# PREFERRED GENERIC AND BRANDED MEDICATIONS

Marketplace Drug List
**Effective October 1, 2026**

This **Preferred Drug List** is regularly updated, but it may not reflect your specific plan coverage. Please contact **Prescryptive Member Services** at the number on your Member ID card for the most up to date drug benefit or coverage information.

## Prescription Coverage

Your plan covers drugs on the Marketplace Drug List. This list of covered medications provides a guide for plan members and their healthcare providers to finding more cost effective, FDA approved medications

## Choosing Your Pharmacy

**Filling your prescription at a network pharmacy**

You have access to Prescryptive's nationwide network with thousands of participating pharmacies. To have your medication covered, you will need to use a participating pharmacy and show your Member ID card before purchasing your prescription. If you go to a pharmacy not in the network, the cost of your prescription may be higher and not fully covered, and you may need to pay for the prescription in full, and then manually submit for reimbursement using the **Direct Member Reimbursement Form**.

Log-in to your member account at **www.myprescryptive.com** to use the searchable pharmacy tool to find a pharmacy that is part of the Prescryptive nationwide network. Or, call Prescryptive Member Services at the number on the back of your Member ID for assistance.

**Home Delivery/Mail Order**

Most retail pharmacies can fill up to a 90-day supply of maintenance medications. It is your choice to use home delivery as a convenient way to ensure you maintain your supply of any maintenance medications you are taking. For more information about our home delivery or mail order service visit our website or call Prescryptive Member Services at the number on the back of your Member ID for assistance.

## What is a Four Tier Drug List?

Please refer to your benefit plan summary for more information about your specific benefit. With the Four Tier Drug List, the covered prescription medications fall into one of four cost levels or tiers, as outlined below. What you pay will depend on which tier your medication is in. Your benefit summary documents will provide the cost to you for each of the four tiers. **To help you save money, ask your healthcare provider to consider the following when selecting a course of treatment:**

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- **Consider prescribing a generic medication (Tier 1 or 2) as a first option.**
- If there is no generic available, there may be more than one brand name medication to treat a condition. When clinically appropriate, consider one of the **preferred** medications (Tier 3) identified on this list for a more cost-effective choice.

| Tier Level | Description |
|---|---|
| **Tier 1 and 2** Lowest Member Cost | Generic drugs |
| **Tier 3** Lower Member Cost | Preferred brand drugs |
| **Tier 4** Highest Member Cost | Non-preferred brand drugs |

## Covered Drug List: Definitions For Terms Within the Notes Column

Before you review the Covered Drug List below, it is helpful to understand the information in the Notes column. The Notes column shows any extra coverage or clinical requirements that may apply to a medication.

The sections below explain what you may see in the Notes column and what each term means.

**Prior Authorization (PA)**

You may see PA Required in the Notes section. PA means Prior Authorization, which supports coverage of safe, effective, and high value medications. The PA process helps you and your doctor choose quality medications that provide the most value for improving your health.

Medications identified as PA Required on this list require approval prior to your health plan covering the medication. Only a written prior authorization approval will guarantee coverage for such products, and quantity limits may apply. Read on to learn more about the Prior Authorization process.

**How do I get approval for a medication that is identified as PA required on this list?**

Step 1. You and your healthcare provider consider all treatment options and decide a medication on the list below is the correct treatment for you.

Step 2. Your healthcare provider fills out a Prior Authorization Request Form. This form can be found at **www.prescryptive.com/resources.**

Step 3. Questions? Call Member Services at the phone number on the back of your Member ID card.

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**How will I be informed of the outcome of the Prior Authorization process?**

You will be notified of your approval or denial through the mail. We will send a letter by mail to the address we have on file for you. Letters are sent to both you and your requesting provider.

The notice will include:

- Rationale for the approval or denial.
- Detailed review criteria or benefit provisions used in the determination, and instructions for how to
- obtain a copy of the review criteria.
- Details about how to initiate a member appeal.
- Information about how a provider can contact the reviewer regarding how the decision was made.

**Quantity Limit (QL)**

Some medications have a limit on the amount that can be covered within a set time period. This is called a quantity limit. These limits are based on safe and effective dosing guidelines.

If a medication has a quantity limit, it will be shown in the Notes column (for example: "Quantity Limit (60 EA per 30 days)"). This means the plan will cover up to a set number of units (such as tablets, capsules, or milliliters) within a specified time period.

If your provider determines that you need more than the allowed amount, they can request an exception for review.

**ACA Drugs**

ACA stands for Affordable Care Act. Medications with ACA in the Notes column are covered at no cost to members ($0 copay).

**Healthy Value Drugs**

These are maintenance and preventive medications that can help prevent many illnesses and conditions for people who have certain risk factors. These medications are different from the list of preventive medications mandated by ACA (previous definition) to be covered by health plans at no cost to members. Some benefit plans may provide different coverage for Healthy Values Drugs. Under some plans you may not need to pay a copay, coinsurance and/or deductible for these medications. Check your plan documents to determine your benefit coverage. If your prescription benefit plan provides coverage of maintenance or preventive medications prior to meeting your deductible, you may pay less or perhaps nothing for the medications on this list, which may help you save money and stay on your treatment plan.

**Specialty Drugs**

Specialty medications are also identified in the Notes column. All specialty medications are managed and dispensed by the Specialty Pharmacy network and will require a Prior Authorization before these medications are covered under your benefit plan. With written approval, your plan will cover a portion of

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the cost of these medications as detailed in your benefit plan document, along with the support services provided by the Specialty Pharmacy care team to help with your treatment success.

## Covered Drug List

The following list provides the tier coverage of each drug, along with any prior authorization requirements and step therapy requirements. Refer to your Benefit Plan Summary to understand how much your cost will be for each medication based upon its Tier classification.

**Please note:**

- Pharmacy products and services covered by your benefit plan may change from time to time. Some products and services may not be covered under a specific member's plan design. The information provided here is for general information purposes only and does not guarantee coverage. Some pharmacy products and services require Prior Authorization or Step Therapy before they are covered. Only a written authorization approval will guarantee coverage for such products and services. To confirm your coverage, please contact Prescryptive Member Services at the number on your Member ID card.

- Over-the-counter (OTC) drugs and OTC equivalents are excluded from your benefit plan. If there is a dosage of an OTC medication not available over the counter, it may be covered and included in this Covered Drug List.

- The information provided in this document is not intended to, and does not modify or replace, any terms of your prescription drug benefit plan as recorded in your official plan documents. In the event of any conflict between this document and your official plan documents, the latter shall be controlling.

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# Marketplace Drug List

**Effective October 1, 2026**

| Drug Name | Tier | Notes |
|---|---|---|
| ***Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants* - Drugs For The Nervous System** | | |
| ***Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder** | | |
| clonidine hcl er oral tablet extended release 12 hour 0.1 mg | Tier 2 | Quantity Limit (120 per 30 days) |
| guanfacine hcl er tablet extended release 24 hour 1 mg oral | Tier 1 | Quantity Limit (30 per 30 days) |
| guanfacine hcl er tablet extended release 24 hour 2 mg oral | Tier 1 | Quantity Limit (90 per 30 days) |
| guanfacine hcl er tablet extended release 24 hour 3 mg oral | Tier 1 | Quantity Limit (60 per 30 days) |
| guanfacine hcl er tablet extended release 24 hour 4 mg oral | Tier 1 | Quantity Limit (30 per 30 days) |
| ***Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** - Drugs For Attention Deficit Disorder** | | |
| atomoxetine hcl capsule 10 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| atomoxetine hcl capsule 100 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| atomoxetine hcl capsule 18 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| atomoxetine hcl capsule 25 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| atomoxetine hcl capsule 40 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| atomoxetine hcl capsule 60 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| atomoxetine hcl capsule 80 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| ***Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder** | | |
| amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| amphetamine-dextroamphetamine tablet 10 mg oral | Tier 2 | |
| amphetamine-dextroamphetamine tablet 12.5 mg oral | Tier 2 | |
| amphetamine-dextroamphetamine tablet 15 mg oral | Tier 2 | |
| amphetamine-dextroamphetamine tablet 20 mg oral | Tier 2 | |
| amphetamine-dextroamphetamine tablet 30 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| amphetamine-dextroamphetamine tablet 5 mg oral | Tier 1 | |
| amphetamine-dextroamphetamine tablet 7.5 mg oral | Tier 2 | |
| ***Amphetamines*** - Drugs For Attention Deficit Disorder** | | |
| dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| dextroamphetamine sulfate oral solution 5 mg/5ml | Tier 2 | Quantity Limit (1800 per 30 days) |
| dextroamphetamine sulfate tablet 10 mg oral | Tier 2 | |
| dextroamphetamine sulfate tablet 5 mg oral | Tier 2 | |
| lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| methamphetamine hcl oral tablet 5 mg | Tier 2 | Quantity Limit (150 per 30 days) |
| PROCENTRA ORAL SOLUTION 5 MG/5ML | Tier 2 | Quantity Limit (1800 per 30 days) |
| ZENZEDI TABLET 10 MG ORAL | Tier 2 | |
| ZENZEDI TABLET 5 MG ORAL | Tier 2 | |
| ***Analeptics*** - Drugs For The Nervous System** | | |
| caffeine citrate oral solution 60 mg/3ml | Tier 2 | |
| ***Anorexiant Combinations*** - Drugs For The Nervous System** | | |
| phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days); Review your Plan's SPD to confirm coverage |
| ***Anorexiants Non-Amphetamine*** - Drugs For The Nervous System** | | |
| benzphetamine hcl tablet 50 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (90 per 30 days) |
| diethylpropion hcl er oral tablet extended release 24 hour 75 mg | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| diethylpropion hcl oral tablet 25 mg | Tier 2 | Prior Authorization Required; Quantity Limit (90 per 30 days) |
| LOMAIRA ORAL TABLET 8 MG | Tier 4 | Prior Authorization Required; Quantity Limit (90 per 30 days); Review your Plan's SPD to confirm coverage |
| phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| phendimetrazine tartrate oral tablet 35 mg | Tier 2 | Prior Authorization Required; Quantity Limit (180 per 30 days) |
| phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg | Tier 1 | Prior Authorization Required; Quantity Limit (30 per 30 days); Review your Plan's SPD to confirm coverage |
| phentermine hcl tablet 37.5 mg oral | Tier 1 | Prior Authorization Required; Quantity Limit (30 per 30 days); Review your Plan's SPD to confirm coverage |
| phentermine hcl tablet 8 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (90 per 30 days); Review your Plan's SPD to confirm coverage |
| ***Anti-Obesity - Gip & Glp-1 Receptor Agonists*** - Drugs For The Nervous System** | | |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days); Review your Plan's SPD to confirm coverage |
| ***Anti-Obesity - Glp-1 Receptor Agonists*** - Drugs For The Nervous System** | | |
| FOUNDAYO TABLET 0.8 MG ORAL | Tier 3 | Prior Authorization Required |
| FOUNDAYO TABLET 14.5 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| FOUNDAYO TABLET 17.2 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| FOUNDAYO TABLET 2.5 MG ORAL | Tier 3 | Prior Authorization Required |
| FOUNDAYO TABLET 5.5 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| FOUNDAYO TABLET 9 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml | Tier 2 | Specialty; Quantity Limit (15 per 30 days) |
| WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days); Review your Plan's SPD to confirm coverage |

