ORAL SUSPENSION	Tier 3	
<i>raspberry syrup oral syrup</i>	Tier 1	
RHEOSPRAY EXTERNAL LIQUID	Tier 3	
<i>saline bacteriostatic injection solution 0.9 %</i>	Tier 1	
SERAQUA EXTERNAL LIQUID	Tier 3	
<i>sodium chloride bacteriostatic injection solution 0.9 %</i>	Tier 1	
SOLYDRA EXTERNAL LIQUID	Tier 3	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION	Tier 3	

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Drug	Status	Notes
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION	Tier 3	
SYRPALTA ORAL SYRUP , 85 %	Tier 3	
SYRSPEND SF ORAL LIQUID	Tier 3	
SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED	Tier 3	
TRICHOSOL EXTERNAL SOLUTION	Tier 3	
U-MILD EXTERNAL SHAMPOO	Tier 3	
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION	Tier 3	
VERSAFREE ORAL SYRUP	Tier 3	
VERSAPLUS ORAL SYRUP	Tier 3	
VERSAPRO EXTERNAL SHAMPOO	Tier 3	
<b>Non Gelatin Capsules (Empty)</b>		
<i>non gelatin capsules (empty) capsule</i>	Tier 3	
<b>Semi Solid Vehicles</b>		
<i>1st base external cream</i>	Tier 3	
ALPAWASH EXTERNAL OINTMENT	Tier 3	
ALTADERM EXTERNAL CREAM	Tier 3	
<i>anhydrous cream base cream</i>	Tier 3	
ATREVIS HYDROGEL EXTERNAL CREAM	Tier 3	
AUXIPRO VANISHING EXTERNAL CREAM	Tier 3	
CARBOGEL 940 GEL	Tier 3	
CARBOHOL 940 GEL	Tier 3	
CHRYSAJERD DAY EXTERNAL CREAM	Tier 3	
CHRYSAJERD NIGHT EXTERNAL CREAM	Tier 3	
<i>cutis plus external cream</i>	Tier 3	
DURABASE ADVANCED EXTERNAL CREAM	Tier 3	
DURABASE EXTERNAL CREAM	Tier 3	
EMOLIVAN EXTERNAL CREAM	Tier 3	
ESPUMIL FOAM	Tier 3	
<i>fagron ls plus external cream</i>	Tier 3	
<i>fagron natural external cream</i>	Tier 3	
<i>fagron supreme external cream</i>	Tier 3	
FITALITE EXTERNAL CREAM	Tier 3	
<i>freedom adaptaderm external cream</i>	Tier 3	

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Drug	Status	Notes
<i>freedom derma serum external cream</i>	Tier 3	
FREEDOM DERMA-D EXTERNAL CREAM	Tier 3	
FREEDOM DERMA-N EXTERNAL CREAM	Tier 3	
HUMCO BASE PAIN MGMT EXTERNAL CREAM	Tier 3	
HYDROGEL GEL	Tier 3	
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	Tier 3	
<i>lipo cream base external cream</i>	Tier 3	
LIPOCREAM BASE EXTERNAL CREAM	Tier 3	
<i>lipofoam rx foam</i>	Tier 3	
<i>lipolayer external cream</i>	Tier 3	
<i>lipopen ultra base external cream</i>	Tier 3	
LIPOZYME EXTERNAL CREAM	Tier 3	
MEDIDERM EXTERNAL CREAM	Tier 3	
MEDIHOL BASE GEL	Tier 3	
<i>multi-phasic penetrating cmpd external cream</i>	Tier 3	
NOURILITE EXTERNAL CREAM	Tier 3	
NOURIVAN ANTIOX BASE EXTERNAL CREAM	Tier 3	
OCCLUVAN EXTERNAL OINTMENT	Tier 3	
OMNIBASE EXTERNAL CREAM	Tier 3	
PCCA ALADERM BASE EXTERNAL CREAM	Tier 3	
PCCA ANHYDROUS BASE OINTMENT	Tier 3	
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA BIOPEPTIDE BASE EXTERNAL CREAM	Tier 3	
PCCA COBASE #1 EXTERNAL OINTMENT	Tier 3	
PCCA COSMETIC HRT BASE EXTERNAL CREAM	Tier 3	
PCCA CUSTOM LIPO-MAX EXTERNAL CREAM	Tier 3	
PCCA ELLAGE VAGINAL CREAM	Tier 3	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM	Tier 3	