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| Drug Name | Tier | Notes |
|---|---|---|
| WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage |
| WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage |
| WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage |
| WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (3 per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage |
| WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (3 per 28 days); MASH/NASH is a covered indication; Review your Plan's SPD to confirm coverage |
| ***Anti-Obesity Agent Combinations** - Drugs For The Nervous System** | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG | Tier 4 | Prior Authorization Required; Quantity Limit (120 per 30 days); Review your Plan's SPD to confirm coverage |
| ***Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*** - Drugs For Sleep Disorder** | | |
| SUNOSI ORAL TABLET 150 MG, 75 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Histamine H3-Receptor Antagonist/Inverse Agonists*** - Drugs For Sleep Disorder** | | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Stimulant Combinations*** - Drugs For Attention Deficit Disorder** | | |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Stimulants - Misc.*** - Drugs For Attention Deficit Disorder** | | |
| armodafinil tablet 150 mg oral | Tier 2 | |
| armodafinil tablet 200 mg oral | Tier 2 | |
| armodafinil tablet 250 mg oral | Tier 2 | |
| armodafinil tablet 50 mg oral | Tier 1 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| dexmethylphenidate hcl tablet 10 mg oral | Tier 2 | |
| dexmethylphenidate hcl tablet 2.5 mg oral | Tier 1 | |
| dexmethylphenidate hcl tablet 5 mg oral | Tier 1 | |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er (cd) capsule extended release 10 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er (cd) capsule extended release 20 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er (cd) capsule extended release 30 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er (cd) capsule extended release 40 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er (cd) capsule extended release 50 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er (cd) capsule extended release 60 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| methylphenidate hcl er (osm) tablet extended release 18 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er (osm) tablet extended release 27 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er (osm) tablet extended release 36 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er (osm) tablet extended release 54 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er oral tablet extended release 10 mg, 20 mg | Tier 2 | Quantity Limit (90 per 30 days) |
| methylphenidate hcl er tablet extended release 24 hour 18 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er tablet extended release 24 hour 27 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl er tablet extended release 24 hour 36 mg oral | Tier 4 | Quantity Limit (60 per 30 days) |
| methylphenidate hcl er tablet extended release 24 hour 54 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| methylphenidate hcl solution 10 mg/5ml oral | Tier 2 | Quantity Limit (900 per 30 days) |
| methylphenidate hcl solution 5 mg/5ml oral | Tier 2 | Quantity Limit (450 per 30 days) |
| methylphenidate hcl tablet 10 mg oral | Tier 1 | |
| methylphenidate hcl tablet 20 mg oral | Tier 2 | |
| methylphenidate hcl tablet 5 mg oral | Tier 1 | |
| modafinil oral tablet 100 mg, 200 mg | Tier 2 | |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML | Tier 3 | Quantity Limit (360 per 30 days) |
| ***Allergenic Extracts/Biologicals Misc* - Biological Agents** | | |
| ***Allergenic Extracts*** - Biological Agents** | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU | Tier 4 | |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Mixed Allergenic Extracts*** - Biological Agents** | | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM | Tier 4 | |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR | Tier 4 | |
| ***Amebicides* - Drugs For Infections** | | |
| ***Amebicides*** - Drugs For Parasites** | | |
| SOLOSEC ORAL PACKET 2 GM | Tier 3 | |
| ***Aminoglycosides* - Drugs For Infections** | | |
| ***Aminoglycosides*** - Antibiotics** | | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (235.2 per 28 days) |
| HUMATIN ORAL CAPSULE 250 MG | Tier 3 | |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML | Tier 4 | |
| neomycin sulfate oral tablet 500 mg | Tier 1 | |
| TOBI PODHALER INHALATION CAPSULE 28 MG | Tier 4 | |
| tobramycin nebulization solution 300 mg/4ml inhalation | Tier 2 | |
| tobramycin nebulization solution 300 mg/5ml inhalation | Tier 2 | |
| ***Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever** | | |
| ***Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs** | | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (360 per 30 days) |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL | Tier 3 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| tofacitinib citrate er tablet extended release 24 hour 11 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| tofacitinib citrate er tablet extended release 24 hour 22 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| tofacitinib citrate oral solution 1 mg/ml | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| tofacitinib citrate tablet 10 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| tofacitinib citrate tablet 5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| XELJANZ ORAL SOLUTION 1 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| XELJANZ TABLET 10 MG ORAL | Tier 3 | Specialty; Prior Authorization Required |
| XELJANZ TABLET 5 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL | Tier 3 | Specialty; Prior Authorization Required |
| ***Antirheumatic Antimetabolites*** - Arthritis And Pain Drugs** | | |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | Tier 3 | |
| ***Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs** | | |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (0.8 per 28 days) |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1.6 per 28 days) |
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (0.8 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1.6 per 28 days) |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ***Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs** | | |
| celecoxib capsule 100 mg oral | Tier 1 | |
| celecoxib capsule 200 mg oral | Tier 1 | |
| celecoxib capsule 400 mg oral | Tier 2 | |
| celecoxib capsule 50 mg oral | Tier 1 | |
| VYSCOXA ORAL SUSPENSION 10 MG/ML | Tier 4 | |
| ***Gold Compounds*** - Arthritis And Pain Drugs** | | |
| auranofin oral capsule 3 mg | Tier 4 | |
| RIDAURA ORAL CAPSULE 3 MG | Tier 4 | |
| ***Interleukin-1 Blockers*** - Arthritis And Pain Drugs** | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (8 per 28 days) |
| ***Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs** | | |
| AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3.6 per 28 days) |
| AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3.6 per 28 days) |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2.28 per 28 days) |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2.28 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3.6 per 28 days) |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3.6 per 28 days) |
| ***Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs** | | |
| COMBOGESIC ORAL TABLET 325-97.5 MG | Tier 4 | |
| diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg | Tier 2 | |
| ibuprofen-famotidine oral tablet 800-26.6 mg | Tier 4 | |
| naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg | Tier 4 | |
| ***Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs** | | |
| COXANTO ORAL CAPSULE 300 MG | Tier 4 | |
| diclofenac potassium oral capsule 25 mg | Tier 2 | |
| diclofenac potassium tablet 25 mg oral | Tier 4 | |
| diclofenac potassium tablet 50 mg oral | Tier 2 | |
| diclofenac sodium er oral tablet extended release 24 hour 100 mg | Tier 2 | |
| diclofenac sodium tablet delayed release 25 mg oral | Tier 2 | |
| diclofenac sodium tablet delayed release 50 mg oral | Tier 1 | |
| diclofenac sodium tablet delayed release 75 mg oral | Tier 1 | |
| etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg | Tier 2 | |
| etodolac oral capsule 200 mg, 300 mg | Tier 2 | |
| etodolac oral tablet 400 mg, 500 mg | Tier 2 | |
| fenoprofen calcium capsule 200 mg oral | Tier 4 | |
| fenoprofen calcium capsule 300 mg oral | Tier 2 | |
| fenoprofen calcium capsule 400 mg oral | Tier 4 | |
| FENOPRON ORAL CAPSULE 300 MG | Tier 2 | |
| flurbiprofen oral tablet 100 mg, 50 mg | Tier 4 | |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | Tier 1 | |
| ibuprofen tablet 300 mg oral | Tier 4 | |
| ibuprofen tablet 400 mg oral | Tier 1 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ibuprofen tablet 600 mg oral | Tier 1 | |
| ibuprofen tablet 800 mg oral | Tier 1 | |
| INDOCIN RECTAL SUPPOSITORY 50 MG | Tier 2 | Prior Authorization Required; Quantity Limit (120 per 30 days) |
| indomethacin er oral capsule extended release 75 mg | Tier 1 | |
| indomethacin oral capsule 25 mg, 50 mg | Tier 1 | |
| indomethacin oral suspension 25 mg/5ml | Tier 2 | |
| indomethacin suppository 50 mg rectal | Tier 2 | Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ketoprofen capsule 25 mg oral | Tier 4 | |
| ketoprofen capsule 50 mg oral | Tier 4 | |
| ketoprofen er oral capsule extended release 24 hour 200 mg | Tier 4 | |
| ketorolac tromethamine tablet 10 mg oral | Tier 1 | |
| LOFENA ORAL TABLET 25 MG | Tier 4 | |
| LURBIRO ORAL TABLET 100 MG | Tier 4 | |
| meclofenamate sodium oral capsule 100 mg, 50 mg | Tier 4 | |
| mefenamic acid oral capsule 250 mg | Tier 2 | |
| meloxicam oral capsule 10 mg, 5 mg | Tier 4 | |
| meloxicam oral suspension 7.5 mg/5ml | Tier 4 | |
| meloxicam oral tablet 15 mg, 7.5 mg | Tier 1 | |
| nabumetone oral tablet 500 mg, 750 mg | Tier 1 | |
| naproxen dr oral tablet delayed release 500 mg | Tier 2 | |
| naproxen oral suspension 125 mg/5ml | Tier 2 | |
| naproxen oral tablet 250 mg, 375 mg, 500 mg | Tier 1 | |
| naproxen oral tablet delayed release 375 mg, 500 mg | Tier 2 | |
| naproxen sodium er tablet extended release 24 hour 375 mg oral | Tier 2 | |
| naproxen sodium er tablet extended release 24 hour 500 mg oral | Tier 2 | |
| naproxen sodium er tablet extended release 24 hour 750 mg oral | Tier 4 | |
| naproxen sodium tablet 275 mg oral | Tier 2 | |
| naproxen sodium tablet 550 mg oral | Tier 2 | |
| orudis oral capsule 75 mg | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| oxaprozin oral capsule 300 mg | Tier 4 | |
| oxaprozin oral tablet 600 mg | Tier 2 | |
| piroxicam oral capsule 10 mg, 20 mg | Tier 2 | |
| RELAFEN DS ORAL TABLET 1000 MG | Tier 4 | |
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY | Tier 4 | |
| sulindac oral tablet 150 mg, 200 mg | Tier 1 | |
| TOLECTIN 600 ORAL TABLET 600 MG | Tier 4 | |
| TOLECTIN DS ORAL CAPSULE 400 MG | Tier 4 | |
| tolmetin sodium oral capsule 400 mg | Tier 4 | |
| tolmetin sodium oral tablet 200 mg, 600 mg | Tier 4 | |
| ZYBIC ORAL SUSPENSION 7.5 MG/5ML | Tier 4 | |
| ***Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs** | | |
| OTEZLA ORAL TABLET 20 MG, 30 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG | Tier 3 | Specialty; Prior Authorization Required |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG | Tier 3 | Specialty; Prior Authorization Required |
| ***Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs** | | |
| leflunomide oral tablet 10 mg, 20 mg | Tier 2 | |
| ***Selective Costimulation Modulators*** - Arthritis And Pain Drugs** | | |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (1.6 per 28 days) |
| ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2.8 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs** | | |
| ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2.04 per 28 days) |
| ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ***Analgesics - Nonnarcotic* - Drugs For Pain And Fever** | | |
| ***Analgesics - Selective Nav1.8 Sodium Channel Inhibitors*** - Arthritis And Pain Drugs** | | |
| JOURNAVX ORAL TABLET 50 MG | Tier 4 | |
| ***Analgesics-Sedatives*** - Arthritis And Pain Drugs** | | |
| ALLZITAL ORAL TABLET 25-325 MG | Tier 4 | Quantity Limit (360 per 30 days) |
| BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG | Tier 1 | Quantity Limit (180 per 30 days) |
| butalbital-acetaminophen oral capsule 50-300 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| butalbital-apap-caffeine oral solution 50-325-40 mg/15ml | Tier 4 | Quantity Limit (2700 per 30 days) |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | Tier 1 | Quantity Limit (180 per 30 days) |
| butalbital-aspirin-caffeine oral capsule 50-325-40 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| TENCON ORAL TABLET 50-325 MG | Tier 4 | Quantity Limit (180 per 30 days) |
| ***Salicylates*** - Arthritis And Pain Drugs** | | |
| aspirin 81 oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| aspirin 81 oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| aspirin adult low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| aspirin adult low strength oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| aspirin childrens oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| aspirin ec adult low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| aspirin ec low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| aspirin ec low strength oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| aspirin low dose oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| aspirin low strength oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| aspirin oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| aspirin regimen oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| aspirin tablet delayed release 81 mg oral | Tier 1 | ACA Drug |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | ACA Drug |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG | Tier 1 | ACA Drug |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | ACA Drug |
| childrens aspirin oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| cvs aspirin adult low dose oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| cvs aspirin adult low strength oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| cvs aspirin ec oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| cvs aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| cvs aspirin low strength oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| diflunisal oral tablet 500 mg | Tier 2 | |
| DOLOBID ORAL TABLET 250 MG, 375 MG | Tier 4 | |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG | Tier 1 | ACA Drug |
| eq aspirin adult low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| eq aspirin low dose oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| eq aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| eql aspirin low dose oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| eql aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| ft aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| ft aspirin oral tablet chewable 81 mg | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| gnp adult aspirin low strength tablet chewable 81 mg oral | Tier 1 | ACA Drug |
| gnp aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| gnp aspirin tablet delayed release 81 mg oral | Tier 1 | ACA Drug |
| goodsense aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| goodsense aspirin oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| h-e-b aspirin oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| kls aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| kp aspirin oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| mm aspirin oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| qc aspirin low dose oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| qc aspirin low dose oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| salsalate oral tablet 500 mg, 750 mg | Tier 2 | |
| sb childrens aspirin oral tablet chewable 81 mg | Tier 1 | ACA Drug |
| sb low dose asa ec oral tablet delayed release 81 mg | Tier 1 | ACA Drug |
| ***Analgesics - Opioid* - Drugs For Pain And Fever** | | |
| ***Codeine Combinations*** - Arthritis And Pain Drugs** | | |
| acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml | Tier 4 | Quantity Limit (2700 per 30 days) |
| acetaminophen-codeine tablet 300-15 mg oral | Tier 1 | Quantity Limit (360 per 30 days) |
| acetaminophen-codeine tablet 300-30 mg oral | Tier 1 | Quantity Limit (360 per 30 days) |
| acetaminophen-codeine tablet 300-60 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG | Tier 2 | Quantity Limit (180 per 30 days) |
| butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| ***Dihydrocodeine Combinations*** - Arthritis And Pain Drugs** | | |
| apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg | Tier 4 | Quantity Limit (300 per 30 days) |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | Tier 4 | Quantity Limit (300 per 30 days) |
| ***Hydrocodone Combinations*** - Arthritis And Pain Drugs** | | |
| hydrocodone-acetaminophen solution 10-300 mg/15ml oral | Tier 4 | Quantity Limit (2025 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral | Tier 2 | Quantity Limit (2700 per 30 days) |
| hydrocodone-acetaminophen solution 5-217 mg/10ml oral | Tier 2 | Quantity Limit (2700 per 30 days) |
| hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral | Tier 2 | Quantity Limit (2700 per 30 days) |
| hydrocodone-acetaminophen tablet 10-300 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| hydrocodone-acetaminophen tablet 10-325 mg oral | Tier 1 | Quantity Limit (180 per 30 days) |
| hydrocodone-acetaminophen tablet 2.5-325 mg oral | Tier 3 | Quantity Limit (240 per 30 days) |
| hydrocodone-acetaminophen tablet 5-300 mg oral | Tier 2 | Quantity Limit (240 per 30 days) |
| hydrocodone-acetaminophen tablet 5-325 mg oral | Tier 1 | Quantity Limit (240 per 30 days) |
| hydrocodone-acetaminophen tablet 7.5-300 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| hydrocodone-acetaminophen tablet 7.5-325 mg oral | Tier 1 | Quantity Limit (180 per 30 days) |
| hydrocodone-ibuprofen tablet 10-200 mg oral | Tier 4 | Quantity Limit (150 per 30 days) |
| hydrocodone-ibuprofen tablet 5-200 mg oral | Tier 4 | Quantity Limit (150 per 30 days) |
| hydrocodone-ibuprofen tablet 7.5-200 mg oral | Tier 2 | Quantity Limit (150 per 30 days) |
| ***Opioid Agonists*** - Arthritis And Pain Drugs** | | |
| codeine sulfate tablet 15 mg oral | Tier 4 | Quantity Limit (180 per 30 days) |
| codeine sulfate tablet 30 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| codeine sulfate tablet 60 mg oral | Tier 4 | Quantity Limit (180 per 30 days) |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| DISKETS ORAL TABLET SOLUBLE 40 MG | Tier 2 | Quantity Limit (90 per 30 days) |
| fentanyl patch 72 hour 100 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| fentanyl patch 72 hour 12 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| fentanyl patch 72 hour 25 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| fentanyl patch 72 hour 37.5 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| fentanyl patch 72 hour 50 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| fentanyl patch 72 hour 62.5 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| fentanyl patch 72 hour 75 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| fentanyl patch 72 hour 87.5 mcg/hr transdermal | Tier 2 | Quantity Limit (15 per 30 days) |
| hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg | Tier 4 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| hydromorphone hcl liquid 1 mg/ml oral | Tier 2 | Quantity Limit (1440 per 30 days) |
| hydromorphone hcl tablet 2 mg oral | Tier 1 | Quantity Limit (180 per 30 days) |
| hydromorphone hcl tablet 4 mg oral | Tier 1 | Quantity Limit (180 per 30 days) |
| hydromorphone hcl tablet 8 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| levorphanol tartrate oral tablet 2 mg, 3 mg | Tier 2 | Quantity Limit (120 per 30 days) |
| meperidine hcl oral solution 50 mg/5ml | Tier 2 | Quantity Limit (1800 per 30 days) |
| meperidine hcl oral tablet 50 mg | Tier 2 | Quantity Limit (360 per 30 days) |
| METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML | Tier 2 | Quantity Limit (90 per 30 days) |
| methadone hcl oral concentrate 10 mg/ml | Tier 2 | Quantity Limit (90 per 30 days) |
| methadone hcl oral tablet soluble 40 mg | Tier 2 | Quantity Limit (90 per 30 days) |
| methadone hcl solution 10 mg/5ml oral | Tier 2 | Quantity Limit (450 per 30 days) |
| methadone hcl solution 5 mg/5ml oral | Tier 2 | Quantity Limit (900 per 30 days) |
| methadone hcl tablet 10 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| methadone hcl tablet 5 mg oral | Tier 1 | Quantity Limit (90 per 30 days) |
| METHADOSE ORAL TABLET SOLUBLE 40 MG | Tier 2 | Quantity Limit (90 per 30 days) |
| morphine sulfate (concentrate) solution 100 mg/5ml oral | Tier 2 | Quantity Limit (270 per 30 days) |
| morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| morphine sulfate er tablet extended release 100 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| morphine sulfate er tablet extended release 15 mg oral | Tier 1 | Quantity Limit (90 per 30 days) |
| morphine sulfate er tablet extended release 200 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| morphine sulfate er tablet extended release 30 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| morphine sulfate er tablet extended release 60 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| morphine sulfate solution 10 mg/5ml oral | Tier 1 | Quantity Limit (2700 per 30 days) |
| morphine sulfate solution 20 mg/5ml oral | Tier 2 | Quantity Limit (1350 per 30 days) |
| morphine sulfate tablet 15 mg oral | Tier 1 | Quantity Limit (360 per 30 days) |
| morphine sulfate tablet 30 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | Tier 3 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | Tier 4 | Quantity Limit (180 per 30 days) |
| oxycodone hcl oral capsule 5 mg | Tier 2 | Quantity Limit (360 per 30 days) |
| oxycodone hcl oral concentrate 100 mg/5ml | Tier 2 | Quantity Limit (270 per 30 days) |
| oxycodone hcl oral solution 5 mg/5ml | Tier 2 | Quantity Limit (5400 per 30 days) |
| oxycodone hcl tablet 10 mg oral | Tier 1 | Quantity Limit (180 per 30 days) |
| oxycodone hcl tablet 15 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| oxycodone hcl tablet 20 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| oxycodone hcl tablet 30 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| oxycodone hcl tablet 5 mg oral | Tier 1 | Quantity Limit (360 per 30 days) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg | Tier 4 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| oxymorphone hcl oral tablet 10 mg, 5 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| ROXYBOND TABLET ABUSE-DETERRENT 10 MG ORAL | Tier 4 | Quantity Limit (180 per 30 days) |
| ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL | Tier 4 | Quantity Limit (180 per 30 days) |
| ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL | Tier 4 | Quantity Limit (180 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL | Tier 4 | Quantity Limit (360 per 30 days) |
| tapentadol hcl oral solution 20 mg/ml | Tier 4 | Quantity Limit (30 per 1 day) |
| tapentadol hcl oral tablet 100 mg, 50 mg, 75 mg | Tier 2 | Quantity Limit (6 per 1 day) |
| tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| tramadol hcl oral solution 5 mg/ml | Tier 4 | Quantity Limit (2400 per 30 days) |
| tramadol hcl tablet 100 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| tramadol hcl tablet 25 mg oral | Tier 4 | Quantity Limit (240 per 30 days) |
| tramadol hcl tablet 50 mg oral | Tier 1 | Quantity Limit (240 per 30 days) |
| tramadol hcl tablet 75 mg oral | Tier 4 | Quantity Limit (5 per 1 day) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (240 per 30 days) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| XYVONA TABLET 2 MG ORAL | Tier 2 | |
| XYVONA TABLET 3 MG ORAL | Tier 2 | Quantity Limit (120 per 30 days) |
| ***Opioid Combinations*** - Arthritis And Pain Drugs** | | |
| ENDOCET TABLET 10-325 MG ORAL | Tier 2 | Quantity Limit (180 per 30 days) |
| ENDOCET TABLET 2.5-325 MG ORAL | Tier 2 | Quantity Limit (360 per 30 days) |
| ENDOCET TABLET 5-325 MG ORAL | Tier 1 | Quantity Limit (360 per 30 days) |
| ENDOCET TABLET 7.5-325 MG ORAL | Tier 2 | Quantity Limit (240 per 30 days) |
| nalocet oral tablet 2.5-300 mg | Tier 4 | Quantity Limit (360 per 30 days) |
| oxycodone-acetaminophen solution 10-300 mg/5ml oral | Tier 4 | Quantity Limit (900 per 30 days) |
| oxycodone-acetaminophen solution 5-325 mg/5ml oral | Tier 4 | Quantity Limit (1800 per 30 days) |
| oxycodone-acetaminophen tablet 10-300 mg oral | Tier 4 | Quantity Limit (180 per 30 days) |
| oxycodone-acetaminophen tablet 10-325 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| oxycodone-acetaminophen tablet 2.5-300 mg oral | Tier 4 | Quantity Limit (360 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| oxycodone-acetaminophen tablet 2.5-325 mg oral | Tier 2 | Quantity Limit (360 per 30 days) |
| oxycodone-acetaminophen tablet 5-300 mg oral | Tier 4 | Quantity Limit (360 per 30 days) |
| oxycodone-acetaminophen tablet 5-325 mg oral | Tier 1 | Quantity Limit (360 per 30 days) |
| oxycodone-acetaminophen tablet 7.5-300 mg oral | Tier 4 | Quantity Limit (240 per 30 days) |
| oxycodone-acetaminophen tablet 7.5-325 mg oral | Tier 2 | Quantity Limit (240 per 30 days) |
| PROLATE ORAL SOLUTION 10-300 MG/5ML | Tier 4 | Quantity Limit (900 per 30 days) |
| PROLATE TABLET 10-300 MG ORAL | Tier 4 | Quantity Limit (180 per 30 days) |
| PROLATE TABLET 5-300 MG ORAL | Tier 4 | Quantity Limit (360 per 30 days) |
| PROLATE TABLET 7.5-300 MG ORAL | Tier 4 | Quantity Limit (240 per 30 days) |
| ***Opioid Partial Agonists*** - Arthritis And Pain Drugs** | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | Tier 3 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| buprenorphine hcl tablet sublingual 2 mg sublingual | Tier 2 | |
| buprenorphine hcl tablet sublingual 8 mg sublingual | Tier 2 | |
| buprenorphine hcl-naloxone hcl film 12-3 mg sublingual | Tier 2 | Quantity Limit (60 per 30 days) |
| buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual | Tier 2 | Quantity Limit (120 per 30 days) |
| buprenorphine hcl-naloxone hcl film 4-1 mg sublingual | Tier 2 | Quantity Limit (60 per 30 days) |
| buprenorphine hcl-naloxone hcl film 8-2 mg sublingual | Tier 2 | Quantity Limit (60 per 30 days) |
| buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual | Tier 2 | Quantity Limit (120 per 30 days) |
| buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual | Tier 2 | Quantity Limit (90 per 30 days) |
| butorphanol tartrate nasal solution 10 mg/ml | Tier 2 | Quantity Limit (7.5 per 30 days) |
| pentazocine-naloxone hcl oral tablet 50-0.5 mg | Tier 2 | Quantity Limit (360 per 30 days) |
| ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL | Tier 4 | Quantity Limit (30 per 30 days) |
| ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL | Tier 4 | Quantity Limit (90 per 30 days) |
| ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL | Tier 4 | Quantity Limit (30 per 30 days) |
| ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL | Tier 4 | Quantity Limit (30 per 30 days) |
| ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL | Tier 4 | Quantity Limit (30 per 30 days) |
| ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL | Tier 4 | Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Tramadol Combinations*** - Arthritis And Pain Drugs** | | |
| tramadol-acetaminophen oral tablet 37.5-325 mg | Tier 1 | Quantity Limit (240 per 30 days) |
| ***Androgens-Anabolic* - Hormones** | | |
| ***Androgens*** - Drugs For Men** | | |
| danazol oral capsule 100 mg, 200 mg, 50 mg | Tier 2 | Prior Authorization Required |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML | Tier 2 | Quantity Limit (10 per 28 days) |
| methitest oral tablet 10 mg | Tier 4 | Prior Authorization Required; Quantity Limit (600 per 30 days) |
| methyltestosterone oral capsule 10 mg | Tier 2 | Prior Authorization Required; Quantity Limit (600 per 30 days) |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | Tier 2 | Quantity Limit (10 per 28 days) |
| testosterone enanthate intramuscular solution 200 mg/ml | Tier 4 | Quantity Limit (5 per 28 days) |
| testosterone gel 1.62 % transdermal | Tier 2 | Quantity Limit (150 per 30 days) |
| testosterone gel 12.5 mg/act (1%) transdermal | Tier 2 | Quantity Limit (300 per 30 days) |
| testosterone gel 20.25 mg/1.25gm (1.62%) transdermal | Tier 4 | Quantity Limit (37.5 per 30 days) |
| testosterone gel 20.25 mg/act (1.62%) transdermal | Tier 2 | Quantity Limit (150 per 30 days) |
| testosterone gel 25 mg/2.5gm (1%) transdermal | Tier 2 | Quantity Limit (150 per 30 days) |
| testosterone gel 40.5 mg/2.5gm (1.62%) transdermal | Tier 2 | Quantity Limit (150 per 30 days) |
| testosterone gel 50 mg/5gm (1%) transdermal | Tier 2 | Quantity Limit (300 per 30 days) |
| testosterone transdermal solution 30 mg/act | Tier 2 | Quantity Limit (180 per 30 days) |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML | Tier 4 | Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ***Anorectal And Related Products* - Rectal Preparations** | | |
| ***Intrarectal Steroids*** - Rectal Preparations** | | |
| budesonide rectal foam 2 mg, 2 mg/act | Tier 2 | |
| CORTIFOAM EXTERNAL FOAM 10 % | Tier 3 | |
| hydrocortisone rectal enema 100 mg/60ml | Tier 2 | |
| ***Nitrate Vasodilating Agents*** - Rectal Preparations** | | |
| nitroglycerin rectal ointment 0.4 % | Tier 2 | |
| ***Rectal Anesthetic/Steroids*** - Rectal Preparations** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ANALPRAM HC CREAM 1-1 % EXTERNAL | Tier 4 | |
| ANALPRAM HC EXTERNAL LOTION 2.5-1 % | Tier 4 | |
| hydrocortisone ace-pramoxine cream 1-1 % external | Tier 4 | |
| lidocaine-hydrocort (perianal) external cream 3-0.5 % | Tier 2 | |
| LIDOCORT EXTERNAL CREAM 3-0.5 % | Tier 2 | |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % | Tier 4 | |
| ***Rectal Steroids*** - Rectal Preparations** | | |
| anucort-hc rectal suppository 25 mg | Tier 4 | |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG | Tier 4 | |
| HEMMOREX-HC SUPPOSITORY 25 MG RECTAL | Tier 4 | |
| hydrocortisone (perianal) cream 1 % external | Tier 4 | |
| hydrocortisone (perianal) cream 2.5 % external | Tier 2 | |
| hydrocortisone acetate suppository 25 mg rectal | Tier 4 | |
| PROCTOCORT EXTERNAL CREAM 1 % | Tier 4 | |
| PROCTO-MED HC EXTERNAL CREAM 2.5 % | Tier 2 | |
| PROCTOSOL HC EXTERNAL CREAM 2.5 % | Tier 2 | |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 % | Tier 2 | |
| ***Anthelmintics* - Drugs For Infections** | | |
| ***Anthelmintics*** - Drugs For Parasites** | | |
| albendazole oral tablet 200 mg | Tier 2 | |
| benznidazole oral tablet 100 mg, 12.5 mg | Tier 3 | |
| EMVERM ORAL TABLET CHEWABLE 100 MG | Tier 4 | |
| ivermectin tablet 3 mg oral | Tier 2 | |
| ivermectin tablet 6 mg oral | Tier 4 | |
| praziquantel oral tablet 600 mg | Tier 2 | |
| ***Antianginal Agents* - Drugs For The Heart** | | |
| ***Antianginals-Other*** - Drugs For Angina** | | |
| ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg | Tier 2 | Healthy Values |
| ***Nitrates*** - Drugs For Angina** | | |
| isosorbide dinitrate tablet 10 mg oral | Tier 2 | Healthy Values |
| isosorbide dinitrate tablet 20 mg oral | Tier 2 | Healthy Values |
| isosorbide dinitrate tablet 30 mg oral | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| isosorbide dinitrate tablet 40 mg oral | Tier 2 | Prior Authorization Required; Healthy Values |
| isosorbide dinitrate tablet 5 mg oral | Tier 2 | Healthy Values |
| isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg | Tier 1 | Healthy Values |
| isosorbide mononitrate oral tablet 10 mg, 20 mg | Tier 1 | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | Tier 4 | |
| NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL | Tier 4 | |
| NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL | Tier 4 | |
| nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg | Tier 1 | Healthy Values |
| nitroglycerin transdermal ointment 2 % | Tier 2 | |
| nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr | Tier 2 | Healthy Values |
| nitroglycerin translingual solution 0.4 mg/spray | Tier 2 | Healthy Values |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG | Tier 4 | |
| ***Antianxiety Agents* - Drugs For The Nervous System** | | |
| ***Antianxiety Agents - Misc.*** - Drugs For Anxiety** | | |
| BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 4 | |
| buspirone hcl tablet 10 mg oral | Tier 1 | |
| buspirone hcl tablet 12.5 mg oral | Tier 1 | |
| buspirone hcl tablet 15 mg oral | Tier 1 | |
| buspirone hcl tablet 2.5 mg oral | Tier 4 | |
| buspirone hcl tablet 30 mg oral | Tier 1 | |
| buspirone hcl tablet 5 mg oral | Tier 1 | |
| buspirone hcl tablet 7.5 mg oral | Tier 2 | |
| hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg | Tier 1 | |
| hydroxyzine hcl syrup 10 mg/5ml oral | Tier 2 | |
| hydroxyzine pamoate capsule 100 mg oral | Tier 4 | |
| hydroxyzine pamoate capsule 25 mg oral | Tier 1 | |
| hydroxyzine pamoate capsule 50 mg oral | Tier 1 | |
| meprobamate oral tablet 200 mg, 400 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| alprazolam er tablet extended release 24 hour 0.5 mg oral | Tier 1 | |
| alprazolam er tablet extended release 24 hour 1 mg oral | Tier 1 | |
| alprazolam er tablet extended release 24 hour 2 mg oral | Tier 2 | |
| alprazolam er tablet extended release 24 hour 3 mg oral | Tier 1 | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 4 | |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | Tier 1 | |
| alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg | Tier 2 | |
| alprazolam xr tablet extended release 24 hour 0.5 mg oral | Tier 1 | |
| alprazolam xr tablet extended release 24 hour 1 mg oral | Tier 1 | |
| alprazolam xr tablet extended release 24 hour 2 mg oral | Tier 2 | |
| alprazolam xr tablet extended release 24 hour 3 mg oral | Tier 1 | |
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg | Tier 1 | |
| clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg | Tier 2 | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML | Tier 2 | |
| diazepam oral concentrate 5 mg/ml | Tier 2 | |
| diazepam oral solution 5 mg/5ml | Tier 1 | |
| diazepam oral tablet 10 mg, 2 mg, 5 mg | Tier 1 | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | Tier 2 | |
| lorazepam oral concentrate 1 mg/0.5ml, 2 mg/ml | Tier 2 | |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG | Tier 4 | |
| oxazepam oral capsule 10 mg, 15 mg, 30 mg | Tier 2 | |
| ***Antiarrhythmics* - Drugs For The Heart** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms** | | |
| disopyramide phosphate oral capsule 100 mg, 150 mg | Tier 2 | Healthy Values |
| quinidine gluconate er oral tablet extended release 324 mg | Tier 2 | Healthy Values |
| quinidine sulfate oral tablet 200 mg, 300 mg | Tier 4 | |
| ***Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms** | | |
| mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg | Tier 2 | Healthy Values |
| ***Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms** | | |
| flecainide acetate tablet 100 mg oral | Tier 2 | Healthy Values |
| flecainide acetate tablet 150 mg oral | Tier 2 | Healthy Values |
| flecainide acetate tablet 50 mg oral | Tier 1 | Healthy Values |
| propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg | Tier 2 | |
| propafenone hcl tablet 150 mg oral | Tier 1 | Healthy Values |
| propafenone hcl tablet 225 mg oral | Tier 2 | Healthy Values |
| propafenone hcl tablet 300 mg oral | Tier 2 | Healthy Values |
| ***Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms** | | |
| amiodarone hcl tablet 100 mg oral | Tier 2 | Healthy Values |
| amiodarone hcl tablet 200 mg oral | Tier 1 | Healthy Values |
| amiodarone hcl tablet 400 mg oral | Tier 2 | Healthy Values |
| dofetilide capsule 125 mcg oral | Tier 2 | Healthy Values |
| dofetilide capsule 250 mcg oral | Tier 2 | Healthy Values |
| dofetilide capsule 500 mcg oral | Tier 2 | Healthy Values |
| MULTAQ ORAL TABLET 400 MG | Tier 3 | |
| PACERONE TABLET 100 MG ORAL | Tier 2 | Healthy Values |
| PACERONE TABLET 200 MG ORAL | Tier 1 | Healthy Values |
| ***Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs** | | |
| ***5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd** | | |
| zileuton er oral tablet extended release 12 hour 600 mg | Tier 2 | Prior Authorization Required |
| ***Adrenergic Combinations*** - Drugs For Asthma/Copd** | | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (12 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT | Tier 3 | Quantity Limit (32.1 per 30 days) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (60 per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | Tier 3 | Healthy Values; Quantity Limit (60 per 30 days) |
| BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | Tier 2 | Healthy Values; Quantity Limit (30.9 per 30 days) |
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION | Tier 3 | Healthy Values; Quantity Limit (10.7 per 30 days) |
| budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act | Tier 2 | Healthy Values; Quantity Limit (30.9 per 30 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (8 per 30 days) |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (39 per 30 days) |
| fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation | Tier 2 | Quantity Limit (1 per 30 days) |
| fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation | Tier 2 | Quantity Limit (1 per 30 days) |
| fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation | Tier 2 | Quantity Limit (1 per 30 days) |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml | Tier 2 | Healthy Values |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (4 per 30 days) |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (60 per 30 days) |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| ***Anti-Ige Monoclonal Antibodies*** - Drugs For Asthma/Copd** | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |
| ***Anti-Inflammatory Agents*** - Drugs For Asthma/Copd** | | |
| cromolyn sodium inhalation nebulization solution 20 mg/2ml | Tier 2 | |
| ***Beta Adrenergics*** - Drugs For Asthma/Copd** | | |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | Tier 2 | Healthy Values; Quantity Limit (36 per 30 days) |
| albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation | Tier 1 | Healthy Values |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation | Tier 2 | Healthy Values |
| albuterol sulfate nebulization solution 0.63 mg/3ml inhalation | Tier 2 | Healthy Values |
| albuterol sulfate nebulization solution 1.25 mg/3ml inhalation | Tier 2 | Healthy Values |
| albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation | Tier 2 | Healthy Values |
| albuterol sulfate oral tablet 2 mg, 4 mg | Tier 2 | |
| albuterol sulfate syrup 2 mg/5ml oral | Tier 1 | Healthy Values |
| arformoterol tartrate inhalation nebulization solution 15 mcg/2ml | Tier 2 | |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | Tier 2 | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (60 per 30 days) |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (4 per 30 days) |
| terbutaline sulfate oral tablet 2.5 mg, 5 mg | Tier 2 | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | Tier 2 | Healthy Values; Quantity Limit (36 per 30 days) |
| ***Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | Tier 4 | Quantity Limit (25.8 per 30 days) |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (30 per 30 days) |
| ipratropium bromide hfa inhalation aerosol solution 17 mcg/act | Tier 2 | Quantity Limit (25.8 per 30 days) |
| ipratropium bromide inhalation solution 0.02 % | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (4 per 30 days) |
| tiotropium bromide inhalation capsule 18 mcg | Tier 2 | Quantity Limit (30 per 30 days) |
| ***Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For Asthma/Copd** | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3 per 28 days) |
| NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (0.4 per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3 per 28 days) |
| ***Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd** | | |
| montelukast sodium oral packet 4 mg | Tier 2 | Healthy Values |
| montelukast sodium oral tablet 10 mg | Tier 1 | Healthy Values |
| montelukast sodium oral tablet chewable 4 mg, 5 mg | Tier 1 | Healthy Values |
| zafirlukast oral tablet 10 mg, 20 mg | Tier 2 | |
| ***Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd** | | |
| roflumilast oral tablet 250 mcg, 500 mcg | Tier 2 | |
| ***Steroid Inhalants*** - Drugs For Asthma/Copd** | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (30 per 30 days) |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (1 per 30 days) |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (1 per 30 days) |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (1 per 30 days) |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | Tier 3 | Healthy Values; Quantity Limit (13 per 30 days) |
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION | Tier 3 | Healthy Values; Quantity Limit (10.6 per 30 days) |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION | Tier 3 | Healthy Values; Quantity Limit (21.2 per 30 days) |
| ***Thymic Stromal Lymphopoietin (Tslp) Antagonists*** - Drugs For Asthma/Copd** | | |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1.91 per 28 days) |
| ***Xanthines*** - Drugs For Asthma/Copd** | | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML | Tier 2 | Healthy Values |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | Tier 4 | |
| theophylline er oral tablet extended release 24 hour 400 mg, 600 mg | Tier 2 | Healthy Values |
| theophylline er tablet extended release 12 hour 100 mg oral | Tier 4 | |
| theophylline er tablet extended release 12 hour 200 mg oral | Tier 4 | |
| theophylline er tablet extended release 12 hour 300 mg oral | Tier 2 | Healthy Values |
| theophylline er tablet extended release 12 hour 450 mg oral | Tier 2 | Healthy Values |
| theophylline oral elixir 80 mg/15ml | Tier 2 | Healthy Values |
| theophylline oral solution 80 mg/15ml | Tier 2 | Healthy Values |
| ***Anticoagulants* - Drugs For The Blood** | | |
| ***Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots** | | |
| warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | Tier 1 | Healthy Values |
| ***Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots** | | |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG | Tier 3 | Quantity Limit (420 per 28 days) |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG | Tier 3 | Quantity Limit (560 per 28 days) |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | Tier 3 | |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG | Tier 3 | Quantity Limit (74 per 30 days) |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG | Tier 3 | Quantity Limit (140 per 28 days) |
| ELIQUIS TABLET 2.5 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| ELIQUIS TABLET 5 MG ORAL | Tier 3 | Quantity Limit (74 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| rivaroxaban oral suspension reconstituted 1 mg/ml | Tier 2 | Quantity Limit (620 per 30 days) |
| rivaroxaban oral tablet 2.5 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | Tier 3 | Quantity Limit (620 per 30 days) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | Tier 3 | Quantity Limit (51 per 30 days) |
| XARELTO TABLET 10 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| XARELTO TABLET 15 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| XARELTO TABLET 20 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Heparins And Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots** | | |
| heparin sodium (porcine) +rfid injection solution 1000 unit/ml | Tier 2 | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | Tier 2 | |
| heparin sodium (porcine) pf solution 1000 unit/ml injection | Tier 2 | |
| heparin sodium (porcine) pf solution 5000 unit/0.5ml injection | Tier 2 | |
| heparin sodium (porcine) pf solution 5000 unit/ml injection | Tier 4 | |
| ***Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots** | | |
| enoxaparin sodium injection solution 300 mg/3ml | Tier 2 | |
| enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml | Tier 2 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | Tier 4 | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | Tier 4 | |
| ***Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots** | | |
| fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml | Tier 2 | |
| ***Thrombin Inhibitors - Selective Direct & Reversible*** - Drugs To Prevent Blood Clots** | | |
| dabigatran etexilate mesylate capsule 110 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| dabigatran etexilate mesylate capsule 150 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| dabigatran etexilate mesylate capsule 75 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| PRADAXA PACKET 110 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| PRADAXA PACKET 150 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| PRADAXA PACKET 20 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| PRADAXA PACKET 30 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| PRADAXA PACKET 40 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| PRADAXA PACKET 50 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| ***Anticonvulsants* - Drugs For The Nervous System** | | |
| ***Ampa Glutamate Receptor Antagonists*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| perampanel oral suspension 0.5 mg/ml | Tier 2 | |
| perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg | Tier 2 | |
| ***Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| clobazam oral suspension 10 mg/4ml, 2.5 mg/ml | Tier 2 | |
| clobazam oral tablet 10 mg, 20 mg | Tier 2 | |
| clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg | Tier 2 | Healthy Values |
| clonazepam tablet 0.5 mg oral | Tier 1 | Healthy Values |
| clonazepam tablet 1 mg oral | Tier 1 | Healthy Values |
| clonazepam tablet 2 mg oral | Tier 1 | Healthy Values |
| diazepam rectal gel 10 mg, 2.5 mg, 20 mg | Tier 2 | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | Tier 4 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | Tier 4 | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | Tier 4 | |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | Tier 4 | |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | Tier 4 | |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | Tier 4 | |
| ***Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| brivaracetam oral solution 10 mg/ml | Tier 2 | |
| brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg | Tier 2 | |
| BRIVIACT ORAL SOLUTION 10 MG/ML | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | Tier 4 | |
| carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg | Tier 2 | Healthy Values |
| carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg | Tier 2 | Healthy Values |
| carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml | Tier 2 | Healthy Values |
| carbamazepine oral tablet 200 mg | Tier 2 | Healthy Values |
| carbamazepine tablet chewable 100 mg oral | Tier 2 | Healthy Values |
| carbamazepine tablet chewable 200 mg oral | Tier 4 | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | Tier 4 | Specialty |
| DIACOMIT ORAL PACKET 250 MG, 500 MG | Tier 4 | Specialty |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1000 per 30 days) |
| eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg | Tier 2 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (360 per 30 days) |
| gabapentin capsule 100 mg oral | Tier 1 | Healthy Values |
| gabapentin capsule 300 mg oral | Tier 1 | Healthy Values |
| gabapentin capsule 400 mg oral | Tier 1 | Healthy Values |
| gabapentin oral solution 250 mg/5ml, 300 mg/6ml | Tier 2 | Healthy Values |
| gabapentin tablet 600 mg oral | Tier 1 | Healthy Values |
| gabapentin tablet 800 mg oral | Tier 1 | Healthy Values |
| GABARONE ORAL TABLET 100 MG, 400 MG | Tier 4 | |
| lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg | Tier 2 | Healthy Values |
| lacosamide solution 10 mg/ml oral | Tier 2 | Healthy Values |
| lacosamide solution 100 mg/10ml oral | Tier 2 | Healthy Values |
| lacosamide solution 50 mg/5ml oral | Tier 2 | Healthy Values |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG | Tier 4 | |
| lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg | Tier 2 | Healthy Values |
| lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg | Tier 2 | Healthy Values |
| lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg | Tier 1 | Healthy Values |
| lamotrigine oral tablet chewable 25 mg, 5 mg | Tier 2 | Healthy Values |
| lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg | Tier 2 | |
| lamotrigine starter kit-blue oral kit 35 x 25 mg | Tier 2 | Healthy Values |
| lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg | Tier 2 | Healthy Values |
| lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg | Tier 2 | Healthy Values |
| levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg | Tier 2 | Healthy Values |
| levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg | Tier 4 | |
| levetiracetam solution 100 mg/ml oral | Tier 2 | Healthy Values |
| levetiracetam tablet 1000 mg oral | Tier 2 | Healthy Values |
| levetiracetam tablet 250 mg oral | Tier 1 | Healthy Values |
| levetiracetam tablet 500 mg oral | Tier 1 | Healthy Values |
| levetiracetam tablet 750 mg oral | Tier 2 | Healthy Values |
| oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg | Tier 2 | |
| oxcarbazepine oral suspension 300 mg/5ml | Tier 2 | Healthy Values |
| oxcarbazepine tablet 150 mg oral | Tier 1 | Healthy Values |
| oxcarbazepine tablet 300 mg oral | Tier 2 | Healthy Values |
| oxcarbazepine tablet 600 mg oral | Tier 2 | Healthy Values |
| pregabalin capsule 100 mg oral | Tier 1 | Healthy Values |
| pregabalin capsule 150 mg oral | Tier 1 | Healthy Values |
| pregabalin capsule 200 mg oral | Tier 1 | Healthy Values |
| pregabalin capsule 225 mg oral | Tier 1 | Healthy Values |
| pregabalin capsule 25 mg oral | Tier 1 | Healthy Values |
| pregabalin capsule 300 mg oral | Tier 1 | Healthy Values |
| pregabalin capsule 50 mg oral | Tier 1 | Healthy Values |
| pregabalin capsule 75 mg oral | Tier 1 | Healthy Values |
| pregabalin oral solution 20 mg/ml | Tier 2 | Healthy Values; Quantity Limit (900 per 30 days) |
| primidone tablet 125 mg oral | Tier 4 | |
| primidone tablet 250 mg oral | Tier 2 | Healthy Values |
| primidone tablet 50 mg oral | Tier 1 | Healthy Values |
| RELGAABI CAPSULE 300 MG ORAL | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| RELGAABI CAPSULE 400 MG ORAL | Tier 1 | Healthy Values |
| ROWEEPRA ORAL TABLET 500 MG | Tier 1 | Healthy Values |
| rufinamide oral suspension 40 mg/ml | Tier 2 | |
| rufinamide oral tablet 200 mg, 400 mg | Tier 2 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG | Tier 4 | |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | Tier 4 | |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | Tier 1 | Healthy Values |
| SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG | Tier 2 | Healthy Values |
| SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG | Tier 2 | Healthy Values |
| SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG | Tier 2 | Healthy Values |
| topiramate capsule sprinkle 15 mg oral | Tier 2 | Healthy Values |
| topiramate capsule sprinkle 25 mg oral | Tier 2 | Healthy Values |
| topiramate capsule sprinkle 50 mg oral | Tier 2 | |
| topiramate er capsule er 24 hour sprinkle 100 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| topiramate er capsule er 24 hour sprinkle 150 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| topiramate er capsule er 24 hour sprinkle 200 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| topiramate er capsule er 24 hour sprinkle 25 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| topiramate er capsule er 24 hour sprinkle 50 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| zonisamide capsule 100 mg oral | Tier 2 | Healthy Values |
| zonisamide capsule 25 mg oral | Tier 1 | Healthy Values |
| zonisamide capsule 50 mg oral | Tier 1 | Healthy Values |
| ZTALMY ORAL SUSPENSION 50 MG/ML | Tier 4 | Specialty |
| ***Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| felbamate oral suspension 600 mg/5ml | Tier 2 | |
| felbamate oral tablet 400 mg, 600 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | Tier 4 | |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | Tier 4 | |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Tier 4 | |
| 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 4 | |
| ***Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| tiagabine hcl tablet 12 mg oral | Tier 4 | |
| tiagabine hcl tablet 16 mg oral | Tier 4 | |
| tiagabine hcl tablet 2 mg oral | Tier 2 | |
| tiagabine hcl tablet 4 mg oral | Tier 2 | |
| vigabatrin oral packet 500 mg | Tier 2 | |
| vigabatrin oral tablet 500 mg | Tier 2 | |
| VIGADRONE ORAL PACKET 500 MG | Tier 2 | |
| VIGADRONE ORAL TABLET 500 MG | Tier 2 | |
| VIGAFYDE ORAL SOLUTION 100 MG/ML | Tier 4 | |
| ***Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| DILANTIN CAPSULE 30 MG ORAL | Tier 3 | Healthy Values |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | Tier 2 | Healthy Values |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG | Tier 2 | Healthy Values |
| phenytoin oral suspension 100 mg/4ml, 125 mg/5ml | Tier 2 | Healthy Values |
| phenytoin oral tablet chewable 50 mg | Tier 2 | Healthy Values |
| phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg | Tier 2 | Healthy Values |
| ***Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| ethosuximide oral capsule 250 mg | Tier 2 | Healthy Values |
| ethosuximide solution 250 mg/5ml oral | Tier 2 | Healthy Values |
| methsuximide oral capsule 300 mg | Tier 2 | |
| ***Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| divalproex sodium oral capsule delayed release sprinkle 125 mg | Tier 2 | Healthy Values |
| divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg | Tier 1 | Healthy Values |
| valproic acid oral capsule 250 mg | Tier 2 | Healthy Values |
| valproic acid oral solution 250 mg/5ml, 500 mg/10ml | Tier 2 | Healthy Values |
| ***Antidepressants* - Drugs For The Nervous System** | | |
| ***Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression** | | |
| mirtazapine tablet 15 mg oral | Tier 1 | Healthy Values; Quantity Limit (90 per 30 days) |
| mirtazapine tablet 30 mg oral | Tier 1 | Healthy Values |
| mirtazapine tablet 45 mg oral | Tier 1 | Healthy Values |
| mirtazapine tablet 7.5 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| mirtazapine tablet dispersible 15 mg oral | Tier 1 | Healthy Values; Quantity Limit (90 per 30 days) |
| mirtazapine tablet dispersible 30 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| mirtazapine tablet dispersible 45 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| ***Antidepressant - Miscellaneous Combinations*** - Drugs For Depression** | | |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | Tier 4 | Quantity Limit (60 per 30 days) |
| AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG | Tier 4 | |
| ***Antidepressants - Misc.*** - Drugs For Depression** | | |
| bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg | Tier 1 | Healthy Values |
| bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral | Tier 1 | Healthy Values |
| bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral | Tier 1 | Healthy Values; Quantity Limit (30 per 30 days) |
| bupropion hcl tablet 100 mg oral | Tier 1 | Healthy Values |
| bupropion hcl tablet 75 mg oral | Tier 1 | Healthy Values |
| ***Gaba Receptor Modulator - Neuroactive Steroid*** - Drugs For Depression** | | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG | Tier 3 | Specialty |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | Tier 4 | |
| MARPLAN ORAL TABLET 10 MG | Tier 4 | |
| NARDIL ORAL TABLET 15 MG | Tier 4 | |
| phenelzine sulfate oral tablet 15 mg | Tier 4 | |
| tranylcypromine sulfate oral tablet 10 mg | Tier 2 | |
| ***Selective Serotonin Reuptake Inhibitors (Ssris)*** - Drugs For Depression** | | |
| citalopram hydrobromide oral capsule 30 mg | Tier 4 | Quantity Limit (30 per 30 days) |
| citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml | Tier 2 | Healthy Values; Quantity Limit (600 per 30 days) |
| citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg | Tier 1 | Healthy Values |
| escitalopram oxalate oral capsule 15 mg | Tier 4 | Quantity Limit (30 per 30 days) |
| escitalopram oxalate oral solution 5 mg/5ml | Tier 2 | Healthy Values; Quantity Limit (600 per 30 days) |
| escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg | Tier 1 | Healthy Values |
| fluoxetine hcl capsule 10 mg oral | Tier 1 | Healthy Values |
| fluoxetine hcl capsule 20 mg oral | Tier 1 | Healthy Values |
| fluoxetine hcl capsule 40 mg oral | Tier 1 | Healthy Values |
| fluoxetine hcl oral capsule delayed release 90 mg | Tier 4 | Quantity Limit (4 per 28 days) |
| fluoxetine hcl oral solution 20 mg/5ml | Tier 2 | Healthy Values; Quantity Limit (600 per 30 days) |
| fluoxetine hcl tablet 10 mg oral | Tier 4 | |
| fluoxetine hcl tablet 20 mg oral | Tier 4 | |
| fluoxetine hcl tablet 60 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| fluvoxamine maleate er capsule extended release 24 hour 100 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| fluvoxamine maleate er capsule extended release 24 hour 150 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| fluvoxamine maleate tablet 100 mg oral | Tier 2 | Healthy Values |
| fluvoxamine maleate tablet 25 mg oral | Tier 1 | Healthy Values |
| fluvoxamine maleate tablet 50 mg oral | Tier 1 | Healthy Values; Quantity Limit (30 per 30 days) |
| paroxetine hcl er tablet extended release 24 hour 12.5 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| paroxetine hcl er tablet extended release 24 hour 25 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| paroxetine hcl er tablet extended release 24 hour 37.5 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| paroxetine hcl oral suspension 10 mg/5ml | Tier 4 | Quantity Limit (900 per 30 days) |
| paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg | Tier 1 | Healthy Values |
| sertraline hcl oral capsule 150 mg, 200 mg | Tier 4 | |
| sertraline hcl oral concentrate 20 mg/ml | Tier 2 | Healthy Values; Quantity Limit (300 per 30 days) |
| sertraline hcl oral tablet 100 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| ***Serotonin Modulators*** - Drugs For Depression** | | |
| EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL | Tier 4 | Quantity Limit (32 per 30 days) |
| EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL | Tier 4 | Quantity Limit (30 per 30 days) |
| EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL | Tier 4 | Quantity Limit (30 per 30 days) |
| EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL | Tier 4 | Quantity Limit (30 per 30 days) |
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG | Tier 4 | Quantity Limit (32 per 30 days) |
| nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg | Tier 2 | |
| trazodone hcl tablet 100 mg oral | Tier 1 | Healthy Values |
| trazodone hcl tablet 150 mg oral | Tier 1 | Healthy Values |
| trazodone hcl tablet 300 mg oral | Tier 2 | Healthy Values |
| trazodone hcl tablet 50 mg oral | Tier 1 | |
| trazodone hcl tablet 50 mg oral | Tier 1 | Healthy Values |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| ***Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** - Drugs For Depression** | | |
| desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg | Tier 4 | Quantity Limit (30 per 30 days) |
| desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral | Tier 2 | Healthy Values; Quantity Limit (120 per 30 days) |
| desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| duloxetine hcl capsule delayed release particles 20 mg oral | Tier 1 | Healthy Values |
| duloxetine hcl capsule delayed release particles 30 mg oral | Tier 1 | Healthy Values |
| duloxetine hcl capsule delayed release particles 40 mg oral | Tier 2 | Healthy Values |
| duloxetine hcl capsule delayed release particles 60 mg oral | Tier 1 | Healthy Values |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | Tier 4 | Quantity Limit (28 per 28 days) |
| venlafaxine hcl er capsule extended release 24 hour 150 mg oral | Tier 1 | Healthy Values |
| venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral | Tier 1 | Healthy Values |
| venlafaxine hcl er capsule extended release 24 hour 75 mg oral | Tier 1 | Healthy Values |
| venlafaxine hcl er tablet extended release 24 hour 150 mg oral | Tier 4 | Quantity Limit (60 per 30 days) |
| venlafaxine hcl er tablet extended release 24 hour 225 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| venlafaxine hcl er tablet extended release 24 hour 75 mg oral | Tier 4 | Quantity Limit (90 per 30 days) |
| venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | Tier 1 | Healthy Values |
| ***Tricyclic Agents*** - Drugs For Depression** | | |
| amitriptyline hcl tablet 10 mg oral | Tier 1 | Healthy Values |
| amitriptyline hcl tablet 100 mg oral | Tier 1 | Healthy Values |
| amitriptyline hcl tablet 150 mg oral | Tier 2 | Healthy Values |
| amitriptyline hcl tablet 25 mg oral | Tier 1 | Healthy Values |
| amitriptyline hcl tablet 50 mg oral | Tier 1 | Healthy Values |
| amitriptyline hcl tablet 75 mg oral | Tier 1 | Healthy Values |
| amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg | Tier 2 | |
| clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg | Tier 2 | |
| desipramine hcl tablet 10 mg oral | Tier 1 | |
| desipramine hcl tablet 100 mg oral | Tier 2 | |
| desipramine hcl tablet 150 mg oral | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| desipramine hcl tablet 25 mg oral | Tier 2 | |
| desipramine hcl tablet 50 mg oral | Tier 2 | |
| desipramine hcl tablet 75 mg oral | Tier 2 | |
| doxepin hcl capsule 10 mg oral | Tier 1 | Healthy Values |
| doxepin hcl capsule 100 mg oral | Tier 2 | Healthy Values |
| doxepin hcl capsule 150 mg oral | Tier 2 | Healthy Values |
| doxepin hcl capsule 25 mg oral | Tier 1 | Healthy Values |
| doxepin hcl capsule 50 mg oral | Tier 1 | Healthy Values |
| doxepin hcl capsule 75 mg oral | Tier 2 | Healthy Values |
| doxepin hcl oral concentrate 10 mg/ml | Tier 1 | Healthy Values |
| imipramine hcl oral tablet 10 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg | Tier 4 | |
| nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg | Tier 1 | Healthy Values |
| nortriptyline hcl oral solution 10 mg/5ml | Tier 2 | Healthy Values |
| protriptyline hcl oral tablet 10 mg, 5 mg | Tier 2 | |
| trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg | Tier 2 | |
| ***Antidiabetics* - Hormones** | | |
| ***Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes** | | |
| acarbose oral tablet 100 mg, 25 mg, 50 mg | Tier 2 | Healthy Values |
| miglitol oral tablet 100 mg, 25 mg, 50 mg | Tier 4 | |
| ***Biguanides*** - Drugs For Diabetes** | | |
| metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral | Tier 4 | Quantity Limit (60 per 30 days) |
| metformin hcl er (mod) tablet extended release 24 hour 500 mg oral | Tier 4 | Quantity Limit (90 per 30 days) |
| metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral | Tier 4 | Quantity Limit (60 per 30 days) |
| metformin hcl er (osm) tablet extended release 24 hour 500 mg oral | Tier 4 | Quantity Limit (90 per 30 days) |
| metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg | Tier 1 | Healthy Values |
| metformin hcl oral solution 500 mg/5ml | Tier 2 | Prior Authorization Required; Healthy Values; Quantity Limit (780 per 30 days) |
| metformin hcl tablet 1000 mg oral | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| metformin hcl tablet 500 mg oral | Tier 1 | Healthy Values |
| metformin hcl tablet 625 mg oral | Tier 4 | |
| metformin hcl tablet 750 mg oral | Tier 4 | |
| metformin hcl tablet 850 mg oral | Tier 1 | Healthy Values |
| ***Diabetic Other*** - Drugs For Diabetes** | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | Tier 3 | Healthy Values |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | Tier 3 | Healthy Values |
| diazoxide oral suspension 50 mg/ml | Tier 2 | |
| glucagon emergency solution reconstituted 1 mg injection | Tier 2 | |
| glucagon emergency solution reconstituted 1 mg/ml injection | Tier 3 | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | Tier 3 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | Tier 3 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | Tier 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | Tier 3 | |
| ***Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes** | | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| sitagliptin phosphate tablet 100 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| sitagliptin phosphate tablet 25 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| sitagliptin phosphate tablet 50 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| ***Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes** | | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | Tier 3 | Quantity Limit (60 per 30 days) |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg | Tier 2 | |
| sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| ***Dopamine Receptor Agonists - Ergot Derivatives*** - Drugs For Diabetes** | | |
| CYCLOSET ORAL TABLET 0.8 MG | Tier 4 | |
| ***Human Insulin*** - Drugs For Diabetes** | | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| FIASP INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| insulin glargine-yfgn subcutaneous solution 100 unit/ml | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml | Tier 1 | Healthy Values; Quantity Limit (100 per 30 days) |
| insulin lispro injection solution 100 unit/ml | Tier 1 | Healthy Values; Quantity Limit (100 per 30 days) |
| insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml | Tier 1 | Healthy Values; Quantity Limit (100 per 30 days) |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Quantity Limit (100 per 30 days) |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Quantity Limit (100 per 30 days) |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 3 | Healthy Values; Quantity Limit (100 per 30 days) |
| ***Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)*** - Drugs For Diabetes** | | |
| MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days) |
| MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days) |
| MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days) |
| MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required |
| MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days) |
| MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ***Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes** | | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | Tier 3 | Prior Authorization Required; Quantity Limit (3 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | Tier 3 | Prior Authorization Required; Quantity Limit (3 per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | Tier 3 | Prior Authorization Required; Quantity Limit (3 per 28 days) |
| OZEMPIC TABLET 1.5 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 180 days) |
| OZEMPIC TABLET 4 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 Days) |
| OZEMPIC TABLET 9 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 Days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | Tier 3 | Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ***Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes** | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | Tier 3 | Healthy Values; Quantity Limit (18 per 30 days) |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | Tier 3 | Healthy Values; Quantity Limit (15 per 30 days) |
| ***Meglitinide Analogues*** - Drugs For Diabetes** | | |
| nateglinide oral tablet 120 mg, 60 mg | Tier 2 | Healthy Values |
| repaglinide tablet 0.5 mg oral | Tier 1 | Healthy Values |
| repaglinide tablet 1 mg oral | Tier 1 | Healthy Values |
| repaglinide tablet 2 mg oral | Tier 2 | Healthy Values |
| ***Progesterone Receptor Antagonists*** - Drugs For Diabetes** | | |
| mifepristone tablet 300 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** - Drugs For Diabetes** | | |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| ***Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes** | | |
| dapagliflozin tablet 10 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| dapagliflozin tablet 5 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes** | | |
| dapaglifloz base-metformin er tablet extended release 24 hour 10-1000 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| dapaglifloz base-metformin er tablet extended release 24 hour 10-500 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| dapaglifloz base-metformin er tablet extended release 24 hour 5-1000 mg oral | Tier 2 | Quantity Limit (60 per 30 Days) |
| dapaglifloz base-metformin er tablet extended release 24 hour 5-500 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | Tier 3 | Quantity Limit (60 per 30 days) |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | Tier 3 | Quantity Limit (60 per 30 days) |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes** | | |
| glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg | Tier 2 | Healthy Values |
| glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Sulfonylureas*** - Drugs For Diabetes** | | |
| glimepiride tablet 1 mg oral | Tier 1 | Healthy Values |
| glimepiride tablet 2 mg oral | Tier 1 | Healthy Values |
| glimepiride tablet 3 mg oral | Tier 4 | |
| glimepiride tablet 4 mg oral | Tier 1 | Healthy Values |
| glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg | Tier 1 | Healthy Values |
| glipizide tablet 10 mg oral | Tier 1 | Healthy Values |
| glipizide tablet 15 mg oral | Tier 4 | |
| glipizide tablet 2.5 mg oral | Tier 4 | |
| glipizide tablet 5 mg oral | Tier 1 | Healthy Values |
| glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg | Tier 1 | Healthy Values |
| ***Sulfonylurea-Thiazolidinedione Combinations*** - Drugs For Diabetes** | | |
| pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg | Tier 2 | |
| ***Thiazolidinedione-Biguanide Combinations*** - Drugs For Diabetes** | | |
| pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg | Tier 2 | Healthy Values |
| ***Thiazolidinediones*** - Drugs For Diabetes** | | |
| pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg | Tier 1 | Healthy Values |
| ***Antidiarrheal/Probiotic Agents* - Drugs For The Stomach** | | |
| ***Antidiarrheal - Chloride Channel Antagonists*** - Drugs For Diarrhea** | | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG | Tier 4 | |
| ***Antidiarrheal/Probiotic Agents - Misc.*** - Drugs For Diarrhea** | | |
| DERMACINRX PROBEX ORAL CAPSULE | Tier 4 | |
| ***Antiperistaltic Agents*** - Drugs For Diarrhea** | | |
| diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml | Tier 4 | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | Tier 1 | |
| MOTOFEN ORAL TABLET 1-0.025 MG | Tier 4 | |
| ***Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning** | | |
| ***Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| CHEMET ORAL CAPSULE 100 MG | Tier 3 | |
| deferasirox granules oral packet 180 mg, 360 mg, 90 mg | Tier 2 | Specialty |
| deferasirox oral packet 180 mg, 360 mg, 90 mg | Tier 2 | Specialty |
| deferasirox oral tablet 180 mg, 360 mg, 90 mg | Tier 2 | Specialty |
| deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg | Tier 2 | Specialty |
| deferiprone oral tablet 1000 mg, 500 mg | Tier 2 | |
| FERRIPROX ORAL SOLUTION 100 MG/ML | Tier 4 | Specialty |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG | Tier 4 | Specialty |
| ***Antidotes And Specific Antagonists*** - Drugs For Overdose Or Poisoning** | | |
| VISTOGARD ORAL PACKET 10 GM | Tier 4 | Specialty |
| ***Opioid Antagonists*** - Drugs For Overdose Or Poisoning** | | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | Tier 3 | |
| naloxone hcl injection solution cartridge 0.4 mg/ml | Tier 4 | |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml | Tier 2 | |
| naloxone hcl nasal liquid 4 mg/0.1ml | Tier 2 | |
| naloxone hcl solution 0.4 mg/ml injection | Tier 1 | |
| naloxone hcl solution 4 mg/10ml injection | Tier 2 | |
| naltrexone hcl oral tablet 50 mg | Tier 2 | |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML | Tier 3 | |
| REXTOVY NASAL LIQUID 4 MG/0.25ML | Tier 3 | |
| REZENOPY NASAL LIQUID 10 MG/0.11ML | Tier 3 | |
| ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML | Tier 3 | |
| ***Antiemetics* - Drugs For The Stomach** | | |
| ***5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea** | | |
| granisetron hcl oral tablet 1 mg | Tier 2 | |
| GRANISOL ORAL SOLUTION 2 MG/10ML | Tier 4 | |
| ondansetron hcl solution 4 mg/5ml oral | Tier 2 | |
| ondansetron hcl tablet 24 mg oral | Tier 4 | |
| ondansetron hcl tablet 4 mg oral | Tier 1 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ondansetron hcl tablet 8 mg oral | Tier 1 | |
| ondansetron tablet dispersible 16 mg oral | Tier 4 | |
| ondansetron tablet dispersible 4 mg oral | Tier 1 | |
| ondansetron tablet dispersible 8 mg oral | Tier 1 | |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR | Tier 4 | |
| ***Antiemetic Combinations*** - Drugs For Vomiting And Nausea** | | |
| BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG | Tier 4 | |
| doxylamine-pyridoxine oral tablet delayed release 10-10 mg | Tier 2 | |
| ***Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea** | | |
| meclizine hcl tablet 50 mg oral | Tier 2 | |
| scopolamine transdermal patch 72 hour 1 mg/3days | Tier 2 | |
| trimethobenzamide hcl oral capsule 300 mg | Tier 2 | |
| ***Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea** | | |
| dronabinol oral capsule 10 mg, 2.5 mg, 5 mg | Tier 2 | |
| dronabinol oral solution 5 mg/ml | Tier 4 | Prior Authorization Required |
| SYNDROS ORAL SOLUTION 5 MG/ML | Tier 4 | Prior Authorization Required |
| ***Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea** | | |
| aprepitant oral capsule 125 mg, 40 mg, 80 mg | Tier 2 | |
| aprepitant oral capsule therapy pack 80 & 125 mg | Tier 2 | |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML | Tier 3 | |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG | Tier 3 | |
| ***Antifungals* - Drugs For Infections** | | |
| ***Antifungals*** - Drugs For Fungus** | | |
| flucytosine oral capsule 250 mg, 500 mg | Tier 2 | |
| griseofulvin microsize oral suspension 125 mg/5ml | Tier 2 | |
| griseofulvin microsize oral tablet 500 mg | Tier 2 | |
| griseofulvin ultramicrosize tablet 125 mg oral | Tier 2 | |
| griseofulvin ultramicrosize tablet 165 mg oral | Tier 4 | |
| griseofulvin ultramicrosize tablet 250 mg oral | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| nystatin oral tablet 500000 unit | Tier 2 | |
| terbinafine hcl oral tablet 250 mg | Tier 1 | |
| ***Imidazoles*** - Drugs For Fungus** | | |
| ketoconazole oral tablet 200 mg | Tier 2 | |
| ***Tetrazoles*** - Drugs For Fungus** | | |
| VIVJOA ORAL CAPSULE THERAPY PACK 150 MG | Tier 4 | Prior Authorization Required |
| ***Triazoles*** - Drugs For Fungus** | | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | Tier 4 | Prior Authorization Required |
| fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml | Tier 2 | |
| fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg | Tier 1 | |
| itraconazole oral capsule 100 mg | Tier 2 | |
| itraconazole oral solution 10 mg/ml | Tier 2 | |
| NOXAFIL ORAL PACKET 300 MG | Tier 3 | Prior Authorization Required |
| posaconazole oral suspension 40 mg/ml | Tier 2 | Prior Authorization Required |
| posaconazole oral tablet delayed release 100 mg | Tier 2 | Prior Authorization Required |
| tolsura oral capsule 65 mg | Tier 4 | |
| voriconazole oral suspension reconstituted 40 mg/ml | Tier 2 | Prior Authorization Required |
| voriconazole oral tablet 200 mg, 50 mg | Tier 2 | Prior Authorization Required |
| ***Antihistamines* - Drugs For The Lungs** | | |
| ***Antihistamines - Alkylamines*** - Drugs For Allergies** | | |
| corphena oral solution 2 mg/5ml | Tier 4 | |
| RYCLORA ORAL SOLUTION 2 MG/5ML | Tier 4 | |
| ***Antihistamines - Ethanolamines*** - Drugs For Allergies** | | |
| carbinoxamine maleate er oral suspension extended release 4 mg/5ml | Tier 4 | |
| carbinoxamine maleate oral solution 4 mg/5ml | Tier 4 | Prior Authorization Required |
| carbinoxamine maleate tablet 4 mg oral | Tier 2 | |
| carbinoxamine maleate tablet 6 mg oral | Tier 2 | Prior Authorization Required |
| carbzah oral solution 4 mg/5ml | Tier 4 | Prior Authorization Required |
| clemastine fumarate oral syrup 0.67 mg/5ml | Tier 4 | Prior Authorization Required |
| clemastine fumarate oral tablet 2.68 mg | Tier 4 | |
| CLEMSZA ORAL TABLET 2.68 MG | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| diphenhydramine hcl oral elixir 12.5 mg/5ml | Tier 4 | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML | Tier 4 | |
| RYVENT ORAL TABLET 6 MG | Tier 2 | Prior Authorization Required |
| ***Antihistamines - Non-Sedating*** - Drugs For Allergies** | | |
| cetirizine hcl solution 1 mg/ml oral (rx) | Tier 2 | |
| desloratadine oral tablet 5 mg | Tier 2 | |
| desloratadine oral tablet dispersible 2.5 mg, 5 mg | Tier 4 | |
| ***Antihistamines - Phenothiazines*** - Drugs For Allergies** | | |
| promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg | Tier 1 | |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | Tier 2 | |
| promethazine hcl solution 6.25 mg/5ml oral | Tier 1 | |
| PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL | Tier 2 | |
| PROMETHEGAN SUPPOSITORY 25 MG RECTAL | Tier 2 | |
| PROMETHEGAN SUPPOSITORY 50 MG RECTAL | Tier 4 | |
| ***Antihistamines - Piperidines*** - Drugs For Allergies** | | |
| cyproheptadine hcl oral tablet 4 mg | Tier 1 | |
| cyproheptadine hcl syrup 2 mg/5ml oral | Tier 1 | |
| ***Antihyperlipidemics* - Drugs For The Heart** | | |
| ***Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** - Drugs For Cholesterol** | | |
| NEXLIZET ORAL TABLET 180-10 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** - Drugs For Cholesterol** | | |
| NEXLETOL ORAL TABLET 180 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Antihyperlipidemics - Misc.*** - Drugs For Cholesterol** | | |
| icosapent ethyl capsule 0.5 gm oral | Tier 2 | Prior Authorization Required; Quantity Limit (240 per 30 days) |
| icosapent ethyl capsule 1 gm oral | Tier 2 | Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Bile Acid Sequestrants*** - Drugs For Cholesterol** | | |
| cholestyramine light oral packet 4 gm | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| cholestyramine light oral powder 4 gm/dose | Tier 2 | |
| cholestyramine oral packet 4 gm | Tier 2 | |
| cholestyramine oral powder 4 gm/dose | Tier 2 | |
| colesevelam hcl oral packet 3.75 gm | Tier 2 | |
| colesevelam hcl oral tablet 625 mg | Tier 2 | |
| colestipol hcl oral granules 5 gm | Tier 2 | |
| colestipol hcl oral packet 5 gm | Tier 2 | |
| colestipol hcl oral tablet 1 gm | Tier 2 | |
| PREVALITE ORAL PACKET 4 GM | Tier 2 | |
| PREVALITE ORAL POWDER 4 GM/DOSE | Tier 2 | |
| ***Fibric Acid Derivatives*** - Drugs For Cholesterol** | | |
| fenofibrate capsule 134 mg oral | Tier 1 | |
| fenofibrate capsule 150 mg oral | Tier 4 | |
| fenofibrate capsule 200 mg oral | Tier 1 | |
| fenofibrate capsule 50 mg oral | Tier 4 | |
| fenofibrate capsule 67 mg oral | Tier 1 | |
| fenofibrate micronized capsule 130 mg oral | Tier 2 | |
| fenofibrate micronized capsule 134 mg oral | Tier 1 | |
| fenofibrate micronized capsule 200 mg oral | Tier 1 | |
| fenofibrate micronized capsule 43 mg oral | Tier 2 | |
| fenofibrate micronized capsule 67 mg oral | Tier 1 | |
| fenofibrate tablet 120 mg oral | Tier 2 | Prior Authorization Required |
| fenofibrate tablet 145 mg oral | Tier 1 | |
| fenofibrate tablet 160 mg oral | Tier 1 | |
| fenofibrate tablet 40 mg oral | Tier 2 | Prior Authorization Required |
| fenofibrate tablet 48 mg oral | Tier 1 | |
| fenofibrate tablet 54 mg oral | Tier 1 | |
| fenofibric acid oral capsule delayed release 135 mg, 45 mg | Tier 2 | |
| fenofibric acid oral tablet 105 mg, 35 mg | Tier 4 | |
| gemfibrozil oral tablet 600 mg | Tier 1 | |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | Tier 4 | |
| ***Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ATORVALIQ ORAL SUSPENSION 20 MG/5ML | Tier 4 | |
| atorvastatin calcium tablet 10 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| atorvastatin calcium tablet 20 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| atorvastatin calcium tablet 40 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| atorvastatin calcium tablet 80 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| flolipid oral suspension 20 mg/5ml, 40 mg/5ml | Tier 4 | |
| fluvastatin sodium er oral tablet extended release 24 hour 80 mg | Tier 2 | |
| fluvastatin sodium oral capsule 20 mg, 40 mg | Tier 2 | No cost if 40-75 years of age; Healthy Values |
| lovastatin oral tablet 10 mg, 20 mg, 40 mg | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg | Tier 2 | |
| pravastatin sodium tablet 10 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| pravastatin sodium tablet 20 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| pravastatin sodium tablet 40 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| pravastatin sodium tablet 80 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| rosuvastatin calcium tablet 10 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| rosuvastatin calcium tablet 20 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| rosuvastatin calcium tablet 40 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| rosuvastatin calcium tablet 5 mg oral | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg | Tier 1 | No cost if 40-75 years of age; Healthy Values |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG | Tier 4 | |
| ***Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol** | | |
| ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg | Tier 2 | |
| ***Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ezetimibe oral tablet 10 mg | Tier 1 | Healthy Values |
| ***Microsomal Triglyceride Transfer Protein Inhibitors*** - Drugs For Cholesterol** | | |
| JUXTAPID CAPSULE 10 MG ORAL | Tier 4 | Specialty |
| JUXTAPID CAPSULE 20 MG ORAL | Tier 4 | Specialty |
| JUXTAPID CAPSULE 30 MG ORAL | Tier 4 | Specialty |
| JUXTAPID CAPSULE 5 MG ORAL | Tier 4 | Specialty |
| ***Nicotinic Acid Derivatives*** - Drugs For Cholesterol** | | |
| niacin (antihyperlipidemic) oral tablet 500 mg | Tier 4 | |
| niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg | Tier 2 | |
| NIACOR ORAL TABLET 500 MG | Tier 4 | |
| ***Pcsk9 Inhibitors*** - Drugs For Cholesterol** | | |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | Tier 3 | Prior Authorization Required; Quantity Limit (6 per 28 days) |
| ***Antihypertensives* - Drugs For The Heart** | | |
| ***Ace Inhibitor & Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure** | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg | Tier 1 | Healthy Values |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG | Tier 4 | |
| trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg | Tier 4 | |
| ***Ace Inhibitors & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure** | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg | Tier 2 | Healthy Values |
| captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg | Tier 4 | |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg | Tier 1 | Healthy Values |
| fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg | Tier 2 | Healthy Values |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | Tier 1 | Healthy Values |
| quinapril-hydrochlorothiazide tablet 10-12.5 mg oral | Tier 4 | Healthy Values |
| quinapril-hydrochlorothiazide tablet 20-12.5 mg oral | Tier 4 | Healthy Values |
| quinapril-hydrochlorothiazide tablet 20-25 mg oral | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Ace Inhibitors*** - Drugs For High Blood Pressure** | | |
| benazepril hcl tablet 10 mg oral | Tier 1 | Healthy Values |