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Drug	Status	Notes
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM	Tier 3	
PCCA MVC BASE EXTERNAL CREAM	Tier 3	
PCCA NATACREAM EXTERNAL CREAM	Tier 3	
PCCA POLYPEG BASE EXTERNAL OINTMENT	Tier 3	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	Tier 3	
PCCA VANPEN BASE EXTERNAL CREAM	Tier 3	
<i>penderm external cream</i>	Tier 3	
<i>pensomal external cream</i>	Tier 3	
PHARMABASE COSMETIC EXTERNAL CREAM	Tier 3	
PHARMABASE HEAVY EXTERNAL CREAM	Tier 3	
PHYTOBASE EXTERNAL CREAM	Tier 3	
PLO GEL - MEDIFLO 30 EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL	Tier 3	
PLO GEL - MEDIFLO EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL	Tier 3	
<i>p-siloxan ds external cream</i>	Tier 3	
<i>sa3 derm external cream</i>	Tier 3	
<i>salt durable cream external cream</i>	Tier 3	
SALT STABLE LS ADVANCED EXTERNAL CREAM	Tier 3	
SALTSTABLE LO EXTERNAL CREAM	Tier 3	
<i>silprotex plus external cream</i>	Tier 3	
<i>skyy derm external cream</i>	Tier 3	
<i>teroderm external cream</i>	Tier 3	
<i>teroderm-plus external cream</i>	Tier 3	
<i>vanishing cream botanical base external cream</i>	Tier 3	
<i>vanishing external cream</i>	Tier 3	
<i>vanish-pen external cream</i>	Tier 3	
VASELINE EXTERNAL GEL	Tier 3	
VERSAPRO EXTERNAL CREAM	Tier 3	

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Drug	Status	Notes
VERSAPRO FOAM	Tier 3	
VERSATILE ANHYDROUS CREAM BASE CREAM	Tier 3	
<i>versatile cream base external cream</i>	Tier 3	
VERSATILE RICH BASE EXTERNAL CREAM	Tier 3	
<i>vp dermabase external cream</i>	Tier 3	
XEMATOP BASE EXTERNAL CREAM	Tier 3	
ZOE SCRIPTS IDEALBASE EXTERNAL CREAM	Tier 3	
<b>Progestins</b>		
<b>Progestins</b>		
<i>ec-rx progesterone transdermal cream 10 %, 20 %</i>	Tier 3	
GALLIFREY ORAL TABLET 5 MG	Tier 1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 1	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION IN THE PAST 120 DAYS
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized transdermal cream 10 %</i>	Tier 3	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 200 MG	Tier 1	
<b>Psychotherapeutic And Neurological Agents - Misc.</b>		
<b>Agents For Chemical Dependency</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>lofexidine hcl oral tablet 0.18 mg</i>	Tier 1	PA
<b>Anti-Cataleptic Agents</b>		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 3	PA; SP
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 3	PA; SP
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 3	PA; SP
XYWAV ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
<b>Antidementia Agents</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	

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Drug	Status	Notes
<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 (1 EA per 1 day)
<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 (2 EA per 1 day)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 3	PA; SP
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	Tier 1	QL (49 EA per 28 days)
<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 DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 3	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
<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 (1 EA per 1 day)
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
<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 (1 EA per 1 day)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Hypoactive Sexual Desire Disorder (Hsdd) Agents</b>		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA
<b>Movement Disorder Drug Therapy</b>		
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA; SP
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 2	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 2	PA; SP
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA; SP
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA; SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Tier 1	PA; SP
<i> fingolimod hcl oral capsule 0.5 mg</i>	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 2	PA; SP
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP

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Drug	Status	Notes
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 2	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 2	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 2	PA; SP
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Tier 3	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA; SP

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Drug	Status	Notes
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 2	PA; SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 3	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Tier 3	PA; SP
<b>Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents</b>		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	Tier 3	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: PREGABALIN (IR), GABAPENTIN, TCA, DULOXETINE, VENLAFAXINE, VALPROIC ACID OR DIVALPROEX IN THE PAST 365 DAYS; QL (3 EA per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: PREGABALIN (IR), GABAPENTIN, TCA, DULOXETINE, VENLAFAXINE, VALPROIC ACID OR DIVALPROEX IN THE PAST 365 DAYS; QL (2 EA per 1 day)
<b>Premenstrual Dysphoric Disorder (Pmdd) Agents</b>		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	Tier 1	
<b>Pseudobulbar Affect (Pba) Agents</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
<b>Psychotherapeutic And Neurological Agents - Misc.</b>		
AQNEURSA ORAL PACKET 1 GM	Tier 2	PA; SP
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA; SP
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Smoking Deterrents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine mouth/throat lozenge 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine polacrilex mouth/throat gum 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>folding paddle walker</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>goodsense nicotine polacrilex mouth/throat gum 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

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Drug	Status	Notes
KLS QUIT2 MOUTH/THROAT GUM 2 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT GUM 4 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH; QL (10 ML per 2 days)
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