| benazepril hcl tablet 20 mg oral | Tier 1 | Healthy Values |
| benazepril hcl tablet 40 mg oral | Tier 1 | Healthy Values |
| benazepril hcl tablet 5 mg oral | Tier 1 | Healthy Values |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg | Tier 2 | Healthy Values |
| enalapril maleate oral solution 1 mg/ml | Tier 2 | Prior Authorization Required; Healthy Values; Quantity Limit (1200 per 30 days) |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | Tier 1 | Healthy Values |
| fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg | Tier 1 | Healthy Values |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg | Tier 1 | Healthy Values |
| moexipril hcl oral tablet 15 mg, 7.5 mg | Tier 2 | Healthy Values |
| perindopril erbumine tablet 2 mg oral | Tier 4 | |
| perindopril erbumine tablet 4 mg oral | Tier 2 | Healthy Values |
| perindopril erbumine tablet 8 mg oral | Tier 4 | |
| QBRELIS ORAL SOLUTION 1 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (1200 per 30 days) |
| quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg | Tier 1 | Healthy Values |
| ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg | Tier 1 | Healthy Values |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg | Tier 1 | Healthy Values |
| ***Agents For Pheochromocytoma*** - Drugs For High Blood Pressure** | | |
| metyrosine oral capsule 250 mg | Tier 2 | |
| phenoxybenzamine hcl oral capsule 10 mg | Tier 2 | |
| ***Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb*** - Drugs For High Blood Pressure** | | |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg | Tier 2 | Healthy Values |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg | Tier 2 | Healthy Values |
| telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg | Tier 4 | |
| ***Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure** | | |
| candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg | Tier 2 | Prior Authorization Required; Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | Tier 4 | Prior Authorization Required |
| irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg | Tier 1 | Healthy Values |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg | Tier 1 | Healthy Values |
| olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg | Tier 1 | Healthy Values |
| telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg | Tier 2 | Prior Authorization Required; Healthy Values |
| valsartan-hydrochlorothiazide tablet 160-12.5 mg oral | Tier 1 | Healthy Values |
| valsartan-hydrochlorothiazide tablet 160-25 mg oral | Tier 1 | Healthy Values |
| valsartan-hydrochlorothiazide tablet 320-12.5 mg oral | Tier 2 | Healthy Values |
| valsartan-hydrochlorothiazide tablet 320-25 mg oral | Tier 2 | Healthy Values |
| valsartan-hydrochlorothiazide tablet 80-12.5 mg oral | Tier 1 | Healthy Values |
| ***Angiotensin Ii Receptor Antagonists*** - Drugs For High Blood Pressure** | | |
| ARBLI ORAL SUSPENSION 10 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (330 per 30 days) |
| azilsartan medoxomil oral tablet 40 mg, 80 mg | Tier 4 | |
| candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg | Tier 2 | Healthy Values |
| EDARBI ORAL TABLET 40 MG, 80 MG | Tier 4 | Prior Authorization Required |
| irbesartan tablet 150 mg oral | Tier 1 | Healthy Values |
| irbesartan tablet 300 mg oral | Tier 1 | Healthy Values |
| irbesartan tablet 75 mg oral | Tier 1 | Healthy Values |
| losartan potassium oral tablet 100 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg | Tier 1 | Healthy Values |
| telmisartan tablet 20 mg oral | Tier 1 | Healthy Values |
| telmisartan tablet 40 mg oral | Tier 2 | Healthy Values |
| telmisartan tablet 80 mg oral | Tier 1 | Healthy Values |
| telmisartan tablet 80 mg oral | Tier 1 | |
| valsartan oral solution 4 mg/ml | Tier 2 | |
| valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg | Tier 1 | Healthy Values |
| ***Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides*** - Drugs For High Blood Pressure** | | |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg | Tier 2 | Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg | Tier 2 | |
| ***Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure** | | |
| clonidine er oral tablet extended release 24 hour 0.17 mg | Tier 4 | |
| clonidine hcl tablet 0.05 mg oral | Tier 4 | |
| clonidine hcl tablet 0.1 mg oral | Tier 1 | Healthy Values |
| clonidine hcl tablet 0.2 mg oral | Tier 1 | Healthy Values |
| clonidine hcl tablet 0.3 mg oral | Tier 1 | Healthy Values |
| clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr | Tier 2 | Healthy Values |
| guanfacine hcl oral tablet 1 mg, 2 mg | Tier 2 | Healthy Values |
| JAVADIN ORAL SOLUTION 0.02 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (3600 per 30 days) |
| methyldopa tablet 250 mg oral | Tier 2 | |
| methyldopa tablet 500 mg oral | Tier 4 | |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG | Tier 4 | |
| ***Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure** | | |
| doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg | Tier 1 | |
| prazosin hcl capsule 1 mg oral | Tier 1 | |
| prazosin hcl capsule 2 mg oral | Tier 1 | |
| prazosin hcl capsule 5 mg oral | Tier 2 | |
| terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg | Tier 1 | |
| TEZRULY ORAL SOLUTION 1 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (600 per 30 days) |
| ***Antihypertensives - Misc.*** - Drugs For High Blood Pressure** | | |
| VECAMYL ORAL TABLET 2.5 MG | Tier 4 | Specialty |
| ***Beta Blocker & Diuretic Combinations*** - Drugs For High Blood Pressure** | | |
| atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg | Tier 1 | Healthy Values |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg | Tier 2 | Healthy Values |
| ***Direct Renin Inhibitors*** - Drugs For High Blood Pressure** | | |
| aliskiren fumarate oral tablet 150 mg, 300 mg | Tier 2 | |
| ***Endothelin Receptor Antagonists*** - Drugs For The Heart** | | |
| TRYVIO ORAL TABLET 12.5 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Selective Aldosterone Receptor Antagonists (Saras)*** - Drugs For High Blood Pressure** | | |
| eplerenone oral tablet 25 mg, 50 mg | Tier 2 | Healthy Values |
| ***Vasodilators*** - Drugs For High Blood Pressure** | | |
| hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| minoxidil oral tablet 10 mg, 2.5 mg | Tier 1 | |
| ***Anti-Infective Agents - Misc.* - Drugs For Infections** | | |
| ***Anti-Infective Agents - Misc.*** - Drugs For Infections** | | |
| IMPAVIDO ORAL CAPSULE 50 MG | Tier 3 | |
| metronidazole oral capsule 375 mg | Tier 2 | |
| metronidazole tablet 250 mg oral | Tier 1 | |
| metronidazole tablet 500 mg oral | Tier 1 | |
| pentamidine isethionate inhalation solution reconstituted 300 mg | Tier 2 | |
| tinidazole oral tablet 250 mg, 500 mg | Tier 2 | |
| trimethoprim oral tablet 100 mg | Tier 2 | |
| XIFAXAN TABLET 200 MG ORAL | Tier 4 | |
| XIFAXAN TABLET 550 MG ORAL | Tier 3 | |
| ***Anti-Infective Misc. - Combinations*** - Antibiotics** | | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml | Tier 2 | |
| sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg | Tier 1 | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Antiprotozoal Agents*** - Drugs For Parasites** | | |
| atovaquone oral suspension 750 mg/5ml | Tier 2 | |
| LAMPIT ORAL TABLET 120 MG, 30 MG | Tier 4 | |
| nitazoxanide oral tablet 500 mg | Tier 2 | |
| ***Glycopeptides*** - Antibiotics** | | |
| vancomycin hcl oral capsule 125 mg, 250 mg | Tier 2 | |
| vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml | Tier 2 | |
| ***Leprostatics*** - Antibiotics** | | |
| dapsone oral tablet 100 mg, 25 mg | Tier 2 | |
| ***Lincosamides*** - Antibiotics** | | |
| clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg | Tier 1 | |
| clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml | Tier 2 | |
| ***Monobactams*** - Antibiotics** | | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | Tier 4 | Specialty |
| ***Oxazolidinones*** - Antibiotics** | | |
| linezolid oral suspension reconstituted 100 mg/5ml | Tier 2 | Prior Authorization Required |
| linezolid oral tablet 600 mg | Tier 2 | |
| SIVEXTRO ORAL TABLET 200 MG | Tier 4 | |
| ***Penem Combinations** - Drugs For Infections** | | |
| ORLYNVAH ORAL TABLET 500-500 MG | Tier 4 | |
| ***Urinary Anti-Infectives*** - Antibiotics** | | |
| BLUJEPA ORAL TABLET 750 MG | Tier 4 | |
| fosfomycin tromethamine oral packet 3 gm | Tier 2 | |
| methenamine hippurate oral tablet 1 gm | Tier 2 | |
| nitrofurantoin macrocrystal capsule 100 mg oral | Tier 2 | |
| nitrofurantoin macrocrystal capsule 25 mg oral | Tier 2 | |
| nitrofurantoin macrocrystal capsule 50 mg oral | Tier 1 | |
| nitrofurantoin monohyd macro oral capsule 100 mg | Tier 1 | |
| nitrofurantoin suspension 25 mg/5ml oral | Tier 2 | Prior Authorization Required |
| nitrofurantoin suspension 50 mg/5ml oral | Tier 4 | Prior Authorization Required |
| ***Antimalarials* - Drugs For Infections** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Antimalarial Combinations*** - Drugs For Parasites** | | |
| atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg | Tier 2 | |
| COARTEM ORAL TABLET 20-120 MG | Tier 4 | |
| ***Antimalarials*** - Drugs For Parasites** | | |
| ARAKODA ORAL TABLET 100 MG | Tier 4 | |
| chloroquine phosphate tablet 250 mg oral | Tier 4 | |
| chloroquine phosphate tablet 500 mg oral | Tier 2 | |
| hydroxychloroquine sulfate tablet 100 mg oral | Tier 1 | |
| hydroxychloroquine sulfate tablet 200 mg oral | Tier 2 | |
| hydroxychloroquine sulfate tablet 300 mg oral | Tier 1 | |
| hydroxychloroquine sulfate tablet 400 mg oral | Tier 2 | |
| KRINTAFEL ORAL TABLET 150 MG | Tier 4 | |
| mefloquine hcl oral tablet 250 mg | Tier 1 | |
| primaquine phosphate oral tablet 26.3 (15 base) mg | Tier 2 | |
| pyrimethamine oral tablet 25 mg | Tier 2 | |
| quinine sulfate oral capsule 324 mg | Tier 2 | |
| SOVUNA ORAL TABLET 200 MG, 300 MG | Tier 4 | |
| ***Antimyasthenic/Cholinergic Agents* - Drugs For Nerves And Muscles** | | |
| ***Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles** | | |
| FIRDAPSE ORAL TABLET 10 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (300 per 30 days) |
| pyridostigmine bromide er oral tablet extended release 180 mg | Tier 2 | |
| pyridostigmine bromide oral solution 60 mg/5ml | Tier 2 | |
| pyridostigmine bromide tablet 30 mg oral | Tier 4 | |
| pyridostigmine bromide tablet 60 mg oral | Tier 2 | |
| ***Antimycobacterial Agents* - Drugs For Infections** | | |
| ***Antimycobacterial Agents*** - Antibiotics** | | |
| cycloserine oral capsule 250 mg | Tier 4 | |
| ethambutol hcl oral tablet 100 mg, 400 mg | Tier 2 | |
| isoniazid oral syrup 50 mg/5ml | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| isoniazid oral tablet 100 mg, 300 mg | Tier 1 | |
| pretomanid oral tablet 200 mg | Tier 3 | |
| PRIFTIN ORAL TABLET 150 MG | Tier 3 | |
| pyrazinamide oral tablet 500 mg | Tier 2 | |
| rifabutin oral capsule 150 mg | Tier 2 | |
| rifampin oral capsule 150 mg, 300 mg | Tier 2 | |
| rifapentine oral tablet 150 mg | Tier 2 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | Tier 3 | |
| ***Antineoplastics And Adjunctive Therapies* - Drugs For Cancer** | | |
| ***Alkylating Agents*** - Drugs For Cancer** | | |
| MYLERAN ORAL TABLET 2 MG | Tier 3 | Specialty |
| ***Androgen Biosynthesis Inhibitors*** - Drugs For Cancer** | | |
| abiraterone acetate micronized oral tablet 125 mg | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| abiraterone acetate tablet 250 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (120 per 30 days) |
| abiraterone acetate tablet 500 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ABIRTEGA ORAL TABLET 250 MG | Tier 2 | Prior Authorization Required; Quantity Limit (120 per 30 days) |
| YONSA ORAL TABLET 125 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Antiadrenals*** - Drugs For Cancer** | | |
| LYSODREN ORAL TABLET 500 MG | Tier 3 | Specialty; Prior Authorization Required |
| ***Antiandrogens*** - Drugs For Cancer** | | |
| bicalutamide oral tablet 50 mg | Tier 1 | Specialty |
| ERLEADA TABLET 240 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ERLEADA TABLET 60 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| EULEXIN ORAL CAPSULE 125 MG | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| nilutamide oral tablet 150 mg | Tier 4 | |
| NUBEQA ORAL TABLET 300 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| XTANDI ORAL CAPSULE 40 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| XTANDI TABLET 40 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| XTANDI TABLET 80 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Antiestrogens*** - Drugs For Cancer** | | |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | Tier 3 | |
| tamoxifen citrate oral tablet 10 mg, 20 mg | Tier 1 | ACA Drug |
| toremifene citrate oral tablet 60 mg | Tier 2 | |
| ***Antimetabolites*** - Drugs For Cancer** | | |
| capecitabine oral tablet 150 mg, 500 mg | Tier 2 | Prior Authorization Required |
| JYLAMVO ORAL SOLUTION 2 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (180 per 28 days) |
| mercaptopurine oral suspension 2000 mg/100ml | Tier 2 | |
| mercaptopurine tablet 50 mg oral | Tier 2 | |
| methotrexate sodium (pf) solution 1 gm/40ml injection | Tier 2 | |
| methotrexate sodium (pf) solution 250 mg/10ml injection | Tier 1 | |
| methotrexate sodium (pf) solution 50 mg/2ml injection | Tier 1 | |
| methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml | Tier 4 | |
| methotrexate sodium injection solution reconstituted 1 gm | Tier 2 | |
| methotrexate sodium oral tablet 2.5 mg | Tier 1 | |
| ONUREG ORAL TABLET 200 MG, 300 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (14 per 28 days) |
| TABLOID ORAL TABLET 40 MG | Tier 3 | |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 4 | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 4 | Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Antineoplastic - Akt Inhibitors*** - Drugs For Cancer** | | |
| TRUQAP ORAL TABLET 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (64 per 28 days) |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (64 per 28 days) |
| ***Antineoplastic - Alk Inhibitors*** - Drugs For Cancer** | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | Tier 3 | Specialty; Prior Authorization Required |
| ALUNBRIG TABLET 180 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ALUNBRIG TABLET 30 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ALUNBRIG TABLET 90 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LORBRENA TABLET 100 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LORBRENA TABLET 25 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| XALKORI CAPSULE SPRINKLE 150 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| XALKORI CAPSULE SPRINKLE 20 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| XALKORI CAPSULE SPRINKLE 50 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Antineoplastic - Anti-Her2 Agents*** - Drugs For Cancer** | | |
| HERNEXEOS ORAL TABLET 60 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (180 per 60 days) |
| TUKYSA TABLET 150 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| TUKYSA TABLET 50 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (300 per 30 days) |
| ***Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer** | | |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (42 per 180 days) |
| VENCLEXTA TABLET 10 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| VENCLEXTA TABLET 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| VENCLEXTA TABLET 50 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer** | | |
| BOSULIF CAPSULE 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (150 per 30 days) |
| BOSULIF CAPSULE 50 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| BOSULIF TABLET 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| BOSULIF TABLET 400 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| BOSULIF TABLET 500 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| bosutinib tablet 100 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| bosutinib tablet 400 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| bosutinib tablet 500 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| dasatinib tablet 100 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| dasatinib tablet 140 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| dasatinib tablet 20 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| dasatinib tablet 50 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| dasatinib tablet 70 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| dasatinib tablet 80 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| imatinib mesylate tablet 100 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (90 per 30 days) |
| imatinib mesylate tablet 400 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| SCEMBLIX TABLET 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| SCEMBLIX TABLET 20 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| SCEMBLIX TABLET 40 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| ***Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| BRAFTOVI ORAL CAPSULE 75 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (96 per 28 days) |
| OJEMDA ORAL TABLET 100 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (24 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (840 per 28 days) |
| ZELBORAF ORAL TABLET 240 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| ***Antineoplastic - Btk Inhibitors*** - Drugs For Cancer** | | |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| CALQUENCE ORAL TABLET 100 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| IMBRUVICA CAPSULE 140 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| IMBRUVICA CAPSULE 70 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| JAYPIRCA TABLET 100 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| JAYPIRCA TABLET 50 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Antineoplastic - Csf1r Kinase Inhibitors*** - Drugs For Cancer** | | |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (8 per 28 days) |
| ***Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer** | | |
| erlotinib hcl tablet 100 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| erlotinib hcl tablet 150 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| erlotinib hcl tablet 25 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| gefitinib oral tablet 250 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LAZCLUZE TABLET 240 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LAZCLUZE TABLET 80 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Antineoplastic - Fgfr Kinase Inhibitors*** - Drugs For Cancer** | | |
| BALVERSA TABLET 3 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| BALVERSA TABLET 4 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| BALVERSA TABLET 5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (84 per 28 days) |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (140 per 28 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (14 per 21 days) |
| ***Antineoplastic - Gamma Secretase Inhibitors*** - Drugs For Cancer** | | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| ***Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer** | | |
| DAURISMO TABLET 100 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| DAURISMO TABLET 25 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ERIVEDGE ORAL CAPSULE 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Antineoplastic - Hif-2-Alpha Inhibitors*** - Drugs For Cancer** | | |
| WELIREG ORAL TABLET 40 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer** | | |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Antineoplastic - Hormonal And Related Agent Combinations*** - Drugs For Cancer** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Antineoplastic - Immunomodulators*** - Drugs For Cancer** | | |
| pomalidomide capsule 1 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 Days) |
| pomalidomide capsule 2 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 Days) |
| pomalidomide capsule 3 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 Days) |
| pomalidomide capsule 4 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| ***Antineoplastic - Kras Inhibitors*** - Drugs For Cancer** | | |
| KRAZATI ORAL TABLET 200 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| LUMAKRAS TABLET 120 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| LUMAKRAS TABLET 240 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| LUMAKRAS TABLET 320 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Antineoplastic - Mek Inhibitors*** - Drugs For Cancer** | | |
| COTELLIC ORAL TABLET 20 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (63 per 28 days) |
| GOMEKLI CAPSULE 1 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (168 per 28 days) |
| GOMEKLI CAPSULE 2 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (84 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| GOMEKLI ORAL TABLET SOLUBLE 1 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (168 per 28 days) |
| KOSELUGO CAPSULE 10 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| KOSELUGO CAPSULE 25 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| KOSELUGO CAPSULE SPRINKLE 5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (420 per 30 days) |
| KOSELUGO CAPSULE SPRINKLE 7.5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1170 per 28 days) |
| MEKINIST TABLET 0.5 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| MEKINIST TABLET 2 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| ***Antineoplastic - Menin Inhibitors*** - Drugs For Cancer** | | |
| KOMZIFTI ORAL CAPSULE 200 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| REVUFORJ TABLET 110 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| REVUFORJ TABLET 160 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| REVUFORJ TABLET 25 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| ***Antineoplastic - Met Inhibitors*** - Drugs For Cancer** | | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| TEPMETKO ORAL TABLET 225 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer** | | |
| everolimus tablet 10 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| everolimus tablet 2.5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| everolimus tablet 5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| everolimus tablet 7.5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| everolimus tablet soluble 2 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| everolimus tablet soluble 3 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| everolimus tablet soluble 5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| TORPENZ TABLET 10 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TORPENZ TABLET 2.5 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TORPENZ TABLET 5 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TORPENZ TABLET 7.5 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer** | | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| CAPRELSA TABLET 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| CAPRELSA TABLET 300 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (84 per 28 days) |
| ENSACOVE CAPSULE 100 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ENSACOVE CAPSULE 25 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| HYRNUO ORAL TABLET 10 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| lapatinib ditosylate oral tablet 250 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| NERLYNX ORAL TABLET 40 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| pazopanib hcl tablet 200 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| QINLOCK ORAL TABLET 50 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| sorafenib tosylate oral tablet 200 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (84 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| sunitinib malate capsule 12.5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| sunitinib malate capsule 25 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| sunitinib malate capsule 37.5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| sunitinib malate capsule 50 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| VANFLYTA TABLET 17.7 MG ORAL | Tier 4 | Specialty; Prior Authorization Required |
| VANFLYTA TABLET 26.5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| XOSPATA ORAL TABLET 40 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Antineoplastic - Pdgfr-Alpha Inhibitors*** - Drugs For Cancer** | | |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Antineoplastic - Protease Activators*** - Drugs For Cancer** | | |
| MODEYSO ORAL CAPSULE 125 MG | Tier 4 | Specialty; Quantity Limit (20 per 28 Days) |
| ***Antineoplastic - Proteasome Inhibitors*** - Drugs For Cancer** | | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3 per 28 days) |
| ***Antineoplastic - Ret Inhibitors*** - Drugs For Cancer** | | |
| GAVRETO ORAL CAPSULE 100 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| RETEVMO TABLET 120 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| RETEVMO TABLET 160 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| RETEVMO TABLET 40 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| RETEVMO TABLET 80 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** - Drugs For Cancer** | | |
| AUGTYRO CAPSULE 160 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| AUGTYRO CAPSULE 40 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| IBTROZI ORAL CAPSULE 200 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ROZLYTREK CAPSULE 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ROZLYTREK CAPSULE 200 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ROZLYTREK ORAL PACKET 50 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (336 per 28 days) |
| VITRAKVI CAPSULE 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| VITRAKVI CAPSULE 25 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (300 per 30 days) |
| ***Antineoplastic - Xpo1 Inhibitors*** - Drugs For Cancer** | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (8 per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (16 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (8 per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (24 per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (8 per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (32 per 28 days) |
| ***Antineoplastic Combinations*** - Drugs For Cancer** | | |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (66 per 28 days) |
| INQOVI ORAL TABLET 35-100 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (5 per 28 days) |
| LONSURF TABLET 15-6.14 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 28 days) |
| LONSURF TABLET 20-8.19 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (80 per 28 days) |
| ***Antineoplastics Misc.*** - Drugs For Cancer** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | Tier 3 | Specialty |
| BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| hydroxyurea oral capsule 500 mg | Tier 2 | |
| MATULANE ORAL CAPSULE 50 MG | Tier 3 | Specialty; Prior Authorization Required |
| ***Aromatase Inhibitors*** - Drugs For Cancer** | | |
| anastrozole oral tablet 1 mg | Tier 1 | ACA Drug |
| exemestane oral tablet 25 mg | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| letrozole oral tablet 2.5 mg | Tier 1 | Healthy Values |
| ***Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer** | | |
| IBRANCE ORAL CAPSULE 125 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (42 per 28 days) |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (63 per 28 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Estrogen Receptor Antagonist*** - Drugs For Cancer** | | |
| INLURIYO ORAL TABLET 200 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 Days) |
| ***Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer** | | |
| LEDERLE LEUCOVORIN ORAL TABLET 5 MG | Tier 2 | Prior Authorization Required; Quantity Limit (180 per 30 days) |
| leucovorin calcium tablet 10 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| leucovorin calcium tablet 15 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| leucovorin calcium tablet 25 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| leucovorin calcium tablet 5 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Gonadotropin Releasing Hormone (Gnrh) Antagonists*** - Drugs For Cancer** | | |
| ORGOVYX ORAL TABLET 120 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 28 days) |
| ***Imidazotetrazines*** - Drugs For Cancer** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| temozolomide capsule 100 mg oral | Tier 2 | |
| temozolomide capsule 140 mg oral | Tier 2 | |
| temozolomide capsule 180 mg oral | Tier 2 | |
| temozolomide capsule 20 mg oral | Tier 2 | |
| temozolomide capsule 250 mg oral | Tier 2 | |
| temozolomide capsule 5 mg oral | Tier 2 | |
| ***Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors*** - Drugs For Cancer** | | |
| VORANIGO TABLET 10 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| VORANIGO TABLET 40 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** - Drugs For Cancer** | | |
| REZLIDHIA ORAL CAPSULE 150 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| TIBSOVO ORAL TABLET 250 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** - Drugs For Cancer** | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer** | | |
| INREBIC ORAL CAPSULE 100 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Lhrh Analogs*** - Drugs For Cancer** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | Tier 4 | |
| leuprolide acetate kit 1 mg/0.2ml injection | Tier 2 | |
| LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR | Tier 3 | |
| LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR | Tier 3 | |
| LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR | Tier 3 | |
| LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR | Tier 3 | |
| LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR | Tier 3 | |
| LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR | Tier 3 | |
| VABRINTY KIT 30 MG SUBCUTANEOUS | Tier 4 | Specialty |
| ***Mitotic Inhibitors*** - Drugs For Cancer** | | |
| etoposide oral capsule 50 mg | Tier 3 | |
| ***Nitrogen Mustards And Related Analogues*** - Drugs For Cancer** | | |
| cyclophosphamide oral capsule 25 mg, 50 mg | Tier 2 | |
| cyclophosphamide oral tablet 50 mg | Tier 3 | |
| LEUKERAN ORAL TABLET 2 MG | Tier 3 | Specialty |
| ***Nitrosoureas*** - Drugs For Cancer** | | |
| GLEOSTINE CAPSULE 40 MG ORAL | Tier 3 | Specialty |
| lomustine oral capsule 10 mg, 100 mg, 40 mg | Tier 2 | Specialty |
| ***Ornithine Decarboxylase (Odc) Inhibitors*** - Drugs For Cancer** | | |
| IWILFIN ORAL TABLET 192 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| ***Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer** | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| ITOVEBI TABLET 3 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ITOVEBI TABLET 9 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer** | | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| TALZENNA CAPSULE 0.1 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TALZENNA CAPSULE 0.25 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| TALZENNA CAPSULE 0.35 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TALZENNA CAPSULE 0.5 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TALZENNA CAPSULE 0.75 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TALZENNA CAPSULE 1 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Progestins-Antineoplastic*** - Drugs For Cancer** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| megestrol acetate suspension 40 mg/ml oral | Tier 2 | |
| megestrol acetate suspension 400 mg/10ml oral | Tier 2 | |
| megestrol acetate suspension 800 mg/20ml oral | Tier 2 | |
| megestrol acetate tablet 20 mg oral | Tier 1 | |
| megestrol acetate tablet 40 mg oral | Tier 2 | |
| ***Retinoids*** - Drugs For Cancer** | | |
| tretinoin oral capsule 10 mg | Tier 2 | Specialty; Prior Authorization Required |
| ***Selective Estrogen Receptor Degraders*** - Drugs For Cancer** | | |
| ORSERDU TABLET 345 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ORSERDU TABLET 86 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Selective Retinoid X Receptor Agonists*** - Drugs For Cancer** | | |
| bexarotene oral capsule 75 mg | Tier 2 | Specialty; Prior Authorization Required |
| ***Topoisomerase I Inhibitors*** - Drugs For Cancer** | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 3 | Specialty; Prior Authorization Required |
| ***Urinary Tract Protective Agents*** - Drugs For Cancer** | | |
| mesna oral tablet 400 mg | Tier 2 | |
| ***Vascular Endothelial Growth Factor (Vegf) Inhibitors*** - Drugs For Cancer** | | |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | Tier 4 | Specialty; Prior Authorization Required |
| INLYTA TABLET 1 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| INLYTA TABLET 5 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System** | | |
| ***Adenosine Receptor Antagonist*** - Drugs For Parkinson** | | |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | Tier 4 | Specialty |
| ***Antiparkinson Anticholinergics*** - Drugs For Parkinson** | | |
| benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | |
| trihexyphenidyl hcl oral solution 0.4 mg/ml | Tier 4 | |
| trihexyphenidyl hcl oral tablet 2 mg, 5 mg | Tier 1 | |
| ***Antiparkinson Dopaminergics*** - Drugs For Parkinson** | | |
| amantadine hcl oral capsule 100 mg | Tier 2 | |
| amantadine hcl oral tablet 100 mg | Tier 2 | |
| amantadine hcl solution 50 mg/5ml oral | Tier 2 | |
| bromocriptine mesylate oral capsule 5 mg | Tier 2 | |
| bromocriptine mesylate oral tablet 2.5 mg | Tier 2 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG | Tier 4 | Specialty; Prior Authorization Required |
| ***Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson** | | |
| rasagiline mesylate oral tablet 0.5 mg, 1 mg | Tier 2 | |
| selegiline hcl oral capsule 5 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| selegiline hcl oral tablet 5 mg | Tier 2 | |
| XADAGO ORAL TABLET 100 MG, 50 MG | Tier 4 | |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG | Tier 4 | |
| ***Central/Peripheral Comt Inhibitors*** - Drugs For Parkinson** | | |
| tolcapone oral tablet 100 mg | Tier 2 | |
| ***Decarboxylase Inhibitors*** - Drugs For Parkinson** | | |
| carbidopa oral tablet 25 mg | Tier 2 | |
| ***Levodopa Combinations*** - Drugs For Parkinson** | | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | Tier 2 | Healthy Values |
| carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg | Tier 4 | |
| carbidopa-levodopa tablet 10-100 mg oral | Tier 1 | Healthy Values |
| carbidopa-levodopa tablet 25-100 mg oral | Tier 2 | Healthy Values |
| carbidopa-levodopa tablet 25-250 mg oral | Tier 2 | Healthy Values |
| 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 | Tier 2 | |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML | Tier 4 | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | Tier 4 | |
| VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML | Tier 4 | Specialty |
| ***Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson** | | |
| apomorphine hcl subcutaneous solution cartridge 30 mg/3ml | Tier 2 | Specialty |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | Tier 4 | |
| ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML | Tier 4 | Specialty |
| 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 | Tier 2 | Prior Authorization Required |
| pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg | Tier 2 | |
| ropinirole hcl tablet 0.25 mg oral | Tier 1 | Healthy Values |
| ropinirole hcl tablet 0.5 mg oral | Tier 1 | Healthy Values |
| ropinirole hcl tablet 1 mg oral | Tier 1 | Healthy Values |
| ropinirole hcl tablet 2 mg oral | Tier 1 | Healthy Values |
| ropinirole hcl tablet 3 mg oral | Tier 1 | Healthy Values |
| ropinirole hcl tablet 4 mg oral | Tier 1 | Healthy Values |
| ropinirole hcl tablet 5 mg oral | Tier 1 | Healthy Values |
| ***Peripheral Comt Inhibitors*** - Drugs For Parkinson** | | |
| entacapone oral tablet 200 mg | Tier 2 | |
| ONGENTYS CAPSULE 25 MG ORAL | Tier 4 | |
| ONGENTYS CAPSULE 50 MG ORAL | Tier 4 | Prior Authorization Required |
| ***Antipsychotics/Antimanic Agents* - Drugs For The Nervous System** | | |
| ***Antimanic Agents*** - Drugs For Severe Mental Disorders** | | |
| lithium carbonate er oral tablet extended release 300 mg, 450 mg | Tier 1 | Healthy Values |
| lithium carbonate oral capsule 150 mg, 300 mg, 600 mg | Tier 1 | Healthy Values |
| lithium carbonate oral tablet 300 mg | Tier 1 | Healthy Values |
| lithium oral solution 8 meq/5ml | Tier 2 | |
| ***Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders** | | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG | Tier 4 | |
| lurasidone hcl tablet 120 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| lurasidone hcl tablet 20 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| lurasidone hcl tablet 40 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| lurasidone hcl tablet 60 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| lurasidone hcl tablet 80 mg oral | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| NUPLAZID ORAL CAPSULE 34 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| ***Benzisoxazoles*** - Drugs For Severe Mental Disorders** | | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 4 | Quantity Limit (60 per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG | Tier 4 | |
| FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG | Tier 4 | |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG | Tier 4 | |
| paliperidone er tablet extended release 24 hour 1.5 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| paliperidone er tablet extended release 24 hour 3 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| paliperidone er tablet extended release 24 hour 6 mg oral | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| paliperidone er tablet extended release 24 hour 9 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | Tier 1 | Healthy Values |
| risperidone solution 1 mg/ml oral | Tier 2 | Healthy Values; Quantity Limit (480 per 30 days) |
| risperidone tablet dispersible 0.25 mg oral | Tier 4 | Quantity Limit (60 per 30 days) |
| risperidone tablet dispersible 0.5 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| risperidone tablet dispersible 1 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| risperidone tablet dispersible 2 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| risperidone tablet dispersible 3 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| risperidone tablet dispersible 4 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| ***Butyrophenones*** - Drugs For Severe Mental Disorders** | | |
| haloperidol lactate concentrate 2 mg/ml oral | Tier 2 | Healthy Values |
| haloperidol tablet 0.5 mg oral | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| haloperidol tablet 1 mg oral | Tier 1 | Healthy Values |
| haloperidol tablet 10 mg oral | Tier 2 | Healthy Values |
| haloperidol tablet 2 mg oral | Tier 2 | Healthy Values |
| haloperidol tablet 20 mg oral | Tier 2 | Healthy Values |
| haloperidol tablet 5 mg oral | Tier 2 | Healthy Values |
| ***Dibenzodiazepines*** - Drugs For Severe Mental Disorders** | | |
| clozapine tablet 100 mg oral | Tier 2 | Healthy Values; Quantity Limit (270 per 30 days) |
| clozapine tablet 200 mg oral | Tier 2 | Healthy Values; Quantity Limit (120 per 30 days) |
| clozapine tablet 25 mg oral | Tier 1 | Healthy Values; Quantity Limit (90 per 30 days) |
| clozapine tablet 50 mg oral | Tier 2 | Healthy Values; Quantity Limit (90 per 30 days) |
| clozapine tablet dispersible 100 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| clozapine tablet dispersible 12.5 mg oral | Tier 4 | Quantity Limit (90 per 30 days) |
| clozapine tablet dispersible 150 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| clozapine tablet dispersible 200 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| clozapine tablet dispersible 25 mg oral | Tier 2 | Quantity Limit (270 per 30 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | Tier 4 | Quantity Limit (540 per 30 days) |
| ***Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders** | | |
| asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | Tier 4 | Quantity Limit (30 per 30 days) |
| ***Dibenzothiazepines*** - Drugs For Severe Mental Disorders** | | |
| quetiapine fumarate er tablet extended release 24 hour 150 mg oral | Tier 1 | Healthy Values; Quantity Limit (30 per 30 days) |
| quetiapine fumarate er tablet extended release 24 hour 200 mg oral | Tier 1 | Healthy Values; Quantity Limit (30 per 30 days) |
| quetiapine fumarate er tablet extended release 24 hour 300 mg oral | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| quetiapine fumarate er tablet extended release 24 hour 400 mg oral | Tier 2 | Healthy Values; Quantity Limit (60 per 30 days) |
| quetiapine fumarate er tablet extended release 24 hour 50 mg oral | Tier 1 | Healthy Values |
| quetiapine fumarate tablet 100 mg oral | Tier 1 | Healthy Values |
| quetiapine fumarate tablet 150 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| quetiapine fumarate tablet 200 mg oral | Tier 1 | Healthy Values |
| quetiapine fumarate tablet 25 mg oral | Tier 1 | Healthy Values |
| quetiapine fumarate tablet 300 mg oral | Tier 1 | Healthy Values; Quantity Limit (60 per 30 days) |
| quetiapine fumarate tablet 400 mg oral | Tier 1 | Healthy Values; Quantity Limit (60 per 30 days) |
| quetiapine fumarate tablet 50 mg oral | Tier 1 | Healthy Values |
| ***Dibenzoxazepines*** - Drugs For Severe Mental Disorders** | | |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg | Tier 2 | Healthy Values |
| ***Dihydroindolones*** - Drugs For Severe Mental Disorders** | | |
| molindone hcl oral tablet 10 mg, 25 mg, 5 mg | Tier 4 | |
| ***Phenothiazines*** - Drugs For Severe Mental Disorders** | | |
| chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml | Tier 4 | |
| chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg | Tier 2 | |
| COMPRO RECTAL SUPPOSITORY 25 MG | Tier 2 | |
| fluphenazine hcl oral concentrate 5 mg/ml | Tier 4 | |
| fluphenazine hcl oral elixir 2.5 mg/5ml | Tier 4 | |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg | Tier 2 | |
| perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg | Tier 2 | Healthy Values |
| prochlorperazine maleate oral tablet 10 mg, 5 mg | Tier 1 | |
| prochlorperazine rectal suppository 25 mg | Tier 2 | |
| thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg | Tier 2 | |
| trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg | Tier 2 | Healthy Values |
| ***Quinolinone Derivatives*** - Drugs For Severe Mental Disorders** | | |
| aripiprazole oral solution 1 mg/ml | Tier 2 | Healthy Values; Quantity Limit (900 per 30 days) |
| aripiprazole oral tablet dispersible 10 mg, 15 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| aripiprazole tablet 10 mg oral | Tier 1 | Healthy Values |
| aripiprazole tablet 15 mg oral | Tier 1 | Healthy Values |
| aripiprazole tablet 2 mg oral | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| aripiprazole tablet 20 mg oral | Tier 1 | Healthy Values; Quantity Limit (30 per 30 days) |
| aripiprazole tablet 30 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| aripiprazole tablet 5 mg oral | Tier 1 | Healthy Values |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Thienbenzodiazepines*** - Drugs For Severe Mental Disorders** | | |
| olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| olanzapine tablet 10 mg oral | Tier 1 | Healthy Values |
| olanzapine tablet 15 mg oral | Tier 1 | Healthy Values; Quantity Limit (30 per 30 days) |
| olanzapine tablet 2.5 mg oral | Tier 1 | Healthy Values |
| olanzapine tablet 20 mg oral | Tier 2 | Healthy Values; Quantity Limit (30 per 30 days) |
| olanzapine tablet 5 mg oral | Tier 1 | Healthy Values |
| olanzapine tablet 7.5 mg oral | Tier 1 | Healthy Values |
| ***Thioxanthenes*** - Drugs For Severe Mental Disorders** | | |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg | Tier 2 | |
| ***Antivirals* - Drugs For Infections** | | |
| ***Antiretroviral Combinations*** - Drugs For Viral Infections** | | |
| abacavir sulfate-lamivudine oral tablet 600-300 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| CIMDUO ORAL TABLET 300-300 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | Tier 3 | ACA Drug; Quantity Limit (30 per 30 days) |
| DOVATO ORAL TABLET 50-300 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg | Tier 2 | ACA Drug; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| EVOTAZ ORAL TABLET 300-150 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| JULUCA ORAL TABLET 50-25 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| KALETRA ORAL SOLUTION 400-100 MG/5ML | Tier 3 | Quantity Limit (480 per 30 days) |
| lamivudine-zidovudine oral tablet 150-300 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| lopinavir-ritonavir tablet 100-25 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| lopinavir-ritonavir tablet 200-50 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| triumeq pd oral tablet soluble 60-5-30 mg | Tier 3 | Quantity Limit (180 per 30 days) |
| ***Antiretrovirals - Capsid Inhibitors*** - Drugs For Viral Infections** | | |
| SUNLENCA ORAL TABLET 300 MG | Tier 4 | Specialty |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | Tier 4 | Specialty |
| YEZTUGO ORAL TABLET 300 MG | Tier 3 | Specialty; ACA Drug |
| YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | Tier 3 | Specialty; ACA Drug |
| ***Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections** | | |
| maraviroc tablet 150 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| maraviroc tablet 300 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| ***Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections** | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | Tier 4 | Quantity Limit (60 per 30 days) |
| ***Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections** | | |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML | Tier 3 | Specialty; ACA Drug |
| ISENTRESS HD ORAL TABLET 600 MG | Tier 3 | Quantity Limit (60 per 30 days) |
| ISENTRESS ORAL PACKET 100 MG | Tier 3 | Quantity Limit (60 per 30 days) |
| ISENTRESS ORAL TABLET 400 MG | Tier 3 | Quantity Limit (60 per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG | Tier 3 | Quantity Limit (180 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| TIVICAY ORAL TABLET 50 MG | Tier 3 | Quantity Limit (60 per 30 days) |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | Tier 3 | Quantity Limit (360 per 30 days) |
| ***Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections** | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 4 | Quantity Limit (120 per 30 days) |
| atazanavir sulfate capsule 150 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| atazanavir sulfate capsule 200 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| atazanavir sulfate capsule 300 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| darunavir tablet 600 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| darunavir tablet 800 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| fosamprenavir calcium oral tablet 700 mg | Tier 2 | Quantity Limit (120 per 30 days) |
| NORVIR ORAL PACKET 100 MG | Tier 4 | Quantity Limit (360 per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | Tier 3 | Quantity Limit (400 per 30 days) |
| PREZISTA TABLET 150 MG ORAL | Tier 3 | Quantity Limit (180 per 30 days) |
| PREZISTA TABLET 75 MG ORAL | Tier 3 | Quantity Limit (300 per 30 days) |
| REYATAZ ORAL PACKET 50 MG | Tier 4 | Quantity Limit (240 per 30 days) |
| ritonavir oral tablet 100 mg | Tier 2 | Quantity Limit (360 per 30 days) |
| VIRACEPT TABLET 250 MG ORAL | Tier 4 | Quantity Limit (270 per 30 days) |
| VIRACEPT TABLET 625 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| ***Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections** | | |
| EDURANT ORAL TABLET 25 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG | Tier 4 | Quantity Limit (180 per 30 days) |
| efavirenz oral tablet 600 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| etravirine oral tablet 100 mg, 200 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| INTELENCE TABLET 25 MG ORAL | Tier 3 | Quantity Limit (120 per 30 days) |
| nevirapine er oral tablet extended release 24 hour 400 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| nevirapine oral suspension 50 mg/5ml | Tier 4 | Quantity Limit (1200 per 30 days) |
| nevirapine oral tablet 200 mg | Tier 1 | Quantity Limit (60 per 30 days) |
| PIFELTRO ORAL TABLET 100 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| rilpivirine hcl tablet 25 mg oral | Tier 4 | Quantity Limit (30 per 30 Days) |
| ***Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections** | | |
| abacavir sulfate oral solution 20 mg/ml | Tier 2 | Quantity Limit (960 per 30 days) |
| abacavir sulfate oral tablet 300 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| ***Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| emtricitabine oral capsule 200 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | Tier 4 | Quantity Limit (680 per 28 days) |
| lamivudine solution 10 mg/ml oral | Tier 2 | Quantity Limit (960 per 30 days) |
| lamivudine tablet 150 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| lamivudine tablet 300 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| ***Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections** | | |
| zidovudine oral capsule 100 mg | Tier 2 | Quantity Limit (180 per 30 days) |
| zidovudine oral syrup 50 mg/5ml | Tier 2 | Quantity Limit (1920 per 30 days) |
| zidovudine oral tablet 300 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| ***Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections** | | |
| tenofovir disoproxil fumarate oral tablet 300 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| VIREAD ORAL POWDER 40 MG/GM | Tier 3 | Quantity Limit (240 per 30 days) |
| VIREAD TABLET 150 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| VIREAD TABLET 200 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| VIREAD TABLET 250 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Antiviral Combinations*** - Drugs For Infections** | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG | Tier 3 | |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG | Tier 3 | |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | Tier 3 | |
| ***Cmv Agents*** - Drugs For Viral Infections** | | |
| LIVTENCITY ORAL TABLET 200 MG | Tier 4 | Quantity Limit (120 per 30 days) |
| PREVYMIS ORAL PACKET 120 MG, 20 MG | Tier 4 | |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | Tier 4 | |
| valganciclovir hcl oral solution reconstituted 50 mg/ml | Tier 2 | |
| valganciclovir hcl oral tablet 450 mg | Tier 2 | |
| ***Hepatitis B Agents*** - Drugs For Viral Infections** | | |
| adefovir dipivoxil oral tablet 10 mg | Tier 2 | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | Tier 3 | |
| entecavir oral tablet 0.5 mg, 1 mg | Tier 2 | |
| lamivudine tablet 100 mg oral | Tier 2 | |
| VEMLIDY ORAL TABLET 25 MG | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Hepatitis C Agent - Combinations*** - Drugs For Viral Infections** | | |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| MAVYRET ORAL PACKET 50-20 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (140 per 28 days) |
| MAVYRET ORAL TABLET 100-40 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (84 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| ***Hepatitis C Agents*** - Drugs For Viral Infections** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 3 | Specialty; Prior Authorization Required |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |
| ribavirin oral capsule 200 mg | Tier 3 | |
| ribavirin oral tablet 200 mg | Tier 3 | |
| SOVALDI ORAL PACKET 150 MG, 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| SOVALDI ORAL TABLET 200 MG, 400 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| ***Herpes Agents - Purine Analogues*** - Drugs For Viral Infections** | | |
| acyclovir oral capsule 200 mg | Tier 1 | |
| acyclovir oral tablet 400 mg, 800 mg | Tier 1 | |
| acyclovir suspension 200 mg/5ml oral | Tier 2 | |
| valacyclovir hcl tablet 1 gm oral | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| valacyclovir hcl tablet 500 mg oral | Tier 1 | |
| ***Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections** | | |
| famciclovir oral tablet 125 mg, 250 mg, 500 mg | Tier 2 | |
| ***Influenza Agents*** - Drugs For Viral Infections** | | |
| rimantadine hcl oral tablet 100 mg | Tier 2 | |
| ***Misc. Antivirals*** - Drugs For Viral Infections** | | |
| LAGEVRIO ORAL CAPSULE 200 MG | Tier 3 | Quantity Limit (40 per 30 days) |
| ***Neuraminidase Inhibitors*** - Drugs For Viral Infections** | | |
| oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg | Tier 2 | |
| oseltamivir phosphate suspension reconstituted 6 mg/ml oral | Tier 2 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Tier 4 | |
| ***Pa Endonuclease Inhibitors*** - Drugs For Viral Infections** | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | Tier 4 | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | Tier 4 | |
| ***Beta Blockers* - Drugs For The Heart** | | |
| ***Alpha-Beta Blockers*** - Drugs For High Blood Pressure** | | |
| carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg | Tier 1 | Healthy Values |
| carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg | Tier 2 | Prior Authorization Required |
| labetalol hcl tablet 100 mg oral | Tier 1 | Healthy Values |
| labetalol hcl tablet 200 mg oral | Tier 2 | Healthy Values |
| labetalol hcl tablet 300 mg oral | Tier 2 | Healthy Values |
| labetalol hcl tablet 400 mg oral | Tier 4 | |
| ***Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure** | | |
| acebutolol hcl capsule 200 mg oral | Tier 2 | |
| acebutolol hcl capsule 400 mg oral | Tier 2 | Healthy Values |
| atenolol oral tablet 100 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| betaxolol hcl oral tablet 10 mg, 20 mg | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| bisoprolol fumarate tablet 10 mg oral | Tier 2 | Healthy Values |
| bisoprolol fumarate tablet 2.5 mg oral | Tier 4 | |
| bisoprolol fumarate tablet 5 mg oral | Tier 1 | Healthy Values |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG | Tier 4 | |
| LOPRESSOR ORAL SOLUTION 10 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (1350 per 30 days) |
| LOPRESSOR TABLET 12.5 MG ORAL | Tier 4 | |
| metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| metoprolol tartrate tablet 100 mg oral | Tier 1 | Healthy Values |
| metoprolol tartrate tablet 12.5 mg oral | Tier 4 | |
| metoprolol tartrate tablet 25 mg oral | Tier 1 | Healthy Values |
| metoprolol tartrate tablet 37.5 mg oral | Tier 1 | Healthy Values |
| metoprolol tartrate tablet 50 mg oral | Tier 1 | Healthy Values |
| metoprolol tartrate tablet 75 mg oral | Tier 1 | Healthy Values |
| nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | Tier 1 | Healthy Values |
| ***Beta Blockers Non-Selective*** - Drugs For High Blood Pressure** | | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 4 | |
| INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Tier 4 | |
| INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | Tier 4 | Prior Authorization Required |
| INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Tier 4 | |
| INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | Tier 4 | Prior Authorization Required |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | Tier 2 | Healthy Values |
| pindolol oral tablet 10 mg, 5 mg | Tier 2 | |
| propranolol hcl er capsule extended release 24 hour 120 mg oral | Tier 2 | Healthy Values |
| propranolol hcl er capsule extended release 24 hour 160 mg oral | Tier 2 | Healthy Values |
| propranolol hcl er capsule extended release 24 hour 60 mg oral | Tier 1 | Healthy Values |
| propranolol hcl er capsule extended release 24 hour 80 mg oral | Tier 1 | Healthy Values |
| propranolol hcl solution 20 mg/5ml oral | Tier 1 | Prior Authorization Required; Quantity Limit (4800 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| propranolol hcl solution 40 mg/5ml oral | Tier 3 | Prior Authorization Required; Quantity Limit (2400 per 30 days) |
| propranolol hcl tablet 10 mg oral | Tier 1 | Healthy Values |
| propranolol hcl tablet 20 mg oral | Tier 1 | Healthy Values |
| propranolol hcl tablet 40 mg oral | Tier 1 | Healthy Values |
| propranolol hcl tablet 60 mg oral | Tier 2 | Healthy Values |
| propranolol hcl tablet 80 mg oral | Tier 1 | Healthy Values |
| sotalol hcl (af) tablet 120 mg oral | Tier 1 | Healthy Values |
| sotalol hcl (af) tablet 160 mg oral | Tier 2 | Healthy Values |
| sotalol hcl (af) tablet 80 mg oral | Tier 1 | Healthy Values |
| sotalol hcl tablet 120 mg oral | Tier 1 | Healthy Values |
| sotalol hcl tablet 160 mg oral | Tier 2 | Healthy Values |
| sotalol hcl tablet 240 mg oral | Tier 2 | Healthy Values |
| sotalol hcl tablet 80 mg oral | Tier 1 | Healthy Values |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (1920 per 30 days) |
| timolol maleate tablet 10 mg oral | Tier 2 | |
| timolol maleate tablet 20 mg oral | Tier 4 | |
| timolol maleate tablet 5 mg oral | Tier 4 | |
| ***Calcium Channel Blockers* - Drugs For The Heart** | | |
| ***Calcium Channel Blockers*** - Drugs For High Blood Pressure** | | |
| amlodipine besylate tablet 10 mg oral | Tier 1 | Healthy Values |
| amlodipine besylate tablet 2.5 mg oral | Tier 1 | Healthy Values |
| amlodipine besylate tablet 5 mg oral | Tier 1 | Healthy Values |
| CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE | Tier 4 | Prior Authorization Required |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Tier 1 | Healthy Values |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | Tier 1 | Healthy Values |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | Tier 1 | Healthy Values |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | Tier 2 | Healthy Values |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG | Tier 4 | |
| diltiazem hcl er beads capsule extended release 24 hour 120 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl er beads capsule extended release 24 hour 180 mg oral | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| diltiazem hcl er beads capsule extended release 24 hour 240 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er beads capsule extended release 24 hour 300 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er beads capsule extended release 24 hour 360 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er beads capsule extended release 24 hour 420 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er capsule extended release 12 hour 120 mg oral | Tier 2 | Prior Authorization Required; Healthy Values |
| diltiazem hcl er capsule extended release 12 hour 60 mg oral | Tier 2 | Prior Authorization Required; Healthy Values |
| diltiazem hcl er capsule extended release 12 hour 90 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er capsule extended release 24 hour 120 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl er capsule extended release 24 hour 180 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er capsule extended release 24 hour 240 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral | Tier 2 | Healthy Values |
| diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral | Tier 2 | Prior Authorization Required; Healthy Values |
| diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Tier 2 | Healthy Values |
| diltiazem hcl tablet 120 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl tablet 30 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl tablet 60 mg oral | Tier 1 | Healthy Values |
| diltiazem hcl tablet 90 mg oral | Tier 2 | Healthy Values |
| dilt-xr capsule extended release 24 hour 120 mg oral | Tier 1 | Healthy Values |
| dilt-xr capsule extended release 24 hour 180 mg oral | Tier 2 | Healthy Values |
| dilt-xr capsule extended release 24 hour 240 mg oral | Tier 2 | Healthy Values |
| felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg | Tier 1 | Healthy Values |
| isradipine oral capsule 2.5 mg, 5 mg | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| KATERZIA ORAL SUSPENSION 1 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (300 per 30 days) |
| levamlodipine maleate oral tablet 2.5 mg, 5 mg | Tier 4 | |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 2 | Healthy Values |
| nicardipine hcl oral capsule 20 mg, 30 mg | Tier 2 | |
| nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg | Tier 1 | Healthy Values |
| nifedipine er osmotic release tablet extended release 24 hour 30 mg oral | Tier 1 | Healthy Values |
| nifedipine er osmotic release tablet extended release 24 hour 60 mg oral | Tier 1 | Healthy Values |
| nifedipine er osmotic release tablet extended release 24 hour 90 mg oral | Tier 2 | |
| nifedipine oral capsule 10 mg, 20 mg | Tier 2 | Healthy Values |
| nimodipine oral capsule 30 mg | Tier 2 | |
| nimodipine oral solution 60 mg/20ml | Tier 4 | Prior Authorization Required; Quantity Limit (2520 per 21 days) |
| nisoldipine er tablet extended release 24 hour 17 mg oral | Tier 2 | |
| nisoldipine er tablet extended release 24 hour 34 mg oral | Tier 4 | |
| nisoldipine er tablet extended release 24 hour 8.5 mg oral | Tier 2 | |
| NORLIQVA ORAL SOLUTION 1 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 Days) |
| NYMALIZE ORAL SOLUTION 6 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (1260 per 21 days) |
| SDAMLO ORAL SOLUTION RECONSTITUTED 10 MG, 2.5 MG, 5 MG | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Tier 1 | Healthy Values |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | Tier 1 | Healthy Values |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | Tier 2 | Healthy Values |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | Tier 2 | Healthy Values |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL | Tier 2 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL | Tier 2 | Healthy Values |
| verapamil hcl er capsule extended release 24 hour 100 mg oral | Tier 4 | |
| verapamil hcl er capsule extended release 24 hour 120 mg oral | Tier 2 | Healthy Values |
| verapamil hcl er capsule extended release 24 hour 180 mg oral | Tier 2 | Healthy Values |
| verapamil hcl er capsule extended release 24 hour 200 mg oral | Tier 4 | |
| verapamil hcl er capsule extended release 24 hour 240 mg oral | Tier 2 | Healthy Values |
| verapamil hcl er capsule extended release 24 hour 300 mg oral | Tier 4 | |
| verapamil hcl er capsule extended release 24 hour 360 mg oral | Tier 4 | |
| verapamil hcl er tablet extended release 120 mg oral | Tier 1 | Healthy Values |
| verapamil hcl er tablet extended release 180 mg oral | Tier 1 | Healthy Values |
| verapamil hcl er tablet extended release 240 mg oral | Tier 1 | |
| verapamil hcl er tablet extended release 240 mg oral | Tier 1 | Healthy Values |
| verapamil hcl oral tablet 120 mg, 40 mg, 80 mg | Tier 1 | Healthy Values |
| ***Cardiotonics* - Drugs For The Heart** | | |
| ***Cardiac Glycosides*** - Drugs For The Heart** | | |
| DIGOX ORAL TABLET 125 MCG, 250 MCG | Tier 1 | Healthy Values |
| digoxin oral solution 0.05 mg/ml | Tier 2 | Prior Authorization Required; Healthy Values |
| digoxin tablet 125 mcg oral | Tier 1 | Healthy Values |
| digoxin tablet 250 mcg oral | Tier 1 | Healthy Values |
| digoxin tablet 62.5 mcg oral | Tier 2 | Healthy Values |
| ***Cardiovascular Agents - Misc.* - Drugs For The Heart** | | |
| ***Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** - Drugs For Cholesterol** | | |
| 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 | Tier 2 | |
| ***Cardiac Myosin Inhibitors*** - Drugs For The Heart** | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Cardiovascular Anti-Inflammatory/Immune Modulators*** - Drugs For The Heart** | | |
| LODOCO ORAL TABLET 0.5 MG | Tier 4 | |
| ***Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** - Drugs For High Blood Pressure** | | |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | Tier 3 | Prior Authorization Required; Quantity Limit (240 per 30 days) |
| sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg | Tier 2 | |
| ***Nitrate & Vasodilator Combinations*** - Drugs For High Blood Pressure** | | |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | Tier 2 | |
| ***Pde Inhibitor-Endothelin Recptor Antagonist Combinations*** - Drugs For Cholesterol** | | |
| OPSYNVI TABLET 10-20 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Prostaglandin - Impotence Agents*** - Drugs For The Heart** | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | Tier 4 | Review your Plan's SPD to confirm coverage |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG | Tier 4 | Review your Plan's SPD to confirm coverage |
| EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | Tier 4 | Review your Plan's SPD to confirm coverage |
| EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | Tier 4 | Review your Plan's SPD to confirm coverage |
| ***Prostaglandin Vasodilators*** - Drugs For High Blood Pressure** | | |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | Tier 4 | Specialty; Prior Authorization Required |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | Tier 4 | Specialty; Prior Authorization Required |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG | Tier 4 | Specialty; Prior Authorization Required |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | Tier 4 | Specialty; Prior Authorization Required |
| TYVASO DPI INSTITUTIONAL KIT POWDER 80 MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X64MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (224 per 28 days) |
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X64MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (224 per 28 days) |
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X80MCG INHALATION | Tier 4 | Specialty |
| TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| TYVASO DPI MAINTENANCE KIT POWDER 80 MCG INHALATION | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG | Tier 4 | Specialty; Prior Authorization Required |
| TYVASO INHALATION SOLUTION 0.6 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (81.2 per 28 days) |
| TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (81.2 per 28 days) |
| TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (81.2 per 180 days) |
| YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| ***Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For High Blood Pressure** | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Pulmonary Hypertension - Activin Signaling Inhibitor*** - Drugs For The Heart** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (1 per 21 days) |
| ***Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure** | | |
| ambrisentan oral tablet 10 mg, 5 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| bosentan oral tablet 125 mg, 62.5 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| bosentan oral tablet soluble 32 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| macitentan oral tablet 10 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure** | | |
| ALYQ ORAL TABLET 20 MG | Tier 2 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| sildenafil citrate oral suspension reconstituted 10 mg/ml | Tier 2 | Quantity Limit (224 per 30 days) |
| sildenafil citrate tablet 20 mg oral | Tier 2 | Quantity Limit (90 per 30 days) |
| tadalafil (pah) tablet 20 mg oral | Tier 2 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For High Blood Pressure** | | |
| UPTRAVI TABLET 100 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required |
| UPTRAVI TABLET 1000 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TABLET 1200 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TABLET 1400 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TABLET 150 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| UPTRAVI TABLET 1600 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TABLET 200 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TABLET 400 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TABLET 600 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TABLET 800 MCG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG | Tier 3 | Specialty; Prior Authorization Required |
| ***Selective Cgmp Phosphodiesterase Type 5 Inhibitors*** - Drugs For The Heart** | | |
| avanafil oral tablet 100 mg, 200 mg, 50 mg | Tier 4 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| sildenafil citrate tablet 100 mg oral | Tier 1 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| sildenafil citrate tablet 25 mg oral | Tier 1 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| sildenafil citrate tablet 50 mg oral | Tier 1 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| tadalafil tablet 10 mg oral | Tier 1 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| tadalafil tablet 2.5 mg oral | Tier 1 | |
| tadalafil tablet 20 mg oral | Tier 1 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| tadalafil tablet 5 mg oral | Tier 1 | |
| vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | Tier 2 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| vardenafil hcl oral tablet dispersible 10 mg | Tier 2 | Quantity Limit (6 per 30 days); Review your Plan's SPD to confirm coverage |
| ***Sinus Node Inhibitors** - Drugs For High Blood Pressure** | | |
| CORLANOR ORAL SOLUTION 5 MG/5ML | Tier 3 | Quantity Limit (600 per 30 days) |
| ivabradine hcl oral tablet 5 mg, 7.5 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| ***Transthyretin Stabilizers*** - Drugs For The Heart** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ATTRUBY ORAL TABLET THERAPY PACK 356 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For Angina** | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Cephalosporins* - Drugs For Infections** | | |
| ***Cephalosporins - 1St Generation*** - Antibiotics** | | |
| cefadroxil oral capsule 500 mg | Tier 1 | |
| cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml | Tier 2 | |
| cefadroxil oral tablet 1 gm | Tier 4 | |
| cephalexin capsule 250 mg oral | Tier 1 | |
| cephalexin capsule 500 mg oral | Tier 1 | |
| cephalexin capsule 750 mg oral | Tier 2 | |
| cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | Tier 2 | |
| cephalexin oral tablet 250 mg, 500 mg | Tier 2 | |
| ***Cephalosporins - 2Nd Generation*** - Antibiotics** | | |
| cefaclor er oral tablet extended release 12 hour 500 mg | Tier 4 | |
| cefaclor oral capsule 250 mg, 500 mg | Tier 4 | |
| cefaclor oral suspension reconstituted 250 mg/5ml | Tier 4 | |
| cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | Tier 2 | |
| cefprozil oral tablet 250 mg, 500 mg | Tier 2 | |
| cefuroxime axetil tablet 250 mg oral | Tier 1 | |
| cefuroxime axetil tablet 500 mg oral | Tier 2 | |
| ***Cephalosporins - 3Rd Generation*** - Antibiotics** | | |
| cefdinir oral capsule 300 mg | Tier 1 | |
| cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | Tier 2 | |
| cefixime oral capsule 400 mg | Tier 2 | |
| cefixime oral tablet 400 mg | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| cefixime suspension reconstituted 100 mg/5ml oral | Tier 4 | |
| cefixime suspension reconstituted 200 mg/5ml oral | Tier 2 | |
| cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml | Tier 4 | |
| cefpodoxime proxetil oral tablet 100 mg, 200 mg | Tier 2 | |
| ***Chemicals*** | | |
| ***Bulk Chemicals - Ni's***** | | |
| nicotine polacrilex powder | Tier 1 | ACA Drug |
| nicotine tartrate powder | Tier 1 | ACA Drug |
| ***Contraceptives* - Drugs For Women** | | |
| ***Biphasic Contraceptives - Oral*** - Birth Control Pills** | | |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | ACA Drug |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | Tier 1 | ACA Drug |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | ACA Drug |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG | Tier 3 | |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | ACA Drug |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | ACA Drug |
| viorele oral tablet 0.15-0.02/0.01 mg (21/5) | Tier 1 | ACA Drug |
| VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | Tier 1 | ACA Drug |
| ***Combination Contraceptives - Oral*** - Birth Control Pills** | | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| alyacen 1/35 oral tablet 1-35 mg-mcg | Tier 1 | ACA Drug |
| APRI ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA Drug |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| AYUNA ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG | Tier 2 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA Drug |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| briellyn oral tablet 0.4-35 mg-mcg | Tier 2 | ACA Drug |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 2 | ACA Drug |
| CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| CRYSELLE ORAL TABLET 0.3-30 MG-MCG | Tier 1 | ACA Drug |
| CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG | Tier 1 | ACA Drug |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| DELYLA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg | Tier 2 | ACA Drug |
| drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg | Tier 1 | ACA Drug |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | Tier 1 | ACA Drug |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA Drug |
| FALMINA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 2 | ACA Drug |
| GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG | Tier 2 | ACA Drug |
| GEMMILY ORAL CAPSULE 1-20 MG-MCG(24) | Tier 2 | |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA Drug |
| HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| JASMIEL ORAL TABLET 3-0.02 MG | Tier 1 | ACA Drug |
| JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21) | Tier 2 | |
| JULEBER ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA Drug |
| KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | Tier 2 | ACA Drug |
| KALLIGA ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| KURVELO ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA Drug |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21) | Tier 2 | |
| levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral | Tier 1 | ACA Drug |
| levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral | Tier 1 | ACA Drug |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| LORYNA ORAL TABLET 3-0.02 MG | Tier 1 | ACA Drug |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | Tier 1 | ACA Drug |
| LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG | Tier 1 | ACA Drug |
| LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| LUTERA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| marlissa oral tablet 0.15-30 mg-mcg | Tier 1 | ACA Drug |
| MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 2 | ACA Drug |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | Tier 1 | ACA Drug |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| MILI ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA Drug |
| MINZOYA ORAL TABLET 0.1-20 MG-MCG(21) | Tier 2 | |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA Drug |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | ACA Drug |
| NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| NIKKI ORAL TABLET 3-0.02 MG | Tier 1 | ACA Drug |
| norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24) | Tier 2 | |
| norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24) | Tier 2 | ACA Drug |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg | Tier 1 | ACA Drug |
| norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral | Tier 1 | ACA Drug |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | ACA Drug |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| NYLIA 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | Tier 2 | ACA Drug |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| SOLIA ORAL TABLET 0.15-30 MG-MCG | Tier 1 | ACA Drug |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA Drug |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| SYEDA ORAL TABLET 3-0.03 MG | Tier 1 | ACA Drug |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) | Tier 1 | ACA Drug |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG | Tier 1 | ACA Drug |
| TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24) | Tier 2 | |
| TURQOZ ORAL TABLET 0.3-30 MG-MCG | Tier 1 | ACA Drug |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG | Tier 4 | |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | Tier 2 | ACA Drug |
| VALTYA 1/35 ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| VALTYA 1/50 ORAL TABLET 1-50 MG-MCG | Tier 2 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| VESTURA ORAL TABLET 3-0.02 MG | Tier 1 | ACA Drug |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | ACA Drug |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | Tier 2 | ACA Drug |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | ACA Drug |
| WERA ORAL TABLET 0.5-35 MG-MCG | Tier 1 | ACA Drug |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | Tier 2 | ACA Drug |
| XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | Tier 2 | ACA Drug |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | ACA Drug |
| ZUMANDIMINE ORAL TABLET 3-0.03 MG | Tier 1 | ACA Drug |
| ***Combination Contraceptives - Transdermal*** - Birth Control Pills** | | |
| norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr | Tier 2 | ACA Drug |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | Tier 2 | ACA Drug |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | Tier 2 | ACA Drug |
| ***Combination Contraceptives - Vaginal*** - Birth Control Pills** | | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR | Tier 2 | ACA Drug |
| ***Continuous Contraceptives - Oral*** - Birth Control Pills** | | |
| AMETHYST ORAL TABLET 90-20 MCG | Tier 2 | ACA Drug |
| DOLISHALE ORAL TABLET 90-20 MCG | Tier 2 | ACA Drug |
| levonorgestrel-ethinyl estrad tablet 90-20 mcg oral | Tier 2 | ACA Drug |
| ***Emergency Contraceptives*** - Birth Control Pills** | | |
| AFTERA ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| AFTERPILL ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| ELLA ORAL TABLET 30 MG | Tier 3 | ACA Drug |
| HER STYLE ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| levonorgestrel oral tablet 1.5 mg | Tier 1 | ACA Drug |
| MY CHOICE ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| MY WAY ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| NEW DAY ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| OPTION 2 ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| SHEWISE ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| TAKE ACTION ORAL TABLET 1.5 MG | Tier 1 | ACA Drug |
| ***Extended-Cycle Contraceptives - Oral*** - Birth Control Pills** | | |
| ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG | Tier 2 | ACA Drug |
| CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG | Tier 1 | ACA Drug |
| CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG | Tier 2 | ACA Drug |
| DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG | Tier 2 | ACA Drug |
| ICLEVIA ORAL TABLET 0.15-0.03 MG | Tier 1 | ACA Drug |
| INTROVALE ORAL TABLET 0.15-0.03 MG | Tier 1 | ACA Drug |
| JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG | Tier 2 | ACA Drug |
| JOLESSA ORAL TABLET 0.15-0.03 MG | Tier 1 | ACA Drug |
| levonorgest-eth estrad 91-day tablet 0.15-0.03 &0.01 mg oral | Tier 2 | ACA Drug |
| levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral | Tier 1 | ACA Drug |
| LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG | Tier 1 | ACA Drug |
| RIVELSA ORAL TABLET 42-21-21-7 DAYS | Tier 2 | ACA Drug |
| ROSYRAH ORAL TABLET 42-21-21-7 DAYS | Tier 2 | ACA Drug |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | Tier 1 | ACA Drug |
| SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG | Tier 2 | ACA Drug |
| ***Four Phase Contraceptives - Oral*** - Birth Control Pills** | | |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | Tier 4 | |
| ***Progestin Contraceptives - Injectable*** - Birth Control Pills** | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | Tier 4 | |
| medroxyprogesterone acetate intramuscular suspension 150 mg/ml | Tier 1 | ACA Drug |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml | Tier 1 | ACA Drug |
| ***Progestin Contraceptives - Oral*** - Birth Control Pills** | | |
| CAMILA ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| DEBLITANE ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| EMZAHH ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| ERRIN ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| HEATHER ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| INCASSIA ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| JENCYCLA ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| LYLEQ ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| LYZA ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| MELEYA ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| NORA-BE ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| norethindrone oral tablet 0.35 mg | Tier 1 | ACA Drug |
| NORLYDA ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| NORLYROC ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| ORQUIDEA ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| SHAROBEL ORAL TABLET 0.35 MG | Tier 1 | ACA Drug |
| ***Triphasic Contraceptives - Oral*** - Birth Control Pills** | | |
| alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg | Tier 1 | ACA Drug |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 4 | ACA Drug |
| DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | ACA Drug |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG | Tier 1 | ACA Drug |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | Tier 1 | ACA Drug |
| norgestimate-eth estradiol tablet 0.18/0.215/0.25 mg-25 mcg oral | Tier 1 | ACA Drug |
| norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg | Tier 1 | ACA Drug |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | ACA Drug |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | ACA Drug |
| PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | Tier 1 | ACA Drug |
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 2 | ACA Drug |
| TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA Drug |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA Drug |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 2 | ACA Drug |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA Drug |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA Drug |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA Drug |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA Drug |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA Drug |
| TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA Drug |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA Drug |
| TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG | Tier 1 | ACA Drug |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | ACA Drug |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | ACA Drug |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | Tier 4 | |
| XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | Tier 2 | ACA Drug |
| ***Corticosteroids* - Hormones** | | |
| ***Glucocorticosteroids*** - Drugs For Inflammation** | | |
| AGAMREE ORAL SUSPENSION 40 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (300 per 30 days) |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG | Tier 4 | Specialty; Prior Authorization Required |
| budesonide er oral tablet extended release 24 hour 9 mg | Tier 2 | Prior Authorization Required |
| budesonide oral capsule delayed release particles 3 mg | Tier 2 | |
| cortisone acetate oral tablet 25 mg | Tier 4 | |
| deflazacort oral suspension 22.75 mg/ml | Tier 2 | Specialty; Prior Authorization Required |
| deflazacort tablet 18 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| deflazacort tablet 30 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| deflazacort tablet 36 mg oral | Tier 2 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| deflazacort tablet 6 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 4 | |
| dexamethasone oral elixir 0.5 mg/5ml | Tier 2 | |
| dexamethasone oral solution 0.5 mg/5ml | Tier 4 | |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg | Tier 1 | |
| dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51) | Tier 4 | |
| DEXLYT ORAL TABLET 0.25 MG | Tier 4 | |