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Drug	Status	Notes
THRIVE MOUTH/THROAT GUM 2 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	\$0	\$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Transthyretin Amyloidosis Agents</b>		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 3	PA; SP
<b>Vasomotor Symptom Agents</b>		
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Tier 1	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<b>Respiratory Agents - Misc.</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 3	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 3	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	Tier 3	PA; SP
<b>Cystic Fibrosis Agents</b>		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 2	PA; SP
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 3	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)

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Drug	Status	Notes
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 3	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 2	PA; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 2	PA; SP
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 2	PA; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 2	PA; SP
<b>Pulmonary Fibrosis Agents</b>		
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	Tier 1	PA; SP
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Tier 1	PA; SP
<b>Respiratory Agents - Misc.</b>		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
<b>Sulfonamides</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Tetracyclines</b>		
<b>Aminomethylcyclines</b>		
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<b>Tetracyclines</b>		
<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 oral tablet 100 mg, 20 mg</i>	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET IN THE PAST 120 DAYS
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</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 oral capsule 75 mg</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 oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 150 mg</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>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST: TRIAL OF GENERIC MINOCYCLINE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<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	

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Drug	Status	Notes
<b>Thyroid Agents</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<i>sodium iodide i-131 oral solution 1000 mcil/ml</i>	Tier 1	
<b>Thyroid Hormones</b>		
ERMEZA ORAL SOLUTION 150 MCG/5ML	Tier 3	PA
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	PA; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
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 ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
<b>Toxoids</b>		
<b>Toxoid Combinations</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL INTRAMUSCULAR SUSPENSION 23- 15-5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX INTRAMUSCULAR SUSPENSION 25-58- 10	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

#### Ulcer Drugs/Antispasmodics/Anticholinergics

##### Antispasmodics

<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<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	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<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	

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Drug	Status	Notes
<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 sl sublingual tablet sublingual 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 3	
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 3	
LEVVID 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	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 3	
<i>oscimin oral tablet 0.125 mg</i>	Tier 3	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 3	
<b>H-2 Antagonists</b>		
<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 oral capsule 150 mg, 300 mg</i>	Tier 1	
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gm</i>	Tier 1	
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 1	ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Tier 1	QL (2 EA per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral packet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 3	
FIRST-PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML	Tier 3	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Tier 1	ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole sodium oral packet 40 mg</i>	Tier 1	ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	QL (1 EA per 1 day)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; QL (1 EA per 1 day)
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
<b>Ulcer Therapy Combinations</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	Tier 1	QL (112 EA per 10 days)
<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	

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Drug	Status	Notes
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	Tier 1	ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 3	QL (168 EA per 14 days); AGE (Min 18 Years)
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)
<b>Urinary Antispasmodics</b>		
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Tier 1	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<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 2.5 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	
<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	
<b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	
<b>Vaccines</b>		
<b>Bacterial Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<i>penmenvy intramuscular suspension reconstituted</i>	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Viral Vaccines</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
AFLURIA INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST NASAL LIQUID	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
IPOL INJECTION SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<i>nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml</i>	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ ORAL SOLUTION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Vaginal Products</b>		
<b>Miscellaneous Vaginal Products</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	Tier 3	
<b>Spermicides</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG	\$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	\$0	
TODAY SPONGE VAGINAL 1000 MG	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	\$0	
<b>Unknown</b>		
PHEXX VAGINAL GEL 1.8-1-0.4 %	\$0	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0	
<b>Vaginal Anti-Infectives</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	

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Drug	Status	Notes
CLINDESSE VAGINAL CREAM 2 %	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 3	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
VANAZOLE VAGINAL GEL 0.75 %	Tier 3	
<b>Vaginal Estrogens</b>		
<i>estradiol vaginal cream 0.01 %</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS; QL (18 EA per 28 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
<b>Vaginal Progestins</b>		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 3	
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	Tier 3	

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Drug	Status	Notes
<i>progesterone vaginal insert 100 mg</i>	Tier 1	
<b>Vasopressors</b>		
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Tier 2	QL (2 EA per 365 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 3	QL (4 EA per 1 FILL)
<b>Neurogenic Orthostatic Hypotension (Noh) - Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; SP
<b>Vasopressors</b>		
<i>epinephrine injection solution prefilled syringe 1 mg/ml</i>	Tier 1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>phenylephrine hcl-nacl intravenous solution 40-0.9 mg/250ml-%</i>	Tier 1	
<b>Vitamins</b>		
<b>Oil Soluble Vitamins</b>		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Tier 1	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	Tier 1	
<i>phytonadione oral tablet 5 mg</i>	Tier 1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Tier 1	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	Tier 1	
<b>Water Soluble Vitamins</b>		
<i>pyridoxine hcl injection solution 100 mg/ml</i>	Tier 1	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	Tier 1	

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