| EOHILIA ORAL SUSPENSION 2 MG/10ML | Tier 4 | Prior Authorization Required |
| HEMADY ORAL TABLET 20 MG | Tier 4 | |
| HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) | Tier 4 | |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg | Tier 2 | |
| jaythari oral suspension 22.75 mg/ml | Tier 2 | Specialty; Prior Authorization Required |
| jaythari tablet 18 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| jaythari tablet 30 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| jaythari tablet 36 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| jaythari tablet 6 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| KHINDIVI ORAL SOLUTION 1 MG/ML | Tier 4 | Specialty; Prior Authorization Required |
| KYMBEE ORAL SUSPENSION 22.75 MG/ML | Tier 2 | Specialty; Prior Authorization Required |
| KYMBEE TABLET 18 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| KYMBEE TABLET 30 MG ORAL | Tier 2 | Specialty; Prior Authorization Required |
| KYMBEE TABLET 36 MG ORAL | Tier 2 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| KYMBEE TABLET 6 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| MEDROL TABLET 2 MG ORAL | Tier 4 | |
| methylprednisolone oral tablet therapy pack 4 mg | Tier 1 | |
| methylprednisolone tablet 16 mg oral | Tier 1 | |
| methylprednisolone tablet 32 mg oral | Tier 1 | |
| methylprednisolone tablet 4 mg oral | Tier 1 | |
| methylprednisolone tablet 8 mg oral | Tier 2 | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG | Tier 4 | |
| prednisolone oral solution 15 mg/5ml | Tier 2 | |
| prednisolone oral tablet 5 mg | Tier 2 | |
| prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg | Tier 4 | |
| prednisolone sodium phosphate solution 10 mg/5ml oral | Tier 2 | |
| prednisolone sodium phosphate solution 15 mg/5ml oral | Tier 1 | |
| prednisolone sodium phosphate solution 20 mg/5ml oral | Tier 2 | |
| prednisolone sodium phosphate solution 25 mg/5ml oral | Tier 2 | |
| prednisolone sodium phosphate solution 5 mg/5ml oral | Tier 2 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | Tier 4 | |
| prednisone oral solution 5 mg/5ml | Tier 3 | |
| prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg | Tier 1 | |
| prednisone oral tablet delayed release 1 mg, 2 mg, 5 mg | Tier 4 | |
| prednisone tablet therapy pack 10 mg (21) oral | Tier 1 | |
| prednisone tablet therapy pack 10 mg (48) oral | Tier 2 | |
| prednisone tablet therapy pack 5 mg (21) oral | Tier 1 | |
| prednisone tablet therapy pack 5 mg (48) oral | Tier 1 | |
| PYQUVI ORAL SUSPENSION 22.75 MG/ML | Tier 2 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) | Tier 4 | |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) | Tier 4 | |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) | Tier 4 | |
| ***Mineralocorticoids*** - Drugs For Inflammation** | | |
| fludrocortisone acetate oral tablet 0.1 mg | Tier 1 | |
| ***Cough/Cold/Allergy* - Drugs For The Lungs** | | |
| ***Antitussive - Nonnarcotic*** - Drugs For Allergies** | | |
| benzonatate capsule 100 mg oral | Tier 1 | |
| benzonatate capsule 150 mg oral | Tier 4 | |
| benzonatate capsule 200 mg oral | Tier 1 | |
| ***Antitussive - Opioid*** - Drugs For Cough And Cold** | | |
| hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml | Tier 1 | |
| hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg | Tier 2 | |
| ***Antitussive-Expectorant*** - Drugs For Cough And Cold** | | |
| g tussin ac oral solution 100-10 mg/5ml | Tier 1 | |
| guaiatussin ac oral syrup 100-10 mg/5ml | Tier 1 | |
| guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml | Tier 1 | |
| maxi-tuss ac oral solution 100-10 mg/5ml | Tier 1 | |
| ***Decongestant & Antihistamine*** - Drugs For Cough And Cold** | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG | Tier 4 | |
| promethazine-phenylephrine oral syrup 6.25-5 mg/5ml | Tier 2 | |
| ***Misc. Respiratory Inhalants*** - Drugs For Allergies** | | |
| NEBUSAL NEBULIZATION SOLUTION 3 % INHALATION | Tier 4 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % | Tier 1 | |
| sodium chloride nebulization solution 3 % inhalation | Tier 4 | |
| sodium chloride nebulization solution 7 % inhalation | Tier 1 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Mucolytics*** - Drugs For The Lungs** | | |
| acetylcysteine inhalation solution 10 %, 20 % | Tier 2 | |
| ***Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold** | | |
| promethazine-dm oral syrup 6.25-15 mg/5ml | Tier 1 | |
| ***Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold** | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | Tier 2 | |
| ***Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold** | | |
| hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml | Tier 2 | |
| promethazine-codeine oral solution 6.25-10 mg/5ml | Tier 1 | |
| promethazine-codeine oral syrup 6.25-10 mg/5ml | Tier 1 | |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG | Tier 4 | |
| ***Dermatologicals* - Drugs For The Skin** | | |
| ***Acne Antibiotics*** - Drugs For The Skin** | | |
| AMZEEQ EXTERNAL FOAM 4 % | Tier 4 | |
| CLINDACIN ETZ EXTERNAL SWAB 1 % | Tier 2 | |
| CLINDACIN EXTERNAL FOAM 1 % | Tier 2 | |
| CLINDACIN-P EXTERNAL SWAB 1 % | Tier 2 | |
| clindamycin phos (twice-daily) external gel 1 % | Tier 2 | |
| clindamycin phosphate external foam 1 % | Tier 2 | |
| clindamycin phosphate external lotion 1 % | Tier 2 | |
| clindamycin phosphate external solution 1 % | Tier 2 | |
| clindamycin phosphate external swab 1 % | Tier 2 | |
| dapsone external gel 5 %, 7.5 % | Tier 2 | |
| ery external pad 2 % | Tier 4 | |
| erythromycin external gel 2 % | Tier 4 | |
| erythromycin external solution 2 % | Tier 2 | |
| sulfacetamide sodium (acne) external lotion 10 % | Tier 2 | |
| ***Acne Combinations*** - Drugs For The Skin** | | |
| adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 % | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| AVAR CLEANSER EXTERNAL LIQUID 10-5 % | Tier 2 | |
| AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % | Tier 2 | |
| benzoyl peroxide-erythromycin external gel 5-3 % | Tier 2 | |
| CABTREO EXTERNAL GEL 0.15-3.1-1.2 % | Tier 4 | |
| CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % | Tier 4 | |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 % | Tier 2 | |
| clindamycin-tretinoin external gel 1.2-0.025 % | Tier 2 | |
| NEUAC EXTERNAL GEL 1.2-5 % | Tier 2 | |
| PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % | Tier 4 | |
| sss 10-5 external cream 10-5 % | Tier 2 | |
| sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 % | Tier 2 | |
| sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 % | Tier 2 | |
| sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 % | Tier 2 | |
| sulfacetamide sodium-sulfur suspension 10-5 % external | Tier 2 | |
| sulfacetamide sodium-sulfur suspension 8-4 % external | Tier 2 | |
| sulfacetamide sodium-sulfur suspension 9-4.25 % external | Tier 4 | |
| sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 % | Tier 2 | |
| sulfacetamide-sulfur in urea external emulsion 10-5 % | Tier 4 | |
| SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % | Tier 2 | |
| SUMAXIN EXTERNAL PAD 10-4 % | Tier 2 | |
| ***Acne Products*** - Drugs For The Skin** | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG | Tier 3 | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| adapalene external cream 0.1 % | Tier 2 | |
| adapalene external gel 0.1 %, 0.3 % | Tier 2 | |
| adapalene external pad 0.1 % | Tier 4 | Prior Authorization Required |
| adapalene external solution 0.1 % | Tier 4 | Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| AKLIEF EXTERNAL CREAM 0.005 % | Tier 4 | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| AZELEX EXTERNAL CREAM 20 % | Tier 4 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg | Tier 2 | |
| tretinoin cream 0.025 % external | Tier 2 | |
| tretinoin cream 0.05 % external | Tier 2 | |
| tretinoin cream 0.1 % external | Tier 2 | |
| tretinoin external gel 0.01 %, 0.025 %, 0.05 % | Tier 2 | |
| tretinoin microsphere gel 0.04 % external | Tier 4 | Prior Authorization Required |
| tretinoin microsphere gel 0.1 % external | Tier 4 | Prior Authorization Required |
| tretinoin microsphere pump gel 0.04 % external | Tier 4 | Prior Authorization Required |
| tretinoin microsphere pump gel 0.1 % external | Tier 4 | Prior Authorization Required |
| WINLEVI EXTERNAL CREAM 1 % | Tier 4 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| ***Agents For External Genital And Perianal Warts*** - Drugs For The Skin** | | |
| VEREGEN EXTERNAL OINTMENT 15 % | Tier 4 | |
| ***Antibiotic Steroid Combinations - Topical*** - Drugs For The Skin** | | |
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % | Tier 4 | |
| ***Antibiotics - Topical*** - Drugs For The Skin** | | |
| gentamicin sulfate external cream 0.1 % | Tier 2 | |
| gentamicin sulfate external ointment 0.1 % | Tier 2 | |
| mupirocin calcium external cream 2 % | Tier 2 | |
| mupirocin external ointment 2 % | Tier 1 | |
| XEPI EXTERNAL CREAM 1 % | Tier 4 | |
| ***Antifungals - Topical Combinations*** - Drugs For The Skin** | | |
| clotrimazole-betamethasone external cream 1-0.05 % | Tier 2 | |
| clotrimazole-betamethasone external lotion 1-0.05 % | Tier 4 | |
| miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 % | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| nystatin-triamcinolone external cream 100000-0.1 unit/gm-% | Tier 2 | |
| nystatin-triamcinolone external ointment 100000-0.1 unit/gm-% | Tier 1 | |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 % | Tier 4 | |
| ***Antifungals - Topical*** - Drugs For The Skin** | | |
| CICLODAN EXTERNAL SOLUTION 8 % | Tier 2 | |
| ciclopirox external gel 0.77 % | Tier 2 | |
| ciclopirox external shampoo 1 % | Tier 2 | |
| ciclopirox external solution 8 % | Tier 2 | |
| ciclopirox olamine external cream 0.77 % | Tier 1 | |
| ciclopirox olamine external suspension 0.77 % | Tier 2 | |
| KLAYESTA EXTERNAL POWDER 100000 UNIT/GM | Tier 2 | |
| naftifine hcl cream 1 % external | Tier 4 | |
| naftifine hcl cream 2 % external | Tier 2 | |
| naftifine hcl external gel 2 % | Tier 2 | |
| nystatin external cream 100000 unit/gm | Tier 1 | |
| nystatin external ointment 100000 unit/gm | Tier 1 | |
| nystatin external powder 100000 unit/gm | Tier 2 | |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | Tier 2 | |
| ***Anti-Inflammatory Agents - Topical*** - Drugs For The Skin** | | |
| diclofenac epolamine external patch 1.3 % | Tier 4 | Quantity Limit (60 per 30 days) |
| diclofenac sodium solution 1.5 % external | Tier 2 | Quantity Limit (300 per 30 days) |
| diclofenac sodium solution 2 % external | Tier 2 | Quantity Limit (224 per 28 days) |
| FLECTOR EXTERNAL PATCH 1.3 % | Tier 4 | Quantity Limit (60 per 30 days) |
| LICART EXTERNAL PATCH 24 HOUR 1.3 % | Tier 4 | Quantity Limit (30 per 30 days) |
| ***Antineoplastic Alkylating Agents - Topical*** - Drugs For The Skin** | | |
| VALCHLOR EXTERNAL GEL 0.016 % | Tier 3 | Specialty |
| ***Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin** | | |
| fluorouracil cream 5 % external | Tier 2 | |
| fluorouracil solution 2 % external | Tier 4 | |
| fluorouracil solution 5 % external | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** - Drugs For The Skin** | | |
| diclofenac sodium gel 3 % external | Tier 2 | |
| ***Antineoplastic Retinoids - Topical*** - Drugs For The Skin** | | |
| PANRETIN EXTERNAL GEL 0.1 % | Tier 4 | |
| ***Antipruritics - Topical*** - Drugs For The Skin** | | |
| doxepin hcl external cream 5 % | Tier 2 | Prior Authorization Required; Quantity Limit (45 per 30 days) |
| ***Antipsoriatics - Systemic*** - Drugs For The Skin** | | |
| acitretin oral capsule 10 mg, 17.5 mg, 25 mg | Tier 2 | |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (0.5 per 28 days) |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ICOTYDE ORAL TABLET 200 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| methoxsalen rapid oral capsule 10 mg | Tier 4 | |
| OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | Tier 3 | Specialty; Prior Authorization Required |
| SELARSDI SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required |
| SELARSDI SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Tier 4 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Tier 3 | Specialty; Prior Authorization Required |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML | Tier 3 | Specialty; Prior Authorization Required |
| SOTYKTU ORAL TABLET 6 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |
| STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | Tier 3 | Specialty; Prior Authorization Required |
| STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | Tier 3 | Prior Authorization Required |
| TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required |
| TREMFYA PEN SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required |
| TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required |
| ***Antipsoriatics*** - Drugs For The Skin** | | |
| calcipotriene external cream 0.005 % | Tier 2 | |
| calcipotriene external foam 0.005 % | Tier 4 | |
| calcipotriene external ointment 0.005 % | Tier 2 | |
| calcipotriene external solution 0.005 % | Tier 4 | |
| CALCITRENE EXTERNAL OINTMENT 0.005 % | Tier 2 | |
| calcitriol external ointment 3 mcg/gm | Tier 4 | |
| PELLIX EXTERNAL SOLUTION 0.005 % | Tier 4 | |
| SORILUX EXTERNAL FOAM 0.005 % | Tier 4 | |
| tazarotene external cream 0.05 %, 0.1 % | Tier 2 | |
| tazarotene external gel 0.05 %, 0.1 % | Tier 2 | |
| TRILITAS EXTERNAL GEL 0.1 % | Tier 2 | Prior Authorization Required |
| VTAMA EXTERNAL CREAM 1 % | Tier 4 | |
| ***Antiseborrheic Products*** - Drugs For The Skin** | | |
| selenium sulfide external lotion 2.5 % | Tier 1 | |
| sodium sulfacetamide shampoo 10 % external | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| sodium sulfacetamide wash external liquid 10 % | Tier 2 | |
| sulfacetamide sodium (cleans) external gel 10 % | Tier 2 | |
| sulfacetamide sodium external liquid 10 % | Tier 2 | |
| ***Antiviral Topical Combinations*** - Drugs For The Skin** | | |
| XERESE EXTERNAL CREAM 5-1 % | Tier 4 | |
| ***Antivirals - Topical*** - Drugs For The Skin** | | |
| acyclovir external cream 5 % | Tier 2 | |
| acyclovir external ointment 5 % | Tier 2 | |
| penciclovir external cream 1 % | Tier 2 | |
| ZELSUVMI EXTERNAL GEL 10.3 % | Tier 4 | Prior Authorization Required |
| ***Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** - Drugs For The Skin** | | |
| ANZUPGO EXTERNAL CREAM 20 MG/GM | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 Days) |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| OPZELURA EXTERNAL CREAM 1.5 % | Tier 4 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Atopic Dermatitis - Monoclonal Antibodies*** - Drugs For The Skin** | | |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2.28 per 28 days) |
| DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2.28 per 28 days) |
| DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ***Burn Products*** - Drugs For The Skin** | | |
| silver sulfadiazine external cream 1 % | Tier 1 | |
| SSD EXTERNAL CREAM 1 % | Tier 1 | |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM | Tier 4 | |
| ***Corticosteroids - Topical*** - Drugs For The Skin** | | |
| ALA SCALP EXTERNAL LOTION 2 % | Tier 4 | Quantity Limit (118.4 per 30 days) |
| alclometasone dipropionate external cream 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| alclometasone dipropionate external ointment 0.05 % | Tier 4 | Quantity Limit (120 per 30 days) |
| amcinonide external cream 0.1 % | Tier 4 | Quantity Limit (120 per 30 days) |
| amcinonide external ointment 0.1 % | Tier 4 | Quantity Limit (120 per 30 days) |
| betamethasone dipropionate aug external cream 0.05 % | Tier 1 | Quantity Limit (200 per 28 days) |
| betamethasone dipropionate aug external gel 0.05 % | Tier 4 | Quantity Limit (200 per 28 days) |
| betamethasone dipropionate aug external lotion 0.05 % | Tier 2 | Quantity Limit (210 per 30 days) |
| betamethasone dipropionate aug external ointment 0.05 % | Tier 2 | Quantity Limit (200 per 28 days) |
| betamethasone dipropionate cream 0.05 % external | Tier 2 | Quantity Limit (135 per 30 days) |
| betamethasone dipropionate external lotion 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| betamethasone dipropionate external ointment 0.05 % | Tier 2 | Quantity Limit (135 per 30 days) |
| betamethasone valerate external cream 0.1 % | Tier 2 | Quantity Limit (135 per 30 days) |
| betamethasone valerate external foam 0.12 % | Tier 2 | Quantity Limit (150 per 30 days) |
| betamethasone valerate external lotion 0.1 % | Tier 4 | Quantity Limit (120 per 30 days) |
| betamethasone valerate external ointment 0.1 % | Tier 2 | Quantity Limit (135 per 30 days) |
| BRYHALI EXTERNAL LOTION 0.01 % | Tier 4 | Quantity Limit (200 per 28 days) |
| clobetasol prop emollient base external cream 0.05 % | Tier 2 | Quantity Limit (210 per 28 days) |
| clobetasol propionate cream 0.025 % external | Tier 4 | Quantity Limit (200 per 28 days) |
| clobetasol propionate cream 0.05 % external | Tier 2 | Quantity Limit (210 per 28 days) |
| clobetasol propionate e external cream 0.05 % | Tier 2 | Quantity Limit (210 per 28 days) |
| clobetasol propionate emulsion external foam 0.05 % | Tier 2 | Quantity Limit (200 per 28 days) |
| clobetasol propionate external foam 0.05 % | Tier 2 | Quantity Limit (200 per 28 days) |
| clobetasol propionate external gel 0.05 % | Tier 2 | Quantity Limit (210 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| clobetasol propionate external liquid 0.05 % | Tier 2 | Quantity Limit (236 per 28 days) |
| clobetasol propionate external lotion 0.05 % | Tier 2 | Quantity Limit (177 per 28 days) |
| clobetasol propionate external ointment 0.05 % | Tier 2 | Quantity Limit (210 per 28 days) |
| clobetasol propionate external shampoo 0.05 % | Tier 2 | Quantity Limit (236 per 30 days) |
| clobetasol propionate external solution 0.05 % | Tier 2 | Quantity Limit (200 per 28 days) |
| clocortolone pivalate external cream 0.1 % | Tier 4 | Quantity Limit (135 per 30 days) |
| CLODAN EXTERNAL SHAMPOO 0.05 % | Tier 2 | Quantity Limit (236 per 30 days) |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM | Tier 4 | Quantity Limit (1 per 30 days) |
| desonide external cream 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| desonide external gel 0.05 % | Tier 4 | Quantity Limit (120 per 30 days) |
| desonide external lotion 0.05 % | Tier 2 | Quantity Limit (118 per 30 days) |
| desonide external ointment 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| desoximetasone cream 0.05 % external | Tier 2 | Quantity Limit (120 per 30 days) |
| desoximetasone cream 0.25 % external | Tier 2 | Quantity Limit (120 per 30 days) |
| desoximetasone external gel 0.05 % | Tier 4 | Quantity Limit (120 per 30 days) |
| desoximetasone external liquid 0.25 % | Tier 2 | Quantity Limit (100 per 30 days) |
| desoximetasone external ointment 0.05 %, 0.25 % | Tier 2 | Quantity Limit (120 per 30 days) |
| diflorasone diacetate external cream 0.05 % | Tier 4 | Quantity Limit (120 per 30 days) |
| diflorasone diacetate external ointment 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| EVESSE EXTERNAL LOTION 0.1 % | Tier 2 | Quantity Limit (118 per 30 days) |
| fluocinolone acetonide body external oil 0.01 % | Tier 2 | Quantity Limit (118.28 per 30 days) |
| fluocinolone acetonide external cream 0.01 %, 0.025 % | Tier 2 | Quantity Limit (120 per 30 days) |
| fluocinolone acetonide external ointment 0.025 % | Tier 2 | Quantity Limit (120 per 30 days) |
| fluocinolone acetonide external solution 0.01 % | Tier 2 | Quantity Limit (120 per 30 days) |
| fluocinolone acetonide scalp external oil 0.01 % | Tier 2 | Quantity Limit (118.28 per 30 days) |
| fluocinonide cream 0.05 % external | Tier 2 | Quantity Limit (120 per 30 days) |
| fluocinonide cream 0.1 % external | Tier 2 | Quantity Limit (240 per 28 days) |
| fluocinonide emulsified base external cream 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| fluocinonide external gel 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| fluocinonide external ointment 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| fluocinonide external solution 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| flurandrenolide external lotion 0.05 % | Tier 4 | Quantity Limit (120 per 30 days) |
| fluticasone propionate external cream 0.05 % | Tier 2 | Quantity Limit (120 per 30 days) |
| fluticasone propionate external lotion 0.05 % | Tier 4 | Quantity Limit (120 per 30 days) |
| fluticasone propionate external ointment 0.005 % | Tier 2 | Quantity Limit (120 per 30 days) |
| halcinonide external cream 0.1 % | Tier 2 | Quantity Limit (120 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| halcinonide external solution 0.1 % | Tier 4 | |
| halobetasol propionate external cream 0.05 % | Tier 2 | Quantity Limit (200 per 28 days) |
| halobetasol propionate external foam 0.05 % | Tier 4 | Quantity Limit (200 per 28 days) |
| halobetasol propionate external lotion 0.05 % | Tier 4 | Quantity Limit (240 per 30 Days) |
| halobetasol propionate external ointment 0.05 % | Tier 2 | Quantity Limit (200 per 28 days) |
| hydrocortisone acetate cream 2.5 % external | Tier 4 | |
| hydrocortisone butyrate external cream 0.1 % | Tier 4 | Quantity Limit (135 per 30 days) |
| hydrocortisone butyrate external lotion 0.1 % | Tier 2 | Quantity Limit (118 per 30 days) |
| hydrocortisone butyrate external ointment 0.1 % | Tier 4 | Quantity Limit (135 per 30 days) |
| hydrocortisone butyrate external solution 0.1 % | Tier 4 | Quantity Limit (120 per 30 days) |
| hydrocortisone cream 2.5 % external | Tier 1 | Quantity Limit (454 per 30 days) |
| hydrocortisone external solution 2.5 % | Tier 4 | Quantity Limit (120 per 30 days) |
| hydrocortisone lotion 2 % external | Tier 4 | Quantity Limit (118.4 per 30 days) |
| hydrocortisone lotion 2.5 % external | Tier 4 | Quantity Limit (118 per 30 days) |
| hydrocortisone ointment 2.5 % external | Tier 1 | Quantity Limit (454 per 30 days) |
| hydrocortisone valerate external cream 0.2 % | Tier 2 | Quantity Limit (120 per 30 days) |
| hydrocortisone valerate external ointment 0.2 % | Tier 2 | Quantity Limit (120 per 30 days) |
| IMPOYZ EXTERNAL CREAM 0.025 % | Tier 4 | Quantity Limit (200 per 28 days) |
| LEXETTE EXTERNAL FOAM 0.05 % | Tier 4 | Quantity Limit (200 per 28 days) |
| mometasone furoate external cream 0.1 % | Tier 2 | Quantity Limit (135 per 30 days) |
| mometasone furoate external ointment 0.1 % | Tier 1 | Quantity Limit (135 per 30 days) |
| mometasone furoate external solution 0.1 % | Tier 2 | Quantity Limit (120 per 30 days) |
| SERNIVO EXTERNAL EMULSION 0.05 % | Tier 4 | Quantity Limit (120 per 30 days) |
| TEXACORT EXTERNAL SOLUTION 2.5 % | Tier 4 | Quantity Limit (120 per 30 days) |
| TOVET EXTERNAL FOAM 0.05 % | Tier 2 | Quantity Limit (200 per 28 days) |
| triamcinolone acetonide external aerosol solution 0.147 mg/gm | Tier 4 | Quantity Limit (126 per 30 days) |
| triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 % | Tier 1 | Quantity Limit (454 per 30 days) |
| triamcinolone acetonide lotion 0.025 % external | Tier 4 | Quantity Limit (120 per 30 days) |
| triamcinolone acetonide lotion 0.1 % external | Tier 2 | Quantity Limit (120 per 30 days) |
| triamcinolone acetonide ointment 0.025 % external | Tier 1 | Quantity Limit (454 per 30 days) |
| triamcinolone acetonide ointment 0.05 % external | Tier 2 | Quantity Limit (430 per 30 days) |
| triamcinolone acetonide ointment 0.1 % external | Tier 1 | Quantity Limit (454 per 30 days) |
| triamcinolone acetonide ointment 0.5 % external | Tier 1 | Quantity Limit (120 per 30 days) |
| triamcinolone in absorbase external ointment 0.05 % | Tier 2 | Quantity Limit (430 per 30 days) |
| TRIDERM EXTERNAL CREAM 0.5 % | Tier 1 | Quantity Limit (454 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ULTRAVATE EXTERNAL LOTION 0.05 % | Tier 4 | Quantity Limit (240 per 30 days) |
| ***Emollients*** - Drugs For The Skin** | | |
| ammonium lactate external cream 12 % | Tier 2 | |
| ammonium lactate external lotion 12 % | Tier 2 | |
| ***Enzymes - Topical*** - Drugs For The Skin** | | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | Tier 4 | |
| ***Imidazole-Related Antifungals - Topical*** - Drugs For The Skin** | | |
| econazole nitrate external cream 1 % | Tier 2 | |
| econazole nitrate external foam 1 % | Tier 4 | |
| ECOZA EXTERNAL FOAM 1 % | Tier 4 | |
| ERTACZO EXTERNAL CREAM 2 % | Tier 4 | |
| EXELDERM EXTERNAL CREAM 1 % | Tier 4 | |
| EXELDERM EXTERNAL SOLUTION 1 % | Tier 4 | |
| ketoconazole external cream 2 % | Tier 2 | |
| ketoconazole external foam 2 % | Tier 2 | |
| ketoconazole external shampoo 2 % | Tier 1 | |
| KETODAN EXTERNAL FOAM 2 % | Tier 2 | |
| luliconazole external cream 1 % | Tier 4 | |
| LUZU EXTERNAL CREAM 1 % | Tier 4 | |
| oxiconazole nitrate external cream 1 % | Tier 2 | |
| OXISTAT EXTERNAL LOTION 1 % | Tier 4 | |
| sulconazole nitrate external cream 1 % | Tier 4 | |
| sulconazole nitrate external solution 1 % | Tier 4 | |
| ***Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin** | | |
| imiquimod external cream 3.75 %, 5 % | Tier 2 | |
| imiquimod pump external cream 3.75 % | Tier 2 | |
| ***Interleukin-31 Receptor Antagonists - Systemic*** - Drugs For The Skin** | | |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| ***Keratolytic/Antimitotic/Vesicant Agents*** - Drugs For The Skin** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| podofilox external gel 0.5 % | Tier 2 | Prior Authorization Required |
| podofilox external solution 0.5 % | Tier 4 | |
| ***Local Anesthetics - Topical*** - Drugs For The Skin** | | |
| lidocaine hcl external solution 4 % | Tier 2 | Quantity Limit (150 per 30 days) |
| lidocaine ointment 5 % external | Tier 1 | Quantity Limit (100 per 30 days) |
| lidocaine patch 5 % external | Tier 2 | Quantity Limit (90 per 30 days) |
| LIDOCAN EXTERNAL PATCH 5 % | Tier 2 | Quantity Limit (90 per 30 days) |
| TRIDACAINE III EXTERNAL PATCH 5 % | Tier 2 | Quantity Limit (90 per 30 days) |
| TRIDACAINE XL EXTERNAL PATCH 5 % | Tier 2 | Quantity Limit (90 per 30 days) |
| ZTLIDO EXTERNAL PATCH 1.8 % | Tier 4 | Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Macrolide Immunosuppressants - Topical*** - Drugs For The Skin** | | |
| HYFTOR EXTERNAL GEL 0.2 % | Tier 4 | Prior Authorization Required |
| pimecrolimus external cream 1 % | Tier 2 | |
| tacrolimus external ointment 0.03 %, 0.1 % | Tier 2 | |
| ***Microtubule Inhibitors - Topical*** - Drugs For The Skin** | | |
| KLISYRI (250 MG) EXTERNAL OINTMENT 1 % | Tier 4 | |
| KLISYRI (350 MG) EXTERNAL OINTMENT 1 % | Tier 4 | |
| ***Misc. Topical*** - Drugs For The Skin** | | |
| QBREXZA EXTERNAL PAD 2.4 % | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| SOFDRA EXTERNAL GEL 12.45 % | Tier 4 | Prior Authorization Required; Quantity Limit (40.2 per 30 days) |
| ***Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin** | | |
| EUCRISA EXTERNAL OINTMENT 2 % | Tier 3 | |
| ***Rosacea Agents*** - Drugs For The Skin** | | |
| azelaic acid external gel 15 % | Tier 2 | |
| brimonidine tartrate external gel 0.33 % | Tier 2 | |
| doxycycline oral capsule delayed release 40 mg | Tier 2 | |
| EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG | Tier 4 | |
| ivermectin external cream 1 % | Tier 2 | |
| metronidazole external cream 0.75 % | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| metronidazole external gel 0.75 %, 1 % | Tier 2 | |
| metronidazole external lotion 0.75 % | Tier 2 | |
| ZILXI EXTERNAL FOAM 1.5 % | Tier 3 | |
| ***Scabicides & Pediculicides*** - Drugs For The Skin** | | |
| CROTAN EXTERNAL LOTION 10 % | Tier 4 | Prior Authorization Required |
| EURAX EXTERNAL CREAM 10 % | Tier 4 | |
| malathion external lotion 0.5 % | Tier 2 | |
| NATROBA EXTERNAL SUSPENSION 0.9 % | Tier 4 | |
| permethrin external cream 5 % | Tier 2 | |
| PRURADIK EXTERNAL LOTION 10 % | Tier 4 | Prior Authorization Required |
| spinosad external suspension 0.9 % | Tier 4 | |
| ***Steroid-Local Anesthetic Combinations*** - Drugs For The Skin** | | |
| EPIFOAM EXTERNAL FOAM 1-1 % | Tier 4 | |
| PRAMOSONE LOTION 1-2.5 % EXTERNAL | Tier 4 | |
| ***Topical Anesthetic Combinations*** - Drugs For The Skin** | | |
| lidocaine-prilocaine external cream 2.5-2.5 % | Tier 1 | Quantity Limit (60 per 30 days) |
| PLIAGLIS EXTERNAL CREAM 7-7 % | Tier 4 | Prior Authorization Required; Quantity Limit (120 per 30 Days) |
| ***Topical Selective Retinoid X Receptor Agonists*** - Drugs For The Skin** | | |
| bexarotene external gel 1 % | Tier 2 | Specialty; Prior Authorization Required |
| ***Topical Steroid Combinations*** - Drugs For The Skin** | | |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % | Tier 4 | |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % | Tier 3 | |
| ***Wound Dressings*** - Drugs For The Skin** | | |
| FILSUVEZ EXTERNAL GEL 10 % | Tier 4 | Specialty; Prior Authorization Required |
| ***Diagnostic Products*** | | |
| ***Diagnostic Tests***** | | |
| CONTOUR NEXT IN VITRO STRIP | Tier 3 | Quantity Limit (204 per 30 days) |
| CONTOUR NEXT TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| CONTOUR PLUS TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| CONTOUR TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| FREESTYLE INSULINX TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| FREESTYLE LITE TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| FREESTYLE TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| ONETOUCH ULTRA BLUE TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| ONETOUCH ULTRA IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| ONETOUCH ULTRA TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| ONETOUCH VERIO IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| OPTIUMEZ TEST IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP | Tier 3 | Healthy Values; Quantity Limit (204 per 30 days) |
| ***Infection Tests*** | | |
| advin covid-19 antigen test in vitro kit | Tier 4 | |
| BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT | Tier 4 | |
| CARESTART COVID-19 HOME TEST IN VITRO KIT | Tier 4 | |
| CLEARDETECT COVID-19 AG HOME IN VITRO KIT | Tier 4 | |
| CLINITEST RAPID COVID-19 TEST IN VITRO KIT | Tier 4 | |
| covid-19 at home antigen test in vitro kit | Tier 4 | |
| covid-19 at-home test in vitro kit | Tier 4 | |
| covid-19 otc antigen 1-pack in vitro kit | Tier 4 | |
| covid-19 otc antigen 2-pack in vitro kit | Tier 4 | |
| cvs covid-19 at home test kit in vitro kit | Tier 4 | |
| DIATRUST COVID-19 HOME TEST IN VITRO KIT | Tier 4 | |
| ellume covid-19 home test in vitro kit | Tier 4 | |
| fastep covid-19 antigen test in vitro kit | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT | Tier 4 | |
| GENABIO COVID-19 RAPID TEST IN VITRO KIT | Tier 4 | |
| GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT | Tier 4 | |
| IHEALTH COVID-19 RAPID TEST IN VITRO KIT | Tier 4 | |
| INDICAID COVID-19 RAPID TEST IN VITRO KIT | Tier 4 | |
| INTELISWAB COVID-19 RAPID TEST IN VITRO KIT | Tier 4 | |
| ohc covid-19 antigen self test in vitro kit | Tier 4 | |
| ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT | Tier 4 | |
| ON/GO ONE COVID-19 HOME TEST IN VITRO KIT | Tier 4 | |
| PILOT COVID-19 AT-HOME TEST IN VITRO KIT | Tier 4 | |
| QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT | Tier 4 | |
| SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT | Tier 4 | |
| ***Digestive Aids* - Drugs For The Stomach** | | |
| ***Digestive Enzymes*** - Drugs For The Stomach** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | Tier 3 | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (300 per 30 days) |
| 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 3 | |
| ***Diuretics* - Drugs For The Heart** | | |
| ***Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure** | | |
| acetazolamide er oral capsule extended release 12 hour 500 mg | Tier 2 | Healthy Values |
| acetazolamide tablet 125 mg oral | Tier 1 | Healthy Values |
| acetazolamide tablet 250 mg oral | Tier 2 | Healthy Values |
| dichlorphenamide oral tablet 50 mg | Tier 2 | Specialty; Prior Authorization Required |
| methazolamide oral tablet 25 mg, 50 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ORMALVI ORAL TABLET 50 MG | Tier 2 | Specialty; Prior Authorization Required |
| ***Diuretic Combinations*** - Drugs For High Blood Pressure** | | |
| amiloride-hydrochlorothiazide oral tablet 5-50 mg | Tier 4 | |
| spironolactone-hctz oral tablet 25-25 mg | Tier 2 | Healthy Values |
| triamterene-hctz oral capsule 37.5-25 mg | Tier 1 | Healthy Values |
| triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg | Tier 1 | Healthy Values |
| ***Loop Diuretics*** - Drugs For High Blood Pressure** | | |
| bumetanide tablet 0.5 mg oral | Tier 1 | Healthy Values |
| bumetanide tablet 1 mg oral | Tier 1 | Healthy Values |
| bumetanide tablet 2 mg oral | Tier 2 | Healthy Values |
| ethacrynic acid oral tablet 25 mg | Tier 2 | |
| FUROSCIX READYFLOW SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML | Tier 4 | Prior Authorization Required |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML | Tier 4 | Specialty; Prior Authorization Required |
| furosemide oral tablet 20 mg, 40 mg, 80 mg | Tier 1 | Healthy Values |
| furosemide solution 10 mg/ml oral | Tier 4 | Prior Authorization Required; Quantity Limit (1800 per 30 days) |
| furosemide solution 8 mg/ml oral | Tier 4 | Quantity Limit (2250 per 30 days) |
| LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML | Tier 4 | Specialty; Prior Authorization Required |
| SOAANZ ORAL TABLET 40 MG | Tier 4 | |
| torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg | Tier 1 | Healthy Values |
| ***Potassium Sparing Diuretics*** - Drugs For High Blood Pressure** | | |
| amiloride hcl oral tablet 5 mg | Tier 1 | Healthy Values |
| spironolactone oral tablet 100 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| spironolactone suspension 25 mg/5ml oral | Tier 2 | Prior Authorization Required; Quantity Limit (450 per 30 days) |
| triamterene oral capsule 100 mg, 50 mg | Tier 2 | |
| ***Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure** | | |
| chlorthalidone tablet 25 mg oral | Tier 1 | Healthy Values |
| chlorthalidone tablet 50 mg oral | Tier 1 | Healthy Values |
| HEMICLOR ORAL TABLET 12.5 MG | Tier 4 | |
| hydrochlorothiazide oral capsule 12.5 mg | Tier 1 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg | Tier 1 | Healthy Values |
| indapamide oral tablet 1.25 mg, 2.5 mg | Tier 1 | Healthy Values |
| INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (300 per 30 days) |
| metolazone tablet 10 mg oral | Tier 2 | Healthy Values |
| metolazone tablet 2.5 mg oral | Tier 1 | |
| metolazone tablet 5 mg oral | Tier 2 | Healthy Values |
| THALITONE ORAL TABLET 15 MG | Tier 4 | |
| ***Endocrine And Metabolic Agents - Misc.* - Hormones** | | |
| ***Abortifacient - Progesterone Receptor Antagonists*** - Drugs For Women** | | |
| mifepristone tablet 200 mg oral | Tier 2 | |
| ***Adenosine Deaminase Scid Treatment - Agents*** - Drugs For Menopause And Bone Loss** | | |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML | Tier 3 | Specialty |
| ***Atp-Sensitive Potassium Channel Activators*** - Drugs For Menopause And Bone Loss** | | |
| VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (210 per 30 days) |
| ***Bisphosphonates*** - Drugs For Menopause And Bone Loss** | | |
| alendronate sodium oral solution 70 mg/75ml | Tier 2 | |
| alendronate sodium oral tablet 10 mg, 35 mg, 70 mg | Tier 1 | Healthy Values |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG | Tier 4 | |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT | Tier 4 | |
| ibandronate sodium oral tablet 150 mg | Tier 1 | Healthy Values |
| risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg | Tier 2 | |
| risedronate sodium oral tablet delayed release 35 mg | Tier 4 | |
| ***Calcimimetic Agents*** - Drugs For Menopause And Bone Loss** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg | Tier 2 | Prior Authorization Required |
| ***Calcitonins*** - Drugs For Menopause And Bone Loss** | | |
| calcitonin (salmon) injection solution 200 unit/ml | Tier 2 | |
| calcitonin (salmon) nasal solution 200 unit/act | Tier 2 | |
| ***Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss** | | |
| levocarnitine oral solution 1 gm/10ml | Tier 2 | |
| levocarnitine oral tablet 330 mg | Tier 2 | |
| levocarnitine sf oral solution 1 gm/10ml | Tier 2 | |
| ***Corticotropin*** - Hormones** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | Tier 4 | Specialty; Prior Authorization Required |
| ***Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag* - Hormones** | | |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| CRENESSITY ORAL SOLUTION 50 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Cortisol Synthesis Inhibitors*** - Hormones** | | |
| ISTURISA TABLET 1 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| ISTURISA TABLET 5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (360 per 30 days) |
| RECORLEV ORAL TABLET 150 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| ***Dopamine Receptor Agonists*** - Drugs For Women** | | |
| cabergoline oral tablet 0.5 mg | Tier 2 | |
| ***Fabry Disease - Agents*** - Drugs For Menopause And Bone Loss** | | |
| GALAFOLD ORAL CAPSULE 123 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (14 per 28 days) |
| ***Familial Chylomicronemia Syndrome (Fcs) - Agents*** - Drugs For Diabetes** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |
| TRYNGOLZA SOLUTION AUTO-INJECTOR 50 MG/0.8ML SUBCUTANEOUS | Tier 4 | Specialty |
| TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (0.8 per 28 days) |
| ***Gaa Deficiency Treatment - Agents*** - Drugs For Menopause And Bone Loss** | | |
| OPFOLDA ORAL CAPSULE 65 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (8 per 28 days) |
| ***Gnrh/Lhrh Antagonists*** - Drugs For Women** | | |
| FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML | Tier 2 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | Tier 2 | Specialty; Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| ORILISSA TABLET 150 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ORILISSA TABLET 200 MG ORAL | Tier 3 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Growth Hormone Receptor Antagonists*** - Drugs For Growth** | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 4 | Specialty |
| ***Growth Hormone Releasing Hormones (Ghrh)*** - Drugs For Growth** | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Growth Hormones*** - Drugs For Growth** | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | Tier 3 | Specialty; Prior Authorization Required |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG | Tier 3 | Specialty; Prior Authorization Required |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML | Tier 3 | Specialty; Prior Authorization Required |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG | Tier 3 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | Tier 4 | Specialty; Prior Authorization Required |
| ***Hereditary Orotic Aciduria Treatment - Agents** - Drugs For Menopause And Bone Loss** | | |
| XURIDEN ORAL PACKET 2 GM | Tier 4 | Specialty |
| ***Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** - Drugs For Menopause And Bone Loss** | | |
| nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg | Tier 2 | Specialty |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | Tier 3 | Specialty |
| ORFADIN ORAL SUSPENSION 4 MG/ML | Tier 3 | Specialty |
| ***Homocystinuria Treatment - Agents*** - Drugs For Menopause And Bone Loss** | | |
| betaine oral powder | Tier 2 | Specialty |
| ***Hyperammonemia Treatment - Agents*** - Drugs For Menopause And Bone Loss** | | |
| carglumic acid oral tablet soluble 200 mg | Tier 2 | Specialty; Prior Authorization Required |
| ***Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss** | | |
| calcitriol capsule 0.25 mcg oral | Tier 1 | |
| calcitriol capsule 0.5 mcg oral | Tier 2 | |
| calcitriol oral solution 1 mcg/ml | Tier 2 | |
| doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg | Tier 4 | |
| paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg | Tier 2 | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | Tier 4 | |
| ***Hypoparathyroid Treatment - Parathyroid Hormone Analogs*** - Drugs For Menopause And Bone Loss** | | |
| YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (1.12 per 28 days) |
| YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (1.96 per 28 days) |
| YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2.8 per 28 days) |
| ***Hypophosphatasia (Hpp) Agents*** - Drugs For Menopause And Bone Loss** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | Tier 3 | Specialty; Prior Authorization Required |
| ***Insulin-Like Growth Factors (Somatomedins)*** - Hormones** | | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | Tier 3 | Specialty |
| ***Leptin Analogues*** - Hormones** | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG | Tier 4 | Specialty; Prior Authorization Required |
| ***Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women** | | |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG | Tier 3 | |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | Tier 3 | |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG | Tier 3 | |
| SYNAREL NASAL SOLUTION 2 MG/ML | Tier 4 | Specialty |
| ***Melanocortin 4 (Mc4) Receptor Agonists*** - Drugs For Menopause And Bone Loss** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (10 per 30 days) |
| ***Natriuretic Peptides*** - Drugs For Menopause And Bone Loss** | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Non-Steroidal Mineralocorticoid Receptor Antagonists*** - Hormones** | | |
| KERENDIA TABLET 10 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| KERENDIA TABLET 20 MG ORAL | Tier 3 | Quantity Limit (30 per 30 days) |
| KERENDIA TABLET 40 MG ORAL | Tier 3 | Quantity Limit (30 per 30 Days) |
| ***Ovulation Stimulants-Gonadotropins*** - Drugs For Women** | | |
| chorionic gonadotropin intramuscular solution reconstituted 10000 unit | Tier 3 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML | Tier 3 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT | Tier 3 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |

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| Drug Name | Tier | Notes |
|---|---|---|
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML | Tier 3 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT | Tier 4 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT | Tier 3 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML | Tier 3 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT | Tier 3 | Prior Authorization Required; Review your Plan's SPD to confirm coverage |
| ***Ovulation Stimulants-Synthetic*** - Drugs For Women** | | |
| CLOMID ORAL TABLET 50 MG | Tier 2 | Review your Plan's SPD to confirm coverage |
| clomiphene citrate oral tablet 50 mg | Tier 2 | Review your Plan's SPD to confirm coverage |
| MILOPHENE ORAL TABLET 50 MG | Tier 2 | Review your Plan's SPD to confirm coverage |
| ***Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss** | | |
| teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1.56 per 30 days) |
| ***Phenylketonuria Treatment - Agents*** - Drugs For Menopause And Bone Loss** | | |
| JAVYGTOR ORAL PACKET 100 MG, 500 MG | Tier 2 | Specialty; Prior Authorization Required |
| JAVYGTOR ORAL TABLET 100 MG | Tier 2 | Specialty; Prior Authorization Required |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML | Tier 4 | Specialty; Prior Authorization Required |
| sapropterin dihydrochloride oral tablet 100 mg | Tier 2 | Specialty; Prior Authorization Required |
| sapropterin dihydrochloride packet 100 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| sapropterin dihydrochloride packet 500 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| SEPHIENCE ORAL PACKET 1000 MG, 250 MG | Tier 4 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| ZELVYSIA ORAL PACKET 100 MG, 500 MG | Tier 2 | Specialty; Prior Authorization Required |
| ***Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss** | | |
| OSPHENA ORAL TABLET 60 MG | Tier 4 | |
| raloxifene hcl oral tablet 60 mg | Tier 2 | ACA Drug |
| ***Selective Vasopressin V2-Receptor Antagonists*** - Hormones** | | |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| JYNARQUE TABLET 15 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| JYNARQUE TABLET 30 MG ORAL | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| tolvaptan (hyponatremia) tablet 15 mg oral | Tier 2 | Specialty |
| tolvaptan (hyponatremia) tablet 30 mg oral | Tier 2 | Specialty |
| ***Somatostatic Agents*** - Drugs For Growth** | | |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG | Tier 4 | Specialty |
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | Tier 2 | Specialty |
| octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml | Tier 4 | Specialty |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | Tier 4 | Specialty |
| ***Urea Cycle Disorder - Agents*** - Drugs For Menopause And Bone Loss** | | |
| glycerol phenylbutyrate oral liquid 1.1 gm/ml | Tier 2 | Specialty; Prior Authorization Required |
| PHEBURANE ORAL PELLET 483 MG/GM | Tier 4 | Specialty; Prior Authorization Required |
| RAVICTI ORAL LIQUID 1.1 GM/ML | Tier 4 | Specialty; Prior Authorization Required |
| sodium phenylbutyrate oral powder 3 gm/tsp | Tier 2 | Specialty; Prior Authorization Required |
| sodium phenylbutyrate oral tablet 500 mg | Tier 2 | Specialty; Prior Authorization Required |
| ***Vasopressin*** - Hormones** | | |
| DESMODA ORAL SOLUTION 0.05 MG/ML | Tier 4 | Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| desmopressin ace spray refrig nasal solution 0.01 % | Tier 2 | |
| desmopressin acetate injection solution 4 mcg/ml | Tier 2 | |
| desmopressin acetate oral tablet 0.1 mg, 0.2 mg | Tier 2 | |
| desmopressin acetate pf injection solution 4 mcg/ml | Tier 2 | |
| desmopressin acetate spray nasal solution 0.01 % | Tier 4 | |
| ***Estrogens* - Hormones** | | |
| ***Estrogen & Androgen*** - Drugs For Women** | | |
| COVARYX HS ORAL TABLET 0.625-1.25 MG | Tier 2 | |
| COVARYX ORAL TABLET 1.25-2.5 MG | Tier 2 | |
| EEMT HS ORAL TABLET 0.625-1.25 MG | Tier 2 | |
| EEMT ORAL TABLET 1.25-2.5 MG | Tier 2 | |
| est estrogens-methyltest ds oral tablet 1.25-2.5 mg | Tier 2 | |
| est estrogens-methyltest hs oral tablet 0.625-1.25 mg | Tier 2 | |
| est estrogens-methyltest oral tablet 1.25-2.5 mg | Tier 2 | |
| ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG | Tier 2 | |
| ***Estrogen & Progestin*** - Drugs For Women** | | |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG | Tier 2 | |
| ABIGALE ORAL TABLET 1-0.5 MG | Tier 2 | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | Tier 4 | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY | Tier 3 | Quantity Limit (4 per 28 days) |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | Tier 4 | Quantity Limit (8 per 28 days) |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg | Tier 2 | |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG | Tier 2 | |
| JINTELI ORAL TABLET 1-5 MG-MCG | Tier 2 | |
| MIMVEY ORAL TABLET 1-0.5 MG | Tier 2 | |
| norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | Tier 2 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | Tier 3 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 3 | |
| ***Estrogen-Progestin-Gnrh Antagonist*** - Drugs For Woman** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG | Tier 3 | Prior Authorization Required; Quantity Limit (56 per 28 days) |
| ***Estrogens*** - Drugs For Women** | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | Tier 4 | Quantity Limit (8 per 28 days) |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 4 | |
| 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 2 | Quantity Limit (8 per 28 days) |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) | Tier 4 | Quantity Limit (26 per 30 days) |
| estradiol gel 0.25 mg/0.25gm transdermal | Tier 2 | Quantity Limit (30 per 30 days) |
| estradiol gel 0.5 mg/0.5gm transdermal | Tier 2 | Quantity Limit (30 per 30 days) |
| estradiol gel 0.75 mg/0.75gm transdermal | Tier 2 | Quantity Limit (30 per 30 days) |
| estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal | Tier 2 | Quantity Limit (37.5 per 30 days) |
| estradiol gel 1 mg/gm transdermal | Tier 2 | Quantity Limit (30 per 30 days) |
| estradiol gel 1.25 mg/1.25gm transdermal | Tier 2 | Quantity Limit (37.5 per 30 days) |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | |
| 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 | Tier 2 | Quantity Limit (8 per 28 days) |
| 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 | Tier 2 | Quantity Limit (4 per 28 days) |
| estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml | Tier 2 | |
| estrogens conjugated tablet 0.3 mg oral | Tier 2 | |
| estrogens conjugated tablet 0.45 mg oral | Tier 2 | |
| estrogens conjugated tablet 0.625 mg oral | Tier 2 | |
| estrogens conjugated tablet 0.9 mg oral | Tier 3 | |
| estrogens conjugated tablet 1.25 mg oral | Tier 2 | |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY | Tier 4 | Quantity Limit (40.5 per 93 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 2 | Quantity Limit (8 per 28 days) |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR | Tier 4 | Quantity Limit (4 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | Tier 3 | |
| ***Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women** | | |
| DUAVEE ORAL TABLET 0.45-20 MG | Tier 3 | |
| ***Fluoroquinolones* - Drugs For Infections** | | |
| ***Fluoroquinolones*** - Antibiotics** | | |
| BAXDELA ORAL TABLET 450 MG | Tier 4 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) | Tier 4 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | Tier 1 | |
| levofloxacin oral solution 25 mg/ml | Tier 2 | |
| levofloxacin oral tablet 250 mg, 500 mg, 750 mg | Tier 1 | |
| moxifloxacin hcl oral tablet 400 mg | Tier 2 | |
| ofloxacin oral tablet 400 mg | Tier 4 | |
| ***Gastrointestinal Agents - Misc.* - Drugs For The Stomach** | | |
| ***Bile Acid Synthesis Disorder Agents*** - Drugs For The Stomach** | | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | Tier 4 | Specialty |
| CTEXLI ORAL TABLET 250 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation** | | |
| TRULANCE ORAL TABLET 3 MG | Tier 3 | |
| ***Gallstone Solubilizing Agents*** - Drugs For The Stomach** | | |
| RELTONE ORAL CAPSULE 200 MG, 400 MG | Tier 4 | |
| ursodiol capsule 200 mg oral | Tier 4 | |
| ursodiol capsule 300 mg oral | Tier 2 | |
| ursodiol capsule 400 mg oral | Tier 4 | |
| ursodiol oral tablet 250 mg, 500 mg | Tier 2 | |
| URSOLIGN ORAL CAPSULE 150 MG | Tier 4 | |
| ***Gastrointestinal Antiallergy Agents*** - Drugs For The Stomach** | | |
| cromolyn sodium oral concentrate 100 mg/5ml | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome** | | |
| lubiprostone oral capsule 24 mcg, 8 mcg | Tier 4 | |
| ***Gastrointestinal Stimulants*** - Drugs For The Stomach** | | |
| GIMOTI NASAL SOLUTION 15 MG/ACT | Tier 4 | |
| metoclopramide hcl oral tablet 10 mg, 5 mg | Tier 1 | |
| metoclopramide hcl solution 5 mg/5ml oral | Tier 2 | |
| ***Glucagon-Like Peptide-2 (Glp-2) Analogs*** - Drugs For The Stomach** | | |
| GATTEX SUBCUTANEOUS KIT 5 MG | Tier 4 | Specialty; Prior Authorization Required |
| ***Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation** | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | Tier 3 | |
| ***Ibs Agent - Mu-Opioid Receptor Agonists*** - Drugs For Irritable Bowel Syndrome** | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG | Tier 3 | |
| ***Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome** | | |
| alosetron hcl oral tablet 0.5 mg, 1 mg | Tier 2 | |
| ***Ileal Bile Acid Transporter (Ibat) Inhibitors*** - Drugs For The Stomach** | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG | Tier 4 | Specialty; Prior Authorization Required |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG | Tier 4 | Specialty; Prior Authorization Required |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML | Tier 4 | Specialty; Prior Authorization Required |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG | Tier 4 | Specialty; Prior Authorization Required |
| ***Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease** | | |
| balsalazide disodium oral capsule 750 mg | Tier 2 | |
| DIPENTUM ORAL CAPSULE 250 MG | Tier 4 | |
| mesalamine er oral capsule extended release 24 hour 0.375 gm | Tier 2 | |
| mesalamine er oral capsule extended release 250 mg, 500 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| mesalamine oral capsule delayed release 400 mg | Tier 4 | |
| mesalamine oral tablet delayed release 1.2 gm, 800 mg | Tier 2 | |
| mesalamine rectal enema 4 gm | Tier 2 | |
| mesalamine rectal suppository 1000 mg | Tier 2 | |
| PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL | Tier 4 | |
| sulfasalazine oral tablet 500 mg | Tier 1 | |
| sulfasalazine oral tablet delayed release 500 mg | Tier 2 | |
| ***Integrin Receptor Antagonists*** - Drugs For Inflammatory Bowel Disease** | | |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1.36 per 28 days) |
| ***Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease** | | |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3 per 28 days) |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (3 per 28 days) |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML | Tier 3 | Specialty; Prior Authorization Required |
| TREMFYA PEN SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | Tier 3 | Specialty; Prior Authorization Required |
| ***Intestinal Acidifiers*** - Drugs For The Stomach** | | |
| enulose oral solution 10 gm/15ml | Tier 1 | |
| generlac oral solution 10 gm/15ml | Tier 1 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| lactulose encephalopathy oral solution 10 gm/15ml | Tier 1 | |
| ***Live Fecal Microbiota (Human)** - Drugs For The Stomach** | | |
| VOWST ORAL CAPSULE | Tier 4 | Specialty; Prior Authorization Required |
| ***Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach** | | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | Tier 3 | |
| SYMPROIC ORAL TABLET 0.2 MG | Tier 3 | |
| ***Peroxisome Proliferator-Activated Receptor Agonists*** - Drugs For The Stomach** | | |
| IQIRVO ORAL TABLET 80 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LIVDELZI ORAL CAPSULE 10 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Phosphate Binder Agents*** - Drugs For The Stomach** | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) | Tier 4 | Quantity Limit (360 per 30 days) |
| calcium acetate (phos binder) oral capsule 667 mg | Tier 2 | |
| calcium acetate (phos binder) oral tablet 667 mg | Tier 2 | |
| calcium acetate tablet 667 mg oral | Tier 2 | |
| ferric citrate oral tablet 1 gm 210 mg(fe) | Tier 2 | Quantity Limit (360 per 30 days) |
| FOSRENOL PACKET 1000 MG ORAL | Tier 4 | Quantity Limit (120 per 30 days) |
| FOSRENOL PACKET 750 MG ORAL | Tier 4 | Quantity Limit (180 per 30 days) |
| lanthanum carbonate tablet chewable 1000 mg oral | Tier 2 | Quantity Limit (120 per 30 days) |
| lanthanum carbonate tablet chewable 500 mg oral | Tier 2 | Quantity Limit (270 per 30 days) |
| lanthanum carbonate tablet chewable 750 mg oral | Tier 2 | Quantity Limit (180 per 30 days) |
| sevelamer carbonate oral tablet 800 mg | Tier 2 | Quantity Limit (510 per 30 days) |
| sevelamer carbonate packet 0.8 gm oral | Tier 2 | Quantity Limit (510 per 30 days) |
| sevelamer carbonate packet 2.4 gm oral | Tier 2 | Quantity Limit (150 per 30 days) |
| sevelamer hcl tablet 400 mg oral | Tier 2 | Quantity Limit (960 per 30 days) |
| sevelamer hcl tablet 800 mg oral | Tier 2 | Quantity Limit (480 per 30 days) |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | Tier 3 | |
| ***Tryptophan Hydroxylase Inhibitors*** - Drugs For Diarrhea** | | |
| XERMELO ORAL TABLET 250 MG | Tier 4 | Specialty |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease** | | |
| CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 4 | Specialty; Prior Authorization Required |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 4 | Specialty; Prior Authorization Required |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | Tier 4 | Specialty; Prior Authorization Required |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| ***Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System** | | |
| ***5-Alpha Reductase Inhibitors*** - Drugs For The Prostate** | | |
| dutasteride oral capsule 0.5 mg | Tier 1 | |
| finasteride tablet 5 mg oral | Tier 1 | |
| ***Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate** | | |
| alfuzosin hcl er oral tablet extended release 24 hour 10 mg | Tier 1 | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | Tier 4 | |
| silodosin oral capsule 4 mg, 8 mg | Tier 2 | |
| tamsulosin hcl oral capsule 0.4 mg | Tier 1 | |
| ***Citrates*** - Drugs For Infections** | | |
| cytra-2 oral solution 500-334 mg/5ml | Tier 2 | |
| potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg) | Tier 2 | |
| sod citrate-citric acid solution 1.5-1 gm/15ml oral | Tier 4 | |
| sod citrate-citric acid solution 3-2 gm/30ml oral | Tier 4 | |
| sod citrate-citric acid solution 500-334 mg/5ml oral (rx) | Tier 4 | |
| sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Cystinosis Agents*** - Drugs For The Urinary System** | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 3 | Specialty |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG | Tier 4 | Specialty; Prior Authorization Required |
| PROCYSBI ORAL PACKET 300 MG, 75 MG | Tier 4 | Specialty; Prior Authorization Required |
| ***Igan Agents - Endothelin & Angiotensin Ii Receptor Antag*** - Drugs For The Urinary System** | | |
| FILSPARI ORAL TABLET 200 MG, 400 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Igan Agents - Endothelin Receptor Antagonist*** - Drugs For The Urinary System** | | |
| VANRAFIA ORAL TABLET 0.75 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Interstitial Cystitis Agents*** - Drugs For The Urinary System** | | |
| ELMIRON ORAL CAPSULE 100 MG | Tier 4 | Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Phosphates*** - Drugs For Infections** | | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG | Tier 3 | |
| ***Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate** | | |
| dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg | Tier 2 | Prior Authorization Required |
| ENTADFI ORAL CAPSULE 5-5 MG | Tier 4 | |
| ***Urinary Stone Agents*** - Drugs For The Urinary System** | | |
| LITHOSTAT ORAL TABLET 250 MG | Tier 4 | |
| tiopronin oral tablet 100 mg | Tier 2 | |
| tiopronin oral tablet delayed release 100 mg, 300 mg | Tier 2 | |
| VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG | Tier 2 | |
| ***Gout Agents* - Drugs For Pain And Fever** | | |
| ***Gout Agent Combinations*** - Gout Drugs** | | |
| colchicine-probenecid oral tablet 0.5-500 mg | Tier 2 | |
| ***Gout Agents*** - Gout Drugs** | | |
| allopurinol tablet 100 mg oral | Tier 1 | Healthy Values |
| allopurinol tablet 200 mg oral | Tier 2 | Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| allopurinol tablet 300 mg oral | Tier 1 | Healthy Values |
| colchicine oral capsule 0.6 mg | Tier 2 | Prior Authorization Required |
| colchicine oral tablet 0.6 mg | Tier 2 | |
| febuxostat oral tablet 40 mg, 80 mg | Tier 2 | Healthy Values |
| GLOPERBA ORAL SOLUTION 0.6 MG/5ML | Tier 4 | |
| ***Uricosurics*** - Gout Drugs** | | |
| probenecid oral tablet 500 mg | Tier 2 | |
| ***Hematological Agents - Misc.* - Drugs For The Blood** | | |
| ***Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood** | | |
| HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required |
| HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (8 per 28 days) |
| HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| HYMPAVZI SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS | Tier 4 | Specialty |
| ***Anti-Von Willebrand Factor Agents*** - Drugs For The Blood** | | |
| CABLIVI INJECTION KIT 11 MG | Tier 4 | Specialty |
| ***Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood** | | |
| icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (18 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (18 per 30 days) |
| ***C1 Esterase Inhibitors*** - Drugs For The Blood** | | |
| HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (27 per 28 days) |
| HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (18 per 28 days) |
| ***Complement C3 Inhibitors*** - Drugs For The Blood** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (160 per 28 days) |
| ***Complement Factor B Inhibitors*** - Drugs For The Blood** | | |
| FABHALTA ORAL CAPSULE 200 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood** | | |
| ticagrelor oral tablet 60 mg, 90 mg | Tier 2 | |
| ***Hematorheologic Agents*** - Drugs For The Blood** | | |
| pentoxifylline er oral tablet extended release 400 mg | Tier 2 | |
| ***Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood** | | |
| cilostazol oral tablet 100 mg, 50 mg | Tier 1 | Healthy Values |
| ***Plasma Factor Xiia Inhibitors - Monoclonal Antibodies*** - Drugs To Prevent Bleeding** | | |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1.2 per 30 days) |
| ***Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** - Drugs For The Blood** | | |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (2 per 28 days) |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Plasma Kallikrein Inhibitors*** - Drugs For The Blood** | | |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| ***Platelet Aggregation Inhibitor Combinations*** - Drugs For The Blood** | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg | Tier 2 | |
| YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG | Tier 4 | |
| ***Platelet Aggregation Inhibitors*** - Drugs For The Blood** | | |
| dipyridamole oral tablet 25 mg, 50 mg, 75 mg | Tier 2 | Healthy Values |
| ***Prekallikrein-Directed Antisense Oligonucleotides (Aso)*** - Drugs For The Blood** | | |
| DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (0.8 per 28 days) |
| ***Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood** | | |
| ZONTIVITY ORAL TABLET 2.08 MG | Tier 4 | |
| ***Pyruvate Kinase Activators*** - Drugs For The Blood** | | |
| AQVESME ORAL TABLET 100 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| 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 | Specialty; Prior Authorization Required |
| ***Quinazoline Agents*** - Drugs For The Blood** | | |
| anagrelide hcl oral capsule 0.5 mg, 1 mg | Tier 2 | |
| ***Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood** | | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Thienopyridine Derivatives*** - Drugs For The Blood** | | |
| clopidogrel bisulfate tablet 75 mg oral | Tier 1 | Healthy Values |
| prasugrel hcl oral tablet 10 mg, 5 mg | Tier 2 | Healthy Values |
| ***Hematopoietic Agents* - Drugs For Nutrition** | | |
| ***Agents For Gaucher Disease*** - Drugs For Nutrition** | | |
| CERDELGA ORAL CAPSULE 84 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| miglustat oral capsule 100 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| YARGESA ORAL CAPSULE 100 MG | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Amino Acids*** - Drugs For Nutrition** | | |
| l-glutamine oral packet 5 gm | Tier 2 | Specialty; Prior Authorization Required |
| ***Cobalamins*** - Drugs For Nutrition** | | |
| cyanocobalamin nasal solution 500 mcg/0.1ml | Tier 2 | |
| cyanocobalamin solution 1000 mcg/ml injection | Tier 1 | |
| hydroxocobalamin acetate intramuscular solution 1000 mcg/ml | Tier 4 | |
| ***Cxcr4 Receptor Antagonist*** - Drugs For Nutrition** | | |
| XOLREMDI ORAL CAPSULE 100 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Cytotoxic Agents*** - Drugs For Nutrition** | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 4 | |
| SIKLOS ORAL TABLET 100 MG, 1000 MG | Tier 4 | |
| XROMI ORAL SOLUTION 100 MG/ML | Tier 4 | Prior Authorization Required |
| ***Erythropoiesis-Stimulating Agents (Esas)*** - Drugs For Nutrition** | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier 3 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | Tier 3 | Specialty; Prior Authorization Required |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | Tier 3 | Specialty; Prior Authorization Required |
| 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 4 | Prior Authorization Required |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Tier 3 | Specialty; Prior Authorization Required |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Tier 3 | Specialty; Prior Authorization Required |
| ***Folic Acid/Folates*** - Drugs For Nutrition** | | |
| cvs folic acid oral tablet 800 mcg | Tier 1 | ACA Drug |
| FA-8 ORAL CAPSULE 0.8 MG | Tier 1 | ACA Drug |
| folate oral tablet 400 mcg | Tier 1 | ACA Drug |
| folic acid capsule 0.8 mg oral | Tier 1 | ACA Drug |
| folic acid oral tablet 1 mg, 400 mcg, 800 mcg | Tier 1 | ACA Drug |
| ft folic acid oral tablet 400 mcg, 800 mcg | Tier 1 | ACA Drug |
| gnp folic acid oral tablet 400 mcg | Tier 1 | ACA Drug |
| kp folic acid tablet 800 mcg oral | Tier 1 | ACA Drug |
| qc folic acid oral tablet 800 mcg | Tier 1 | ACA Drug |
| true folic acid tablet 400 mcg oral | Tier 1 | ACA Drug |
| yl folic acid oral tablet 400 mcg | Tier 1 | ACA Drug |
| ***Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition** | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 3 | |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | Tier 3 | Specialty |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | Tier 3 | |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 3 | |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** - Drugs For Nutrition** | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | Tier 4 | |
| ***Iron*** - Drugs For Nutrition** | | |
| ACCRUFER ORAL CAPSULE 30 MG | Tier 4 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML | Tier 1 | ACA Drug |
| ferrous sulfate solution 220 (44 fe) mg/5ml oral | Tier 1 | ACA Drug |
| ferrous sulfate solution 300 (60 fe) mg/5ml oral | Tier 2 | ACA Drug |
| ferrous sulfate solution 75 (15 fe) mg/ml oral | Tier 1 | ACA Drug |
| fe-vite iron oral solution 75 (15 fe) mg/ml | Tier 1 | ACA Drug |
| iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml | Tier 1 | ACA Drug |
| iron infant & toddler oral solution 75 (15 fe) mg/ml | Tier 1 | ACA Drug |
| iron infant/toddler oral solution 75 (15 fe) mg/ml | Tier 1 | ACA Drug |
| iron supplement solution 15 mg/ml oral | Tier 1 | |
| iron supplement solution 220 (44 fe) mg/5ml oral | Tier 1 | ACA Drug |
| IRON UP ORAL LIQUID 15 MG/0.5ML | Tier 3 | ACA Drug |
| NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML | Tier 3 | ACA Drug |
| pc pediatric iron drops oral solution 75 (15 fe) mg/ml | Tier 1 | ACA Drug |
| wee care oral suspension 15 mg/1.25ml | Tier 1 | |
| ***Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition** | | |
| DOPTELET ORAL TABLET 20 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| eltrombopag olamine oral packet 12.5 mg, 25 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| eltrombopag olamine tablet 12.5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| eltrombopag olamine tablet 25 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| eltrombopag olamine tablet 50 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| eltrombopag olamine tablet 75 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| MULPLETA ORAL TABLET 3 MG | Tier 3 | Specialty; Prior Authorization Required |
| ***Hemostatics* - Drugs For The Blood** | | |
| ***Hemostatics - Systemic*** - Drugs To Prevent Bleeding** | | |
| aminocaproic acid oral solution 0.25 gm/ml | Tier 2 | |
| aminocaproic acid oral tablet 1000 mg, 500 mg | Tier 2 | |
| tranexamic acid oral tablet 650 mg | Tier 2 | |
| ***Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System** | | |
| ***Barbiturate Hypnotics*** - Drugs For Insomnia** | | |
| phenobarbital elixir 20 mg/5ml oral | Tier 4 | |
| phenobarbital elixir 30 mg/7.5ml oral | Tier 4 | Healthy Values |
| phenobarbital elixir 60 mg/15ml oral | Tier 4 | Healthy Values |
| phenobarbital tablet 100 mg oral | Tier 1 | Healthy Values |
| phenobarbital tablet 15 mg oral | Tier 1 | Healthy Values |
| phenobarbital tablet 16.2 mg oral | Tier 1 | Healthy Values |
| phenobarbital tablet 30 mg oral | Tier 1 | Healthy Values |
| phenobarbital tablet 32.4 mg oral | Tier 4 | |
| phenobarbital tablet 60 mg oral | Tier 1 | Healthy Values |
| phenobarbital tablet 64.8 mg oral | Tier 4 | |
| phenobarbital tablet 97.2 mg oral | Tier 4 | |
| ***Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| estazolam oral tablet 1 mg, 2 mg | Tier 2 | |
| flurazepam hcl oral capsule 15 mg, 30 mg | Tier 4 | |
| quazepam oral tablet 15 mg | Tier 4 | |
| temazepam capsule 15 mg oral | Tier 1 | |
| temazepam capsule 22.5 mg oral | Tier 2 | |
| temazepam capsule 30 mg oral | Tier 1 | |
| temazepam capsule 7.5 mg oral | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| triazolam oral tablet 0.125 mg, 0.25 mg | Tier 2 | |
| ***Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia** | | |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| eszopiclone oral tablet 1 mg, 2 mg, 3 mg | Tier 1 | |
| zaleplon capsule 10 mg oral | Tier 1 | Quantity Limit (30 per 30 days) |
| zaleplon capsule 5 mg oral | Tier 1 | Quantity Limit (60 per 30 days) |
| zolpidem tartrate er tablet extended release 12.5 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| zolpidem tartrate er tablet extended release 6.25 mg oral | Tier 1 | |
| zolpidem tartrate oral capsule 7.5 mg | Tier 4 | Quantity Limit (30 per 30 days) |
| zolpidem tartrate oral tablet 10 mg, 5 mg | Tier 1 | |
| zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg | Tier 4 | Quantity Limit (30 per 30 days) |
| ***Orexin Receptor Antagonists*** - Drugs For Insomnia** | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Selective Melatonin Receptor Agonists*** - Drugs For Insomnia** | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (158 per 30 days) |
| tasimelteon oral capsule 20 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Laxatives* - Drugs For The Stomach** | | |
| ***Bowel Evacuant Combinations*** - Drugs To Prevent Constipation** | | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | Tier 4 | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM | Tier 1 | ACA Drug |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM | Tier 2 | ACA Drug |
| na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml | Tier 2 | ACA Drug |
| peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral | Tier 2 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| peg-3350/electrolytes oral solution reconstituted 236 gm | Tier 1 | ACA Drug |
| PEG-PREP ORAL KIT 5-210 MG-GM | Tier 4 | |
| SUTAB ORAL TABLET 1479-225-188 MG | Tier 4 | |
| ***Laxatives - Miscellaneous*** - Drugs To Prevent Constipation** | | |
| constulose oral solution 10 gm/15ml | Tier 2 | |
| KRISTALOSE ORAL PACKET 10 GM, 20 GM | Tier 2 | |
| lactulose oral packet 10 gm, 20 gm | Tier 2 | |
| lactulose oral solution 10 gm/15ml, 20 gm/30ml | Tier 2 | |
| ***Macrolides* - Drugs For Infections** | | |
| ***Azithromycin*** - Antibiotics** | | |
| azithromycin suspension reconstituted 100 mg/5ml oral | Tier 2 | |
| azithromycin suspension reconstituted 200 mg/5ml oral | Tier 1 | |
| azithromycin tablet 250 mg oral | Tier 1 | |
| azithromycin tablet 500 mg oral | Tier 1 | |
| azithromycin tablet 600 mg oral | Tier 2 | |
| ***Clarithromycin*** - Antibiotics** | | |
| clarithromycin er oral tablet extended release 24 hour 500 mg | Tier 2 | |
| clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | Tier 4 | |
| clarithromycin oral tablet 250 mg, 500 mg | Tier 2 | |
| ***Erythromycins*** - Antibiotics** | | |
| E.E.S. 400 ORAL TABLET 400 MG | Tier 4 | |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG | Tier 2 | |
| erythromycin base oral capsule delayed release particles 250 mg | Tier 4 | |
| erythromycin base oral tablet 250 mg, 500 mg | Tier 2 | |
| erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg | Tier 2 | |
| erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml | Tier 2 | |
| erythromycin ethylsuccinate oral tablet 400 mg | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg | Tier 2 | |
| ***Fidaxomicin*** - Antibiotics** | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML | Tier 3 | |
| fidaxomicin oral tablet 200 mg | Tier 2 | |
| ***Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment** | | |
| ***Cervical Caps*** - Medical Supplies And Durable Medical Equipment** | | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | Tier 3 | ACA Drug |
| ***Condoms - Female*** - Medical Supplies And Durable Medical Equipment** | | |
| FC2 FEMALE CONDOM | Tier 3 | ACA Drug |
| ***Condoms - Male*** - Medical Supplies And Durable Medical Equipment** | | |
| aimsco lubricated | Tier 3 | ACA Drug |
| condoms | Tier 3 | ACA Drug |
| DUREX EXTRA SENSITIVE THIN | Tier 3 | ACA Drug |
| DUREX EXTRA SENSITIVE THIN DEVICE | Tier 3 | ACA Drug |
| DUREX REALFEEL DEVICE | Tier 3 | ACA Drug |
| DUREX TROPICAL | Tier 3 | ACA Drug |
| FANTASY LUBRICATED | Tier 3 | ACA Drug |
| FANTASY LUBRICATED/SPERMICIDE | Tier 3 | ACA Drug |
| KAMELEON LUBRICATED | Tier 3 | ACA Drug |
| kimono | Tier 3 | ACA Drug |
| KIMONO COLORS DEVICE | Tier 3 | ACA Drug |
| KIMONO MAXX-LARGE FLARE | Tier 3 | ACA Drug |
| kimono micro thin | Tier 3 | |
| kimono micro thin plus | Tier 3 | ACA Drug |
| kimono plus | Tier 3 | ACA Drug |
| kimono ps | Tier 3 | ACA Drug |
| kimono ps plus | Tier 3 | ACA Drug |
| kimono sensation | Tier 3 | ACA Drug |
| kimono sensation plus | Tier 3 | ACA Drug |
| KIMONO SPECIAL DEVICE | Tier 3 | ACA Drug |
| maxx | Tier 3 | ACA Drug |
| maxx plus | Tier 3 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| REALITY LATEX CONDOMS | Tier 3 | ACA Drug |
| REALITY LATEX/ULTRA TEXTURED DEVICE | Tier 3 | ACA Drug |
| REALITY LATEX/ULTRA THIN DEVICE | Tier 3 | ACA Drug |
| TROJAN BARESKIN DEVICE | Tier 3 | |
| TROJAN ENZ | Tier 3 | |
| TROJAN MAGNUM | Tier 3 | ACA Drug |
| TROJAN ULTRA RIBBED LUBRICATED DEVICE | Tier 3 | ACA Drug |
| TROJAN ULTRA THIN | Tier 3 | ACA Drug |
| TROJAN ULTRA THIN/SPERMICIDAL | Tier 3 | ACA Drug |
| TROJAN-ENZ LUBRICATED | Tier 3 | ACA Drug |
| TROJAN-ENZ/SPERMICIDAL | Tier 3 | ACA Drug |
| true cover device | Tier 3 | ACA Drug |
| TRUSTEX COLOR CONDOMS + LUBE | Tier 3 | ACA Drug |
| TRUSTEX LUB/RIBBED/STUDDED | Tier 3 | ACA Drug |
| TRUSTEX LUB/SPERMICIDE EX ST | Tier 3 | ACA Drug |
| TRUSTEX LUB/SPERMICIDE XL | Tier 3 | ACA Drug |
| TRUSTEX LUBRICATED | Tier 3 | ACA Drug |
| TRUSTEX LUBRICATED EX LARGE | Tier 3 | ACA Drug |
| TRUSTEX LUBRICATED EXTRA ST | Tier 3 | ACA Drug |
| TRUSTEX LUBRICATED/SPERMICIDE | Tier 3 | ACA Drug |
| TRUSTEX NATURAL CONDOMS + LUBE | Tier 3 | ACA Drug |
| TRUSTEX NON-LUBRICATED | Tier 3 | |
| TRUSTEX RIA LUB/SPERMICIDE | Tier 3 | ACA Drug |
| TRUSTEX RIA LUBRICATED | Tier 3 | ACA Drug |
| TRUSTEX RIA NON-LUBRICATED | Tier 3 | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | Tier 3 | ACA Drug |
| ***Diaphragms*** - Medical Supplies And Durable Medical Equipment** | | |
| CAYA VAGINAL DIAPHRAGM | Tier 3 | ACA Drug |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | Tier 3 | ACA Drug |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % | Tier 3 | ACA Drug |
| ***Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment** | | |
| ACCU-CHEK FASTCLIX LANCET KIT | Tier 3 | Healthy Values |
| ACCU-CHEK FASTCLIX LANCETS | Tier 3 | Healthy Values |
| ACCU-CHEK SAFE-T PRO LANCETS | Tier 3 | Healthy Values |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | Tier 3 | Healthy Values |
| ACCU-CHEK SOFTCLIX LANCETS | Tier 3 | Healthy Values |
| acti-lance 28g | Tier 3 | Healthy Values |
| acti-lance lite lancets 28g | Tier 3 | Healthy Values |
| acti-lance special lancets 17g | Tier 3 | Healthy Values |
| acti-lance universal 23g | Tier 3 | Healthy Values |
| adjustable lancing device | Tier 3 | Healthy Values |
| advanced mobile lancet | Tier 3 | Healthy Values |
| advantage safety lancets 28g | Tier 3 | Healthy Values |
| ADVOCATE LANCETS | Tier 3 | Healthy Values |
| ADVOCATE LANCETS 30G | Tier 3 | Healthy Values |
| ADVOCATE LANCING DEVICE | Tier 3 | Healthy Values |
| ADVOCATE RAPID-SAFE LANCING | Tier 3 | Healthy Values |
| ADVOCATE SAFETY LANCETS | Tier 3 | Healthy Values |
| ADVOCATE SAFETY LANCETS 21G | Tier 3 | Healthy Values |
| ADVOCATE SAFETY LANCETS 23G | Tier 3 | Healthy Values |
| ADVOCATE SAFETY LANCETS 26G | Tier 3 | Healthy Values |
| ADVOCATE SAFETY LANCETS 28G | Tier 3 | Healthy Values |
| AGAMATRIX ULTRA-THIN LANCETS | Tier 3 | Healthy Values |
| aimsco twist lancets 32g | Tier 3 | Healthy Values |
| AIMSCO TWIST LANCETS 33G | Tier 3 | Healthy Values |
| AQUALANCE LANCETS 30G | Tier 3 | Healthy Values |
| assure comfort lancets 28g | Tier 3 | Healthy Values |
| ASSURE LANCE LANCETS | Tier 3 | Healthy Values |
| ASSURE LANCE LANCETS 21G | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| ASSURE LANCE PLUS SAFETY 25G | Tier 3 | Healthy Values |
| ASSURE LANCE PLUS SAFETY 30G | Tier 3 | Healthy Values |
| ASSURE LANCE SAFETY LANCET 28G | Tier 3 | Healthy Values |
| aurora lancet super thin 30g | Tier 3 | Healthy Values |
| aurora lancet thin 23g | Tier 3 | Healthy Values |
| AUTO-LANCET | Tier 3 | Healthy Values |
| AUTO-LANCET MINI | Tier 3 | Healthy Values |
| AUTOLET II CLINISAFE KIT | Tier 3 | Healthy Values |
| AUTOLET LANCING DEVICE | Tier 3 | Healthy Values |
| AUTOLET LITE CLINISAFE KIT | Tier 3 | Healthy Values |
| AUTOLET LITE LANCING DEVICE | Tier 3 | Healthy Values |
| AUTOLET LITE STARTER PACK KIT | Tier 3 | Healthy Values |
| AUTOLET MINI | Tier 3 | Healthy Values |
| AUTOLET PLATFORMS | Tier 3 | Healthy Values |
| AUTOLET PLUS | Tier 3 | Healthy Values |
| BD MICROTAINER LANCETS | Tier 3 | Healthy Values |
| CARDIOCOM LANCING DEVICE | Tier 3 | Healthy Values |
| careone advanced lancing dev | Tier 3 | Healthy Values |
| CAREONE LANCET SUPER THIN 30G | Tier 3 | Healthy Values |
| careone lancet thin 23g | Tier 3 | Healthy Values |
| CARESENS LANCETS | Tier 3 | Healthy Values |
| CARESENS LANCETS 30G | Tier 3 | Healthy Values |
| CARETOUCH LANCING/EJECTOR | Tier 3 | Healthy Values |
| CARETOUCH SAFETY LANCETS | Tier 3 | Healthy Values |
| CARETOUCH SAFETY LANCETS 26G | Tier 3 | Healthy Values |
| CARETOUCH TWIST LANCETS 28G | Tier 3 | Healthy Values |
| CARETOUCH TWIST LANCETS 30G | Tier 3 | Healthy Values |
| CARETOUCH TWIST LANCETS 33G | Tier 3 | Healthy Values |
| CARETOUCH TWIST MC LANCETS 30G | Tier 3 | Healthy Values |
| CHOSEN LANCETS 30G | Tier 3 | Healthy Values |
| CHOSEN LANCING DEVICE | Tier 3 | Healthy Values |
| CHOSEN SAFETY LANCETS 28G | Tier 3 | Healthy Values |
| CLEANLET LANCETS 28G | Tier 3 | Healthy Values |
| CLEVER CHEK LANCETS | Tier 3 | Healthy Values |
| CLEVER CHOICE COMFORT EZ | Tier 3 | Healthy Values |
| CLEVER CHOICE LANCETS 21G | Tier 3 | Healthy Values |
| CLEVER CHOICE LANCETS 23G | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| CLEVER CHOICE LANCETS 28G | Tier 3 | Healthy Values |
| COAGUCHEK LANCETS | Tier 3 | Healthy Values |
| comfort assured lancets 28g | Tier 3 | Healthy Values |
| comfort assured lancets 33g | Tier 3 | Healthy Values |
| COMFORT TOUCH LANCETS 31G | Tier 3 | Healthy Values |
| COMFORT TOUCH PLUS LANCETS 28G | Tier 3 | Healthy Values |
| COMFORT TOUCH PLUS LANCETS 30G | Tier 3 | Healthy Values |
| COMFORT TOUCH TWIST LANCET 30G | Tier 3 | Healthy Values |
| CONTOUR BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Tier 3 | Healthy Values |
| CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL | Tier 3 | Healthy Values |
| CONTOUR MONITOR DEVICE | Tier 3 | Healthy Values |
| CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL | Tier 3 | Healthy Values |
| CONTOUR NEXT EZ KIT W/DEVICE | Tier 3 | Healthy Values |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE | Tier 3 | Healthy Values |
| CONTOUR NEXT LINK KIT W/DEVICE | Tier 3 | Healthy Values |
| CONTOUR NEXT MONITOR KIT W/DEVICE | Tier 3 | Healthy Values |
| CONTOUR NEXT ONE KIT | Tier 3 | |
| CONTOUR NEXT ONE KIT W/DEVICE | Tier 3 | Healthy Values |
| CONTOUR PLUS BLUE KIT W/DEVICE | Tier 3 | Healthy Values |
| CONTOUR PLUS CONTROL SOLUTION IN VITRO LIQUID | Tier 3 | Healthy Values |
| cvs lancets original | Tier 3 | Healthy Values |
| cvs lancets thin 26g | Tier 3 | Healthy Values |
| cvs lancing device | Tier 3 | Healthy Values |
| cvs ultra thin lancets | Tier 3 | Healthy Values |
| DEXCOM G6 RECEIVER DEVICE | Tier 3 | Healthy Values |
| DEXCOM G6 SENSOR | Tier 3 | Healthy Values |
| DEXCOM G6 TRANSMITTER | Tier 3 | Healthy Values |
| DEXCOM G7 15 DAY SENSOR | Tier 3 | Healthy Values |
| DEXCOM G7 RECEIVER DEVICE | Tier 3 | Healthy Values |
| DEXCOM G7 SENSOR | Tier 3 | Healthy Values |
| DIATHRIVE LANCET ULTRA THIN 30 | Tier 3 | Healthy Values |
| DIATHRIVE LANCETS | Tier 3 | Healthy Values |
| DIATHRIVE LANCING DEVICE | Tier 3 | Healthy Values |
| DROPLET GENTEEL LANCING DEVICE | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| DROPLET LANCETS ULTRA THIN 30G | Tier 3 | Healthy Values |
| DROPLET LANCING DEVICE | Tier 3 | Healthy Values |
| DROPLET PERSONAL LANCETS 30G | Tier 3 | Healthy Values |
| DROPSAFE ACTI-LANCE 23G | Tier 3 | Healthy Values |
| DROPSAFE MEDLANCE LANCET 30G | Tier 3 | Healthy Values |
| DRUG MART ON-THE-GO LANCET 30G | Tier 3 | Healthy Values |
| DRUG MART UNILET LANCETS 28G | Tier 3 | Healthy Values |
| DRUG MART UNILET LANCETS 30G | Tier 3 | Healthy Values |
| DRUG MART UNILET LANCETS 33G | Tier 3 | Healthy Values |
| easy comfort lancets | Tier 3 | Healthy Values |
| easy comfort lancets twist top | Tier 3 | Healthy Values |
| easy mini eject lancing device | Tier 3 | Healthy Values |
| easy mini lancing device | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 21G | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 23G | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 26G | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 28G | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 28G/TWIST | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 30G | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 30G/TWIST | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 32G | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 32G/TWIST | Tier 3 | Healthy Values |
| EASY TOUCH LANCETS 33G/TWIST | Tier 3 | Healthy Values |
| EASY TOUCH LANCING DEVICE | Tier 3 | Healthy Values |
| EASY TOUCH SAFETY LANCETS 21G | Tier 3 | Healthy Values |
| EASY TOUCH SAFETY LANCETS 23G | Tier 3 | Healthy Values |
| EASY TOUCH SAFETY LANCETS 26G | Tier 3 | Healthy Values |
| EASY TOUCH SAFETY LANCETS 28G | Tier 3 | Healthy Values |
| EMBRACE LANCETS ULTRA THIN 30G | Tier 3 | Healthy Values |
| embrace lancing device/ejector | Tier 3 | Healthy Values |
| EMBRACE PRESSURE ACTIVATED 21G | Tier 3 | Healthy Values |
| EMBRACE PRESSURE ACTIVATED 28G | Tier 3 | Healthy Values |
| FIFTY50 SAFETY SEAL LANCETS | Tier 3 | Healthy Values |
| FIFTY50 UNILET LANCETS 33G | Tier 3 | Healthy Values |
| FINGERSTIX LANCETS | Tier 3 | Healthy Values |
| fondcircle lancing device | Tier 3 | Healthy Values |
| fondcircle single use lancets | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| FORA LANCETS | Tier 3 | Healthy Values |
| FORA LANCING DEVICE | Tier 3 | Healthy Values |
| FREESTYLE CONTROL SOLUTION IN VITRO LIQUID | Tier 3 | Healthy Values |
| FREESTYLE FREEDOM LITE KIT W/DEVICE | Tier 3 | Healthy Values |
| FREESTYLE LANCETS | Tier 3 | Healthy Values |
| FREESTYLE LITE DEVICE | Tier 3 | Healthy Values |
| FREESTYLE LITE KIT W/DEVICE | Tier 3 | Healthy Values |
| FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE | Tier 3 | Healthy Values |
| FREESTYLE UNISTICK II LANCETS | Tier 3 | Healthy Values |
| GENTEEL BUTTERFLY TOUCH LANCET | Tier 3 | Healthy Values |
| GENTEEL CONTACT TIPS (BLUE) | Tier 3 | Healthy Values |
| GENTEEL CONTACT TIPS (CLEAR) | Tier 3 | Healthy Values |
| GENTEEL CONTACT TIPS (GREEN) | Tier 3 | Healthy Values |
| GENTEEL CONTACT TIPS (ORANGE) | Tier 3 | Healthy Values |
| GENTEEL CONTACT TIPS (RAINBOW) | Tier 3 | Healthy Values |
| GENTEEL CONTACT TIPS (VIOLET) | Tier 3 | Healthy Values |
| GENTEEL CONTACT TIPS (YELLOW) | Tier 3 | Healthy Values |
| GENTEEL LANCING KIT (BLUE) KIT | Tier 3 | Healthy Values |
| GENTEEL NOZZLES | Tier 3 | Healthy Values |
| GENTEEL PLUS LANCING (BLACK) | Tier 3 | Healthy Values |
| GENTEEL PLUS LANCING (PURPLE) | Tier 3 | Healthy Values |
| GENTEEL PLUS LANCING (WHITE) | Tier 3 | Healthy Values |
| GENTEEL PLUS LANCING DEV(BLUE) | Tier 3 | Healthy Values |
| GENTEEL PLUS LANCING DEV(PINK) | Tier 3 | Healthy Values |
| global inject ease lancets 28g | Tier 3 | Healthy Values |
| global inject ease lancets 30g | Tier 3 | Healthy Values |
| global lancing device | Tier 3 | Healthy Values |
| GLUCOCOM LANCETS 28G | Tier 3 | Healthy Values |
| GLUCOCOM LANCETS 30G | Tier 3 | Healthy Values |
| GLUCOCOM LANCETS 33G | Tier 3 | Healthy Values |
| GNP LANCING SYSTEM DEVICE | Tier 3 | Healthy Values |
| gnp sterile lancets 28g | Tier 3 | Healthy Values |
| gnp sterile lancets 30g | Tier 3 | Healthy Values |
| gnp sterile lancets 33g | Tier 3 | Healthy Values |
| GOJJI LANCING DEVICE/CLEAR CAP | Tier 3 | Healthy Values |
| GOJJI STERILE LANCETS | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| HAEMOLANCE | Tier 3 | Healthy Values |
| HAEMOLANCE LOW FLOW LANCETS | Tier 3 | Healthy Values |
| HAEMOLANCE PLUS | Tier 3 | Healthy Values |
| HAEMOLANCE PLUS HIGH FLOW | Tier 3 | Healthy Values |
| HAEMOLANCE PLUS LOW FLOW | Tier 3 | Healthy Values |
| HAEMOLANCE PLUS MAX FLOW | Tier 3 | Healthy Values |
| HAEMOLANCE PLUS PEDIATRIC FLOW | Tier 3 | Healthy Values |
| h-e-b incontrol adv lancing | Tier 3 | Healthy Values |
| h-e-b incontrol lancets 28g | Tier 3 | Healthy Values |
| h-e-b incontrol lancets 30g | Tier 3 | Healthy Values |
| h-e-b incontrol lancets 33g | Tier 3 | Healthy Values |
| HYPOLANCE AST LANCING KIT | Tier 3 | Healthy Values |
| HY-VEE LANCETS | Tier 3 | Healthy Values |
| hy-vee thin lancets | Tier 3 | Healthy Values |
| IHEALTH LANCING DEVICE | Tier 3 | Healthy Values |
| IN TOUCH LANCING DEVICE | Tier 3 | Healthy Values |
| IN TOUCH STERILE LANCETS 30G | Tier 3 | Healthy Values |
| kinney lancets | Tier 3 | Healthy Values |
| kinney thin lancets | Tier 3 | Healthy Values |
| KROGER AUTOLET LANCING DEVICE | Tier 3 | Healthy Values |
| KROGER HEALTHPRO LANCET 26G | Tier 3 | Healthy Values |
| kroger lancets | Tier 3 | Healthy Values |
| kroger lancets super thin | Tier 3 | Healthy Values |
| kroger lancets thin | Tier 3 | Healthy Values |
| lancet device | Tier 3 | Healthy Values |
| lancet device with ejector | Tier 3 | Healthy Values |
| lancets | Tier 3 | Healthy Values |
| lancets 28g thin | Tier 3 | Healthy Values |
| lancets 30g | Tier 3 | Healthy Values |
| lancets 33g | Tier 3 | Healthy Values |
| lancets micro thin 33g | Tier 3 | Healthy Values |
| LANCETS SUPER THIN | Tier 3 | Healthy Values |
| lancets super thin 28g | Tier 3 | Healthy Values |
| LANCETS ULTRA THIN | Tier 3 | Healthy Values |
| lancets ultra thin 30g | Tier 3 | Healthy Values |
| lancing device | Tier 3 | Healthy Values |
| LANZO | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| leader advanced lancing device | Tier 3 | Healthy Values |
| LIBERTY MEDICAL LANCETS | Tier 3 | Healthy Values |
| lite touch lancets | Tier 3 | Healthy Values |
| LITE TOUCH LANCING PEN | Tier 3 | Healthy Values |
| LITETOUCH LANCETS | Tier 3 | Healthy Values |
| live better lancet super thin | Tier 3 | Healthy Values |
| medichoice safety lancet | Tier 3 | Healthy Values |
| medichoice safety lancet extra | Tier 3 | Healthy Values |
| medichoice safety lancet norm | Tier 3 | Healthy Values |
| MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID | Tier 3 | Healthy Values |
| MEDLANCE PLUS EXTRA 21G | Tier 3 | Healthy Values |
| MEDLANCE PLUS LITE 25G | Tier 3 | Healthy Values |
| MEDLANCE PLUS SPECIAL 0.8MM | Tier 3 | Healthy Values |
| MEDLANCE PLUS SUPERLITE 30G | Tier 3 | Healthy Values |
| MEDLANCE PLUS UNIVERSAL 21G | Tier 3 | Healthy Values |
| MEIJER LANCETS | Tier 3 | Healthy Values |
| MEIJER LANCETS UNIVERSAL 21G | Tier 3 | Healthy Values |
| MEIJER LANCETS UNIVERSAL 30G | Tier 3 | Healthy Values |
| MEIJER LANCETS UNIVERSAL 33G | Tier 3 | Healthy Values |
| MICROLET LANCETS | Tier 3 | Healthy Values |
| MICROLET NEXT LANCETS | Tier 3 | Healthy Values |
| MICROLET NEXT LANCING DEVICE | Tier 3 | Healthy Values |
| mini lancing device | Tier 3 | Healthy Values |
| MM LANCING DEVICE | Tier 3 | Healthy Values |
| MM TWIST LANCETS | Tier 3 | Healthy Values |
| mobile lancets 30g | Tier 3 | Healthy Values |
| MONOLET LANCETS | Tier 3 | Healthy Values |
| MONOLET OPD LANCETS | Tier 3 | Healthy Values |
| MONOLETTOR SAFETY LANCETS | Tier 3 | Healthy Values |
| multi-lancet device | Tier 3 | Healthy Values |
| MULTI-LANCET DEVICE 2 KIT | Tier 3 | Healthy Values |
| MYGLUCOHEALTH LANCETS 30G | Tier 3 | Healthy Values |
| NOVA SAFETY LANCETS 23G | Tier 3 | Healthy Values |
| NOVA SAFETY LANCETS 28G | Tier 3 | Healthy Values |
| NOVA SUREFLEX LANCETS | Tier 3 | Healthy Values |
| NOVA SUREFLEX LANCING DEVICE | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| ONETOUCH DELICA PLUS LANCET30G | Tier 3 | Healthy Values |
| ONETOUCH DELICA PLUS LANCET33G | Tier 3 | Healthy Values |
| ONETOUCH DELICA PLUS LANCING | Tier 3 | Healthy Values |
| ONETOUCH DELICA SAFETY LANCING | Tier 3 | Healthy Values |
| ONETOUCH ULTRA 2 KIT W/DEVICE | Tier 3 | Healthy Values |
| ONETOUCH ULTRA CONTROL IN VITRO LIQUID | Tier 3 | Healthy Values |
| ONETOUCH ULTRASOFT 2 LANCETS | Tier 3 | Healthy Values |
| ONETOUCH VERIO FLEX SYSTEM DEVICE | Tier 3 | Healthy Values |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | Tier 3 | Healthy Values |
| ONETOUCH VERIO LIQUID IN VITRO | Tier 3 | Healthy Values |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | Tier 3 | Healthy Values |
| PERFECT LANCETS 28G | Tier 3 | Healthy Values |
| PERFECT LANCETS 30G | Tier 3 | Healthy Values |
| PERFECT POINT SAFETY LANCETS | Tier 3 | Healthy Values |
| PHARMACIST CHOICE LANCETS | Tier 3 | Healthy Values |
| pip lancets 28g | Tier 3 | Healthy Values |
| pip lancets 30g | Tier 3 | Healthy Values |
| PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID | Tier 3 | Healthy Values |
| pro comfort lancets 30g | Tier 3 | Healthy Values |
| pro comfort lancets 31g | Tier 3 | Healthy Values |
| pro comfort safety lancets 30g | Tier 3 | Healthy Values |
| PRODIGY LANCETS 28G | Tier 3 | Healthy Values |
| PRODIGY LANCING DEVICE | Tier 3 | Healthy Values |
| PRODIGY SAFETY LANCETS 26G | Tier 3 | Healthy Values |
| PRODIGY TWIST TOP LANCETS 28G | Tier 3 | Healthy Values |
| pure comfort lancets 30g | Tier 3 | Healthy Values |
| pure comfort safety lancet 30g | Tier 3 | Healthy Values |
| px advanced lancing device | Tier 3 | Healthy Values |
| px lancets microthin 33g | Tier 3 | Healthy Values |
| px lancets ultra thin 28g | Tier 3 | Healthy Values |
| qc advanced lancing device | Tier 3 | Healthy Values |
| qc lancets super thin 30g | Tier 3 | Healthy Values |
| qc lancets ultra thin | Tier 3 | Healthy Values |
| qc unilet lancets 28g | Tier 3 | Healthy Values |
| qc unilet lancets micro thin | Tier 3 | Healthy Values |
| READYLANCE SAFETY LANCETS | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| reality lancets | Tier 3 | Healthy Values |
| reality trigger lancets | Tier 3 | Healthy Values |
| RELION LANCET DEVICES 30G | Tier 3 | Healthy Values |
| RELION LANCETS | Tier 3 | Healthy Values |
| RELION LANCETS MICRO-THIN 33G | Tier 3 | Healthy Values |
| RELION LANCETS THIN 26G | Tier 3 | Healthy Values |
| RELION LANCETS ULTRA-THIN 30G | Tier 3 | Healthy Values |
| RELION LANCING DEVICE | Tier 3 | Healthy Values |
| RELION ULTRA THIN LANCETS 30G | Tier 3 | Healthy Values |
| RIGHTEST ALTERNATE SITE ADAPT | Tier 3 | Healthy Values |
| RIGHTEST GD500 LANCING DEVICE | Tier 3 | Healthy Values |
| RIGHTEST GL300 LANCETS | Tier 3 | Healthy Values |
| safety lancet 30g/pressure act | Tier 3 | Healthy Values |
| SAFETY LANCETS | Tier 3 | Healthy Values |
| SAFETY LANCETS 21G | Tier 3 | Healthy Values |
| SAFETY LANCETS 23G | Tier 3 | Healthy Values |
| safety lancets 28g | Tier 3 | Healthy Values |
| saps health plus lancets | Tier 3 | Healthy Values |
| saps health twist top lancets | Tier 3 | Healthy Values |
| saps twist top lancets | Tier 3 | Healthy Values |
| sapscare twist top lancets | Tier 3 | Healthy Values |
| sb lancets thin | Tier 3 | Healthy Values |
| sb lancets ultra thin | Tier 3 | Healthy Values |
| select-lite device/lancets kit | Tier 3 | Healthy Values |
| select-lite lancing device | Tier 3 | Healthy Values |
| SENSILANCE SAFETY LANCETS 21G | Tier 3 | Healthy Values |
| SENSILANCE SAFETY LANCETS 26G | Tier 3 | Healthy Values |
| SENSILANCE SAFETY LANCETS 28G | Tier 3 | Healthy Values |
| SIMPLE DIAGNOSTICS LANCING DEV | Tier 3 | Healthy Values |
| SINGLE-LET | Tier 3 | Healthy Values |
| SMART DIABETES VANTAGE LANCING | Tier 3 | Healthy Values |
| SMARTEST LANCETS 28G | Tier 3 | Healthy Values |
| SOLUS V2 LANCETS 28G | Tier 3 | Healthy Values |
| SOLUS V2 LANCING DEVICE | Tier 3 | Healthy Values |
| SOLUS V2 TWIST LANCETS 30G | Tier 3 | Healthy Values |
| STERILANCE TL | Tier 3 | Healthy Values |
| super thin lancets | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| sure comfort lancets 18g | Tier 3 | Healthy Values |
| sure comfort lancets 21g | Tier 3 | Healthy Values |
| sure comfort lancets 23g | Tier 3 | Healthy Values |
| sure comfort lancets 28g | Tier 3 | Healthy Values |
| sure comfort lancets 30g | Tier 3 | Healthy Values |
| sure comfort lancing pen | Tier 3 | Healthy Values |
| SURELITE LANCETS | Tier 3 | Healthy Values |
| TECHLITE AST LANCETS | Tier 3 | Healthy Values |
| TECHLITE LANCETS | Tier 3 | Healthy Values |
| TECHLITE LANCETS 26G | Tier 3 | Healthy Values |
| todays health lancing device | Tier 3 | Healthy Values |
| todays health thin lancets 28g | Tier 3 | Healthy Values |
| todays health thin lancets 30g | Tier 3 | Healthy Values |
| TRAVEL LANCETS ADVANCED 28G | Tier 3 | Healthy Values |
| true comfort safety lancets | Tier 3 | Healthy Values |
| true comfort twist top lancets | Tier 3 | Healthy Values |
| TRUEDRAW LANCING DEVICE | Tier 3 | Healthy Values |
| TRUEPLUS LANCETS 26G | Tier 3 | Healthy Values |
| TRUEPLUS LANCETS 28G | Tier 3 | Healthy Values |
| TRUEPLUS LANCETS 30G | Tier 3 | Healthy Values |
| TRUEPLUS LANCETS 33G | Tier 3 | Healthy Values |
| TRUEPLUS SAFETY LANCETS 28G | Tier 3 | Healthy Values |
| twist top lancets 30g | Tier 3 | Healthy Values |
| ULTI-LANCE AUTOMATIC | Tier 3 | Healthy Values |
| ULTILET CLASSIC LANCETS | Tier 3 | Healthy Values |
| ULTILET LANCETS | Tier 3 | Healthy Values |
| ULTILET SAFETY LANCETS | Tier 3 | Healthy Values |
| ULTILET SAFETY LANCETS 23G | Tier 3 | Healthy Values |
| ultra thin lancets 31g | Tier 3 | Healthy Values |
| ultra-care lancets 30g | Tier 3 | Healthy Values |
| ultra-care safety lancets 30g | Tier 3 | Healthy Values |
| ULTRA-THIN II AUTO LANCET | Tier 3 | Healthy Values |
| ULTRA-THIN II LANCETS | Tier 3 | Healthy Values |
| UNILET COMFORTOUCH LANCET | Tier 3 | Healthy Values |
| UNILET EXCELITE | Tier 3 | Healthy Values |
| UNILET EXCELITE II | Tier 3 | Healthy Values |
| UNILET G.P. LANCET | Tier 3 | Healthy Values |

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

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| Drug Name | Tier | Notes |
|---|---|---|
| VIVAGUARD LANCETS | Tier 3 | Healthy Values |
| VIVAGUARD LANCETS 30G | Tier 3 | Healthy Values |
| VIVAGUARD LANCING DEVICE | Tier 3 | Healthy Values |
| VIVAGUARD SAFETY LANCETS 28G | Tier 3 | Healthy Values |
| zevrx twist top lancets 30g | Tier 3 | Healthy Values |
| ***Insulin Administration Supplies*** - Medical Supplies And Durable Medical Equipment** | | |
| ILET CONTACT DETACH 23" 6MM | Tier 3 | |
| ILET INFUSION-FLEX 23" 6MM | Tier 3 | |
| ILET INFUSION-INSET 23" 6MM | Tier 3 | |
| ILET INFUSION-INSET 32" 6MM | Tier 3 | |
| ilet insulin pump device | Tier 3 | |
| ILET STARTER - CONTACT DETACH | Tier 3 | |
| ILET STARTER KIT - INSET 23" | Tier 3 | |
| ILET STARTER KIT - INSET 32" | Tier 3 | |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | Tier 3 | Healthy Values |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | Tier 3 | Healthy Values |
| OMNIPOD 5 LIBRE INTRO KIT | Tier 3 | Healthy Values |
| OMNIPOD 5 LIBRE PODS | Tier 3 | Healthy Values; Quantity Limit (30 per 30 days) |
| OMNIPOD DASH INTRO (GEN 4) KIT | Tier 3 | Healthy Values |
| OMNIPOD DASH PDM (GEN 4) KIT | Tier 3 | Healthy Values |
| OMNIPOD DASH PODS (GEN 4) | Tier 3 | Healthy Values |
| TWIIST REFILL KIT KIT | Tier 3 | Healthy Values |
| TWIIST REFILL KIT/INFUSION SET KIT | Tier 3 | Healthy Values |
| TWIIST STARTER KIT KIT | Tier 3 | Healthy Values |
| ***Needles & Syringes*** - Medical Supplies And Durable Medical Equipment** | | |
| 1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm | Tier 3 | Healthy Values |
| 1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm | Tier 3 | Healthy Values |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM | Tier 3 | Healthy Values |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| aqinject pen needle 31g x 5 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM | Tier 3 | Healthy Values |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM | Tier 3 | Healthy Values |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | Tier 3 | Healthy Values |
| aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm | Tier 3 | Healthy Values |
| aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm | Tier 3 | Healthy Values |
| aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm | Tier 3 | Healthy Values |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM | Tier 3 | Healthy Values |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM | Tier 3 | Healthy Values |
| aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM , 30G X 8 MM | Tier 3 | ACA Drug; Healthy Values |
| BARDIA BULB IRRIGATION SYRINGE 60 ML | Tier 3 | |
| BARDIA PISTON IRRIGATION SYR 60 ML | Tier 3 | |
| BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML | Tier 3 | |
| BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML, 27G X 3/8" 0.5 ML, 27G X 3/8" 1 ML, 28G X 1/2" 1 ML | Tier 3 | |
| BD AUTOSHIELD DUO 30G X 5 MM | Tier 3 | Healthy Values |
| BD BLUNT FILL NEEDLE 18G X 1" | Tier 3 | |
| BD BLUNT FILL NEEDLE W/FILTER 18G X 1-1/2" | Tier 3 | Healthy Values |
| BD CONTROL SYRING LUER-LOK 10 ML | Tier 3 | |
| BD DISP NEEDLE 23G X 1" , 25G X 1" , 30G X 1" | Tier 3 | |
| BD DISP NEEDLES 16G X 1-1/2" | Tier 3 | |
| BD DISP NEEDLES 18G X 1-1/2" | Tier 3 | Healthy Values |
| BD DISP NEEDLES 19G X 1" | Tier 3 | |
| BD DISP NEEDLES 20G X 1" | Tier 3 | |
| BD DISP NEEDLES 20G X 1-1/2" | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| BD DISP NEEDLES 21G X 1-1/2" | Tier 3 | Healthy Values |
| BD DISP NEEDLES 22G X 1-1/2" | Tier 3 | Healthy Values |
| BD DISP NEEDLES 25G X 5/8" | Tier 3 | |
| BD DISP NEEDLES 25G X 7/8" | Tier 3 | |
| BD DISP NEEDLES 27G X 1/2" | Tier 3 | Healthy Values |
| BD DISP NEEDLES 30G X 1/2" | Tier 3 | Healthy Values |
| BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" | Tier 3 | Healthy Values |
| BD ECLIPSE NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| BD ECLIPSE NEEDLE 21G X 1" | Tier 3 | |
| BD ECLIPSE NEEDLE 21G X 1-1/2" | Tier 3 | Healthy Values |
| BD ECLIPSE NEEDLE 23G X 1" (OTC) | Tier 3 | |
| BD ECLIPSE NEEDLE 23G X 1" (RX) | Tier 3 | |
| BD ECLIPSE NEEDLE 25G X 1-1/2" | Tier 3 | Healthy Values |
| BD ECLIPSE NEEDLE 25G X 5/8" | Tier 3 | |
| BD ECLIPSE NEEDLE 27G X 1/2" | Tier 3 | Healthy Values |
| BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| BD ECLIPSE SYRINGE 21G X 1" 3 ML, 25G X 1" 3 ML, 27G X 1/2" 1 ML, 30G X 1/2" 1 ML | Tier 3 | |
| BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| BD FILTER NEEDLE 18G X 1-1/2" | Tier 3 | |
| BD HYPODERMIC NEEDLE 16G X 1" | Tier 3 | |
| BD HYPODERMIC NEEDLE 18G X 1" | Tier 3 | |
| BD HYPODERMIC NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| BD HYPODERMIC NEEDLE 19G X 1" | Tier 3 | |
| BD HYPODERMIC NEEDLE 19G X 1-1/2" | Tier 3 | |
| BD HYPODERMIC NEEDLE 21G X 1" | Tier 3 | |
| BD HYPODERMIC NEEDLE 21G X 2" | Tier 3 | |
| BD HYPODERMIC NEEDLE 22G X 1" | Tier 3 | |
| BD HYPODERMIC NEEDLE 22G X 1-1/2" | Tier 3 | Healthy Values |
| BD HYPODERMIC NEEDLE 23G X 1" | Tier 3 | |
| BD HYPODERMIC NEEDLE 23G X 3/4" | Tier 3 | |
| BD HYPODERMIC NEEDLE 25G X 1-1/2" | Tier 3 | Healthy Values |
| BD HYPODERMIC NEEDLE 26G X 1/2" | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML | Tier 3 | Healthy Values |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| BD INTEGRA NEEDLE 23G X 1" | Tier 3 | |
| BD INTEGRA SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML | Tier 3 | |
| BD LUER-LOK SYRINGE 10 ML , 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML | Tier 3 | |
| BD NOKOR ADMIX NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM | Tier 3 | Healthy Values |
| BD PEN NEEDLE MINI U/F 31G X 5 MM | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM | Tier 3 | Healthy Values |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM | Tier 3 | Healthy Values |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM | Tier 3 | Healthy Values |
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM | Tier 3 | Healthy Values |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM | Tier 3 | Healthy Values |
| BD PLASTIPAK SYRINGE 21G X 1" 3 ML, 3 ML | Tier 3 | |
| BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" | Tier 3 | Healthy Values |
| BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" | Tier 3 | |
| BD PRECISIONGLIDE NEEDLE 27G X 3/8" | Tier 3 | |
| BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML | Tier 3 | |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| BD SAFETYGLIDE NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| BD SAFETYGLIDE NEEDLE 21G X 1" | Tier 3 | |
| BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML | Tier 3 | |
| BD SAFETYGLIDE NEEDLE 23G X 1-1/2" | Tier 3 | Healthy Values |
| BD SAFETYGLIDE NEEDLE 25G X 1" | Tier 3 | |
| BD SAFETYGLIDE NEEDLE 25G X 5/8" | Tier 3 | |
| BD SAFETYGLIDE NEEDLE 27G X 5/8" | Tier 3 | |
| BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" | Tier 3 | Healthy Values |
| BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" | Tier 3 | Healthy Values |
| BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML | Tier 3 | |
| BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" | Tier 3 | |
| BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML, 27G X 3/8" 1 ML, 27G X 5/8" 1 ML | Tier 3 | |
| BD SYRINGE 50 ML | Tier 3 | |
| BD SYRINGE BLUNT CANNULA 17G 10 ML | Tier 3 | |
| BD SYRINGE DISPOSABLE 50 ML | Tier 3 | |
| BD SYRINGE DUAL CANNULA 10 ML | Tier 3 | |
| BD SYRINGE LUER SLIP TIP 20 ML , 5 ML , 50 ML | Tier 3 | |
| BD SYRINGE LUER-LOK 1 ML , 10 ML , 20 ML , 3 ML , 30 ML , 5 ML | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| BD SYRINGE SLIP TIP 1 ML , 10 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 26G X 5/8" 1 ML, 3 ML | Tier 3 | |
| BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML | Tier 3 | |
| BD TB SYRINGE 21G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 3/8" 1 ML | Tier 3 | |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML | Tier 3 | Healthy Values |
| 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 3 | Healthy Values |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 3 | Healthy Values |
| CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm | Tier 3 | Healthy Values |
| carepoint poly hub needle 18g x 1" | Tier 3 | |
| carepoint poly hub needle 18g x 1-1/2" | Tier 3 | Healthy Values |
| carepoint poly hub needle 20g x 1" | Tier 3 | |
| carepoint poly hub needle 21g x 1" | Tier 3 | |
| carepoint poly hub needle 21g x 1-1/2" | Tier 3 | Healthy Values |
| carepoint poly hub needle 22g x 1" | Tier 3 | |
| carepoint poly hub needle 22g x 1-1/2" | Tier 3 | Healthy Values |
| carepoint poly hub needle 23g x 1" | Tier 3 | |
| carepoint poly hub needle 23g x 1-1/2" | Tier 3 | Healthy Values |
| carepoint poly hub needle 25g x 1" | Tier 3 | |
| carepoint poly hub needle 25g x 1-1/2" | Tier 3 | Healthy Values |
| carepoint poly hub needle 25g x 5/8" | Tier 3 | |
| carepoint poly hub needle 27g x 1/2" | Tier 3 | Healthy Values |
| carepoint poly hub needle 30g x 1/2" | Tier 3 | Healthy Values |
| CAREPOINT PRECISION POLY HUB 23G X 1" | Tier 3 | |
| carepoint precision poly hub 25g x 5/8" | Tier 3 | |
| carepoint safety 1st needle 23g x 1" | Tier 3 | |
| carepoint safety 1st needle 23g x 1-1/2" | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| carepoint safety 1st needle 25g x 1" | Tier 3 | |
| carepoint safety 1st needle 25g x 1-1/2" | Tier 3 | Healthy Values |
| carepoint safety 1st needle 25g x 5/8" | Tier 3 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| carepoint syringe catheter tip 60 ml | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 1 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 10 ML | Tier 3 | |
| carepoint syringe luer lock 20 ml | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 25G X 1-1/2" 3 ML | Tier 3 | |
| carepoint syringe luer lock 3 ml | Tier 3 | |
| carepoint syringe luer lock 30 ml | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 5 ML | Tier 3 | |
| CAREPOINT SYRINGE LUER LOCK 60 ML | Tier 3 | |
| carepoint syringe luer slip 1 ml , 60 ml | Tier 3 | |
| carepoint tubercln syr/luer sl 25g x 5/8" 1 ml | Tier 3 | |
| caretouch catheter tip syringe 60 ml | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| CARETOUCH HYPODERMIC NEEDLE 20G X 1" | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE 22G X 1" | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE 23G X 1" | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" | Tier 3 | Healthy Values |
| CARETOUCH HYPODERMIC NEEDLE 25G X 1" | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE 25G X 1-1/2" | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE 26G X 1" | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" | Tier 3 | |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| CARETOUCH LUER LOCK 1 ML , 10 ML , 23G X 1" 3 ML, 3 ML , 5 ML | Tier 3 | |
| CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| CARETOUCH LUER SLIP 1 ML , 10 ML , 3 ML , 5 ML | Tier 3 | |
| CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM | Tier 3 | Healthy Values |
| CLEVER CHOICE COMFORT EZ 29G X 12MM | Tier 3 | Healthy Values |
| CLEVER CHOICE COMFORT EZ 33G X 4 MM | Tier 3 | Healthy Values |
| COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM | Tier 3 | Healthy Values |
| COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | Tier 3 | Healthy Values |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM | Tier 3 | Healthy Values |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM | Tier 3 | Healthy Values |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | Tier 3 | Healthy Values |
| crono syringe 19g x 1-1/2" 10 ml, 19g x 1-1/2" 20 ml | Tier 3 | |
| DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| DROPLET MICRON 34G X 3.5 MM | Tier 3 | Healthy Values |
| DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM | Tier 3 | Healthy Values |
| DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 5 MM , 31G X 8 MM | Tier 3 | Healthy Values |
| dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| DROPSAFE SICURA 25G X 1" , 25G X 5/8" | Tier 3 | |
| drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| drug mart unifine pentips plus 32g x 4 mm | Tier 3 | Healthy Values |
| easy comfort insulin syringe 29g x 5/16" 0.5 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 29g x 5/16" 1 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 30g x 1/2" 0.5 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 30g x 1/2" 1 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 30g x 5/16" 0.5 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 30g x 5/16" 1 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 31g x 1/2" 0.3 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 31g x 5/16" 0.3 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 31g x 5/16" 0.5 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| easy comfort insulin syringe 32g x 5/16" 0.5 ml | Tier 3 | Healthy Values |
| EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | Tier 3 | Healthy Values |
| easy comfort pen needles 29g x 4mm , 29g x 5mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm | Tier 3 | Healthy Values |
| easy glide cath tip syringe 60 ml | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| EASY GLIDE LUER LOCK SYRINGE 1 ML , 10 ML , 20 ML , 3 ML , 30 ML , 5 ML , 60 ML | Tier 3 | |
| easy glide pen needles 33g x 4 mm | Tier 3 | Healthy Values |
| easy glide slip lock syringe 1 ml | Tier 3 | |
| EASY TOUCH ALLERGY SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML | Tier 3 | |
| EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 18G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 18G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 19G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 19G X 1-1/2" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 20G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 20G X 1-1/2" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 21G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 21G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 22G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 22G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 22G X 3/4" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 23G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 23G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 23G X 5/8" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 25G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 25G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 26G X 1/2" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 27G X 1" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 27G X 1/2" | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 28G X 1/2" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 29G X 1/2" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 30G X 1/2" | Tier 3 | Healthy Values |
| EASY TOUCH FLIPLOCK NEEDLES 30G X 5/16" | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLES 31G X 5/16" | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML, 18G X 1" 3 ML, 18G X 1" 5 ML, 18G X 1-1/2" 3 ML, 18G X 1.5" 10 ML, 19G X 1" 3 ML, 19G X 1.5" 3 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 1 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML, 25G X 5/8" 5 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML | Tier 3 | |
| EASY TOUCH FLURINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML | Tier 3 | |
| EASY TOUCH FLURINGE FLIPLOCK 25G X 1" 1 ML | Tier 3 | |
| EASY TOUCH FLURINGE SHEATHLOCK 25G X 1" 1 ML, 25G X 5/8" 1 ML | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 18G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH HYPODERMIC NEEDLE 19G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 20G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 21G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH HYPODERMIC NEEDLE 22G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" | Tier 3 | Healthy Values |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 24G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 25G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" | Tier 3 | Healthy Values |
| EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 30G X 1" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" | Tier 3 | Healthy Values |
| EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" | Tier 3 | |
| EASY TOUCH INSULIN BARRELS U-100 1 ML | Tier 3 | Healthy Values |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML | Tier 3 | Healthy Values |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM | Tier 3 | Healthy Values |
| EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 10 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 21G X 1-1/2" 5 ML | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| EASY TOUCH SHEATHLOCK SYRINGE 22G X 1" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 10 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 22G X 1-1/2" 5 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 10 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 5 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 25G X 5/8" 3 ML | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML | Tier 3 | Healthy Values |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML | Tier 3 | Healthy Values |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML | Tier 3 | Healthy Values |
| EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| EASY TOUCH SYRINGE BARREL 1 ML , 10 ML , 20 ML , 3 ML , 5 ML , 60 ML | Tier 3 | |
| EASY TOUCH TB FLIPLOCK SYRINGE 26G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML | Tier 3 | |
| EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML, 26G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML | Tier 3 | |
| EASYPOINT NEEDLE 18G X 1" | Tier 3 | |
| EASYPOINT NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| EASYPOINT NEEDLE 20G X 1" | Tier 3 | |
| EASYPOINT NEEDLE 20G X 1-1/2" | Tier 3 | |
| EASYPOINT NEEDLE 21G X 1" | Tier 3 | |
| EASYPOINT NEEDLE 21G X 1-1/2" | Tier 3 | Healthy Values |
| EASYPOINT NEEDLE 22G X 1" | Tier 3 | |
| EASYPOINT NEEDLE 22G X 1-1/2" | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| EASYPOINT NEEDLE 23G X 1" (OTC) | Tier 3 | |
| EASYPOINT NEEDLE 23G X 1" (RX) | Tier 3 | |
| EASYPOINT NEEDLE 25G X 1" (OTC) | Tier 3 | |
| EASYPOINT NEEDLE 25G X 1" (RX) | Tier 3 | |
| EASYPOINT NEEDLE 25G X 1-1/2" | Tier 3 | Healthy Values |
| EASYPOINT NEEDLE 25G X 5/8" (OTC) | Tier 3 | |
| EASYPOINT NEEDLE 25G X 5/8" (RX) | Tier 3 | |
| EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML, 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM | Tier 3 | Healthy Values |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML | Tier 3 | Healthy Values |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | Tier 3 | Healthy Values |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM | Tier 3 | Healthy Values |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM | Tier 3 | Healthy Values |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| flow-eze vented needle | Tier 3 | |
| global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml | Tier 3 | Healthy Values |
| global easy glide pen needles 32g x 4 mm | Tier 3 | Healthy Values |
| global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml | Tier 3 | Healthy Values |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| gnp insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml | Tier 3 | Healthy Values |
| gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml | Tier 3 | Healthy Values |
| gnp insulin syringes 30g x 5/16" 1 ml | Tier 3 | Healthy Values |
| gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml | Tier 3 | Healthy Values |
| gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml | Tier 3 | Healthy Values |
| gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm | Tier 3 | Healthy Values |
| gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm | Tier 3 | Healthy Values |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| gnp ultra com insulin syringe 28g x 1/2" 1 ml | Tier 3 | Healthy Values |
| healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| healthwise micron pen needles 32g x 4 mm | Tier 3 | Healthy Values |
| healthwise short pen needles 31g x 5 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | Tier 3 | Healthy Values |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM | Tier 3 | Healthy Values |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM | Tier 3 | Healthy Values |
| hypodermic needle 18g x 1" | Tier 3 | |
| hypodermic needle 18g x 1-1/2" | Tier 3 | Healthy Values |
| hypodermic needle 20g x 1" | Tier 3 | |
| hypodermic needle 20g x 1-1/2" | Tier 3 | |
| hypodermic needle 21g x 1" | Tier 3 | |
| hypodermic needle 21g x 1-1/2" | Tier 3 | Healthy Values |
| hypodermic needle 22g x 1" | Tier 3 | |
| hypodermic needle 22g x 1-1/2" | Tier 3 | Healthy Values |
| hypodermic needle 23g x 1" | Tier 3 | |
| hypodermic needle 23g x 1-1/2" | Tier 3 | Healthy Values |
| hypodermic needle 25g x 1-1/2" | Tier 3 | Healthy Values |
| hypodermic needle 25g x 5/8" | Tier 3 | |
| hypodermic needle 26g x 1/2" | Tier 3 | |
| hypodermic needle 27g x 1/2" | Tier 3 | Healthy Values |
| hypodermic needle 27g x 1-1/2" | Tier 3 | |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| INSUPEN32G EXTR3ME 32G X 6 MM | Tier 3 | Healthy Values |
| kinray insulin syringe 29g x 1/2" 0.5 ml | Tier 3 | Healthy Values |
| kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm | Tier 3 | Healthy Values |
| LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 3 ML | Tier 3 | |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 3 | Healthy Values |
| MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML | Tier 3 | |
| MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML | Tier 3 | |
| MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM | Tier 3 | Healthy Values |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 3 | Healthy Values |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM | Tier 3 | Healthy Values |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML | Tier 3 | Healthy Values |
| medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml | Tier 3 | Healthy Values |
| medicine shoppe pen needles 29g x 12mm , 31g x 8 mm | Tier 3 | Healthy Values |
| meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 3 | |
| MONOJECT BLUNTIP CANNULA 20G X 1-1/2" , 21G X 1" | Tier 3 | |
| MONOJECT BLUNTIP SYR/CANNULA 3 ML , 6 ML | Tier 3 | |
| MONOJECT CONTROL SYRINGE 12 ML , 20 ML | Tier 3 | |
| MONOJECT FILTER NEEDLE 18G X 1-1/2" , 20G X 1-1/2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 14G X 1" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 14G X 2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 1" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 3/4" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 5/8" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 18G X 1" (RX) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" | Tier 3 | Healthy Values |
| MONOJECT HYPODERMIC NEEDLE 19G X 1" (RX) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" (RX) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 20G X 1" (RX) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" (RX) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 21G X 1" (RX) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" (RX) | Tier 3 | Healthy Values |
| MONOJECT HYPODERMIC NEEDLE 21G X 2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 22G X 1" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" | Tier 3 | Healthy Values |
| MONOJECT HYPODERMIC NEEDLE 23G X 1" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 23G X 3/4" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 1" | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2" | Tier 3 | Healthy Values |
| MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 5/8" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 26G X 1/2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 27G X 1/2" | Tier 3 | Healthy Values |
| MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLE 30G X 3/4" | Tier 3 | |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML, U-100 1 ML | Tier 3 | Healthy Values |
| MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" | Tier 3 | |
| MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML, 18G X 1" 3 ML | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 18G X 1" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" | Tier 3 | Healthy Values |
| MONOJECT MAGELLAN SAFETY NDL 19G X 1" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 20G X 1" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 21G X 1" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" | Tier 3 | Healthy Values |
| MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 22G X 1" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" | Tier 3 | Healthy Values |
| MONOJECT MAGELLAN SAFETY NDL 23G X 1" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 25G X 1" | Tier 3 | |
| MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML | Tier 3 | |
| MONOJECT MEDICATION TRANSF NDL | Tier 3 | |
| MONOJECT PHARMACY TRAY 1 ML , 12 ML , 20 ML , 3 ML , 35 ML , 6 ML , 60 ML | Tier 3 | |
| MONOJECT PISTON SYRINGE 140 ML | Tier 3 | |
| MONOJECT SOFTPACK/CATHTIP 35 ML | Tier 3 | |
| MONOJECT SOFTPACK/LLOCK 20 ML , 35 ML , 60 ML | Tier 3 | |
| MONOJECT SOFTPACK/LTIP 20 ML | Tier 3 | |
| MONOJECT SOFTPACK/RG LOCK 35 ML | Tier 3 | |
| MONOJECT SOFTPACK/RG LUER 60 ML | Tier 3 | |
| MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 27G X 1/2" 1 ML, 3 ML , 6 ML | Tier 3 | |
| MONOJECT SYRINGE CATH TIP 35 ML , 60 ML | Tier 3 | |
| MONOJECT SYRINGE ECC LUER 20 ML , 35 ML | Tier 3 | |
| MONOJECT SYRINGE ECCENTRIC TIP 60 ML | Tier 3 | |
| MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML | Tier 3 | |
| MONOJECT SYRINGE LUER-LOCK TIP 140 ML , 3 ML , 60 ML | Tier 3 | |
| MONOJECT SYRINGE PHARMACY TRAY 1 ML | Tier 3 | |
| MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML | Tier 3 | |
| MONOJECT SYRINGE REGULAR TIP 20 ML , 3 ML , 6 ML , 60 ML | Tier 3 | |
| MONOJECT SYRINGE TOOMEY TYPE 60 ML | Tier 3 | |
| MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | Tier 3 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 3 | Healthy Values |
| NOKOR VENTED NEEDLE 18G X 1" | Tier 3 | |
| NORM-JECT LUER LOCK SYRINGE 10 ML , 20 ML | Tier 3 | |
| NORM-JECT LUER SLIP SYRINGE 1 ML | Tier 3 | |
| NOVOFINE PEN NEEDLE 32G X 6 MM | Tier 3 | Healthy Values |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | Tier 3 | Healthy Values |
| NOVOPEN ECHO DEVICE | Tier 3 | |
| pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| pen needle/5-bevel tip 31g x 8 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm | Tier 3 | Healthy Values |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| PERFECT POINT SAFETY NEEDLE 25G X 1" | Tier 3 | |
| pip pen needles 31g x 5mm | Tier 3 | Healthy Values |
| pip pen needles 32g x 4mm | Tier 3 | Healthy Values |
| poly hub needle 18g x 1" | Tier 3 | |
| poly hub needle 18g x 1-1/2" | Tier 3 | Healthy Values |
| poly hub needle 21g x 1" | Tier 3 | |
| poly hub needle 21g x 1-1/2" | Tier 3 | Healthy Values |
| poly hub needle 22g x 1" | Tier 3 | |
| poly hub needle 22g x 1-1/2" | Tier 3 | Healthy Values |
| poly hub needle 23g x 1" | Tier 3 | |
| poly hub needle 23g x 1-1/2" | Tier 3 | Healthy Values |
| poly hub needle 25g x 1" | Tier 3 | |
| poly hub needle 25g x 1-1/2" | Tier 3 | Healthy Values |
| poly hub needle 25g x 5/8" | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| poly hub needle 27g x 1/2" | Tier 3 | Healthy Values |
| poly hub needle 27g x 1-1/4" | Tier 3 | |
| poly hub needle 30g x 1/2" | Tier 3 | Healthy Values |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| preferred plus unifine pentips 29g x 12mm | Tier 3 | Healthy Values |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM | Tier 3 | Healthy Values |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM | Tier 3 | Healthy Values |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm | Tier 3 | Healthy Values |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | Tier 3 | Healthy Values |
| pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm | Tier 3 | Healthy Values |
| pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| px insulin syringe 30g x 1/2" 0.5 ml | Tier 3 | Healthy Values |
| px mini pen needles 31g x 5 mm | Tier 3 | Healthy Values |
| qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| qc unifine pentips 32g x 4 mm | Tier 3 | Healthy Values |
| QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | Tier 3 | Healthy Values |
| raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm | Tier 3 | Healthy Values |
| reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml | Tier 3 | Healthy Values |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| safety pen needles 30g x 5 mm , 30g x 8 mm | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| SECURESAFE HYPODERMIC NEEDLE 22G X 1" | Tier 3 | |
| SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" | Tier 3 | Healthy Values |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 3 | Healthy Values |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM | Tier 3 | Healthy Values |
| SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| SOL-M SYRINGE LUER LOCK 1 ML | Tier 3 | |
| sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm | Tier 3 | Healthy Values |
| syringe disposable 10 ml | Tier 3 | |
| syringe eccentric tip 10 ml | Tier 3 | |
| syringe luer lock 10 ml , 20 ml , 20g x 1" 10 ml, 20g x 1" 3 ml, 20g x 1" 5 ml, 20g x 1-1/2" 10 ml, 20g x 1-1/2" 3 ml, 20g x 1-1/2" 5 ml, 21g x 1" 10 ml, 21g x 1" 3 ml, 21g x 1" 5 ml, 21g x 1-1/2" 3 ml, 21g x 1-1/2" 5 ml, 22g x 1" 10 ml, 22g x 1" 3 ml, 22g x 1-1/2" 10 ml, 22g x 1-1/2" 3 ml, 22g x 1-1/2" 5 ml, 23g x 1" 3 ml, 23g x 1-1/2" 3 ml, 25g x 1" 3 ml, 25g x 1-1/2" 3 ml, 25g x 5/8" 3 ml, 3 ml , 30 ml , 5 ml , 60 ml | Tier 3 | |
| syringe luer slip 1 ml , 10 ml , 25g x 5/8" 1 ml, 26g x 3/8" 1 ml, 27g x 1/2" 1 ml, 3 ml , 35 ml , 5 ml , 60 ml | Tier 3 | |
| syringe/hypodermic safety 18g x 1" 12 ml | Tier 3 | |
| techlite insulin syringe 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 3 | Healthy Values |
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM | Tier 3 | Healthy Values |
| THE EPINEPHRINE SYRINGE 1 ML | Tier 3 | |
| todays health pen needles 29g x 12mm | Tier 3 | Healthy Values |
| todays health short pen needle 31g x 8 mm | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| toomey syringe 70 ml | Tier 3 | |
| TOPFINE INSULIN PEN NEEDLE 32G X 4 MM | Tier 3 | Healthy Values |
| true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml | Tier 3 | Healthy Values |
| true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml | Tier 3 | Healthy Values |
| true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm | Tier 3 | Healthy Values |
| true comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 3 | Healthy Values |
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML | Tier 3 | Healthy Values |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | Tier 3 | Healthy Values |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM | Tier 3 | Healthy Values |
| ULTICARE SYRINGE 22G X 1-1/2" 1 ML, 22G X 1-1/2" 3 ML | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 1 ML | Tier 3 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | Tier 3 | Healthy Values |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML | Tier 3 | Healthy Values |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| ULTRA THIN PEN NEEDLES 32G X 4 MM | Tier 3 | Healthy Values |
| ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | Healthy Values |
| ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm | Tier 3 | Healthy Values |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | Tier 3 | Healthy Values |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM | Tier 3 | Healthy Values |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM | Tier 3 | Healthy Values |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM | Tier 3 | Healthy Values |
| UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM | Tier 3 | Healthy Values |

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| Drug Name | Tier | Notes |
|---|---|---|
| UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | Tier 3 | Healthy Values |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM | Tier 3 | Healthy Values |
| UNIFINE ULTRA PEN NEEDLE 31G X 6 MM | Tier 3 | Healthy Values |
| UNIFINE ULTRA PEN NEEDLE 31G X 8 MM | Tier 3 | Healthy Values |
| UNIFINE ULTRA PEN NEEDLE 32G X 4 MM | Tier 3 | Healthy Values |
| VANISHPOINT ALLERGY TRAY KIT 27G X 1/2" 1 ML | Tier 3 | |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Tier 3 | Healthy Values |
| VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| VANISHPOINT SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML | Tier 3 | |
| VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML | Tier 3 | |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | Tier 3 | Healthy Values |
| VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | Healthy Values |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | Tier 3 | Healthy Values |
| VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML | Tier 3 | |
| VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" | Tier 3 | Healthy Values |
| VERISAFE SAFETY STERILE NEEDLE 25G X 1" | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| YALE DISP NEEDLES 21G X 1-1/4" | Tier 3 | |
| zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml | Tier 3 | Healthy Values |
| zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm | Tier 3 | Healthy Values |
| ***Spacer/Aerosol-Holding Chambers & Supplies*** - Medical Supplies And Durable Medical Equipment** | | |
| AEROCHAMBER HOLDING CHAMBER DEVICE | Tier 3 | |
| AEROCHAMBER MINI CHAMBER DEVICE | Tier 3 | |
| AEROCHAMBER MV | Tier 3 | |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE | Tier 3 | |
| AEROCHAMBER PLUS FLO-VU | Tier 3 | |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE | Tier 3 | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE | Tier 3 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | Tier 3 | |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS CHAMBR | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS/LARGE | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS/SMALL | Tier 3 | |
| AEROCHAMBER2GO ANTI-STATIC DEVICE | Tier 3 | |
| AEROVENT PLUS DEVICE | Tier 3 | |
| breathe comfort chamber/adult device | Tier 3 | |
| breathe comfort chamber/child device | Tier 3 | |
| breathe ease large device | Tier 3 | |
| breathe ease medium device | Tier 3 | |
| breathe ease small device | Tier 3 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | Tier 3 | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | Tier 3 | |
| COMPACT SPACE CHAMBER DEVICE | Tier 3 | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| COMPACT SPACE CHAMBER/MED MASK DEVICE | Tier 3 | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | Tier 3 | |
| EASIVENT | Tier 3 | |
| EASIVENT MASK LARGE | Tier 3 | |
| EASIVENT MASK MEDIUM | Tier 3 | |
| EASIVENT MASK SMALL | Tier 3 | |
| eq space chamber anti-static device | Tier 3 | |
| eq space chamber anti-static l device | Tier 3 | |
| eq space chamber anti-static m device | Tier 3 | |
| eq space chamber anti-static s device | Tier 3 | |
| FLEXICHAMBER ADULT MASK/SMALL | Tier 3 | |
| FLEXICHAMBER CHILD MASK/LARGE | Tier 3 | |
| FLEXICHAMBER CHILD MASK/SMALL | Tier 3 | |
| FLEXICHAMBER DEVICE | Tier 3 | |
| INSPIREASE | Tier 3 | |
| INSPIREASE RESERVOIR BAGS | Tier 3 | |
| MICROCHAMBER | Tier 3 | |
| MICROCHAMBER DEVICE | Tier 3 | |
| MICROSPACER | Tier 3 | |
| OPTICHAMBER DIAMOND | Tier 3 | |
| OPTICHAMBER DIAMOND DEVICE | Tier 3 | |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | Tier 3 | |
| OPTICHAMBER DIAMOND-MD MASK | Tier 3 | |
| OPTICHAMBER DIAMOND-SM MASK | Tier 3 | |
| PANDA MASK LARGE | Tier 3 | |
| PANDA MASK MEDIUM | Tier 3 | |
| PANDA MASK SMALL | Tier 3 | |
| PARI VORTEX PEDIATRIC MASK | Tier 3 | |
| PEDIATRIC PANDA MASK | Tier 3 | |
| POCKET CHAMBER DEVICE | Tier 3 | |
| POCKET SPACER DEVICE | Tier 3 | |
| pro comfort spacer adult | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| pro comfort spacer child | Tier 3 | |
| pro comfort spacer infant device | Tier 3 | |
| procare spacer/adult mask device | Tier 3 | |
| procare spacer/child mask device | Tier 3 | |
| prochamber vhc device | Tier 3 | |
| pure comfort spacer chamber device | Tier 3 | |
| RITEFLO DEVICE | Tier 3 | |
| VORTEX VALVE CHAMBER-PEDI MASK DEVICE | Tier 3 | |
| VORTEX VALVED HOLDING CHAMBER DEVICE | Tier 3 | |
| ***Migraine Products* - Drugs For The Nervous System** | | |
| ***Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** - Drugs For Migraine Headaches** | | |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | Tier 3 | Prior Authorization Required; Quantity Limit (16 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | Tier 3 | Prior Authorization Required; Quantity Limit (30 per 30 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | Tier 3 | Prior Authorization Required |
| ***Cgrp Receptor Antagonists - Monocolonal Antibodies*** - Drugs For Migraine Headaches** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 3 | Prior Authorization Required; Quantity Limit (1 per 28 days) |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML | Tier 3 | Prior Authorization Required |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML | Tier 3 | Prior Authorization Required |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Tier 3 | Prior Authorization Required |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | Tier 3 | Prior Authorization Required; Quantity Limit (1 per 28 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | Tier 3 | Prior Authorization Required; Quantity Limit (1 per 28 days) |
| ***Ergot Combinations*** - Drugs For Migraine Headaches** | | |
| CAFERGOT ORAL TABLET 1-100 MG | Tier 4 | |
| ergotamine-caffeine oral tablet 1-100 mg | Tier 4 | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | Tier 4 | |
| ***Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*** - Drugs For Migraine Headaches** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ELYXYB ORAL SOLUTION 120 MG/4.8ML | Tier 4 | Prior Authorization Required; Quantity Limit (28.8 per 30 days) |
| ***Migraine Products - Nsaids*** - Drugs For Migraine Headaches** | | |
| diclofenac potassium(migraine) oral packet 50 mg | Tier 4 | |
| ***Migraine Products*** - Drugs For Migraine Headaches** | | |
| BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML | Tier 4 | Prior Authorization Required; Quantity Limit (24 per 28 Days) |
| dihydroergotamine mesylate injection solution 1 mg/ml | Tier 2 | |
| dihydroergotamine mesylate solution 4 mg/ml nasal | Tier 2 | Prior Authorization Required; Quantity Limit (8 per 28 days) |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG | Tier 4 | |
| ***Selective Serotonin Agonist-Nsaid Combinations*** - Drugs For Migraine Headaches** | | |
| sumatriptan-naproxen sodium oral tablet 85-500 mg | Tier 2 | Quantity Limit (18 per 30 days) |
| ***Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches** | | |
| almotriptan malate oral tablet 12.5 mg, 6.25 mg | Tier 2 | Quantity Limit (12 per 30 days) |
| eletriptan hydrobromide oral tablet 20 mg, 40 mg | Tier 2 | Quantity Limit (12 per 30 days) |
| frovatriptan succinate oral tablet 2.5 mg | Tier 2 | Quantity Limit (18 per 30 days) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML | Tier 4 | Quantity Limit (6 per 30 days) |
| naratriptan hcl oral tablet 1 mg, 2.5 mg | Tier 2 | Quantity Limit (18 per 30 days) |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC | Tier 4 | Quantity Limit (32 per 30 days) |
| rizatriptan benzoate oral tablet 10 mg, 5 mg | Tier 1 | Quantity Limit (18 per 30 days) |
| rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg | Tier 1 | Quantity Limit (18 per 30 days) |
| sumatriptan nasal solution 20 mg/act, 5 mg/act | Tier 2 | Quantity Limit (12 per 30 days) |
| sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg | Tier 1 | Quantity Limit (18 per 30 days) |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | Tier 2 | Quantity Limit (5 per 30 days) |
| sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml | Tier 2 | Quantity Limit (6 per 30 days) |
| TOSYMRA NASAL SOLUTION 10 MG/ACT | Tier 4 | Quantity Limit (18 per 30 days) |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML | Tier 4 | Quantity Limit (12 per 30 days) |
| zolmitriptan nasal solution 5 mg | Tier 2 | Quantity Limit (12 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| zolmitriptan oral tablet 2.5 mg, 5 mg | Tier 2 | Quantity Limit (12 per 30 days) |
| zolmitriptan oral tablet dispersible 2.5 mg, 5 mg | Tier 2 | Quantity Limit (12 per 30 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | Tier 2 | Quantity Limit (12 per 30 days) |
| ZOMIG SOLUTION 2.5 MG NASAL | Tier 4 | Quantity Limit (12 per 30 days) |
| ***Minerals & Electrolytes* - Drugs For Nutrition** | | |
| ***Fluoride Combinations*** - Drugs For Nutrition** | | |
| FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML | Tier 4 | |
| ***Fluoride*** - Drugs For Nutrition** | | |
| sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg | Tier 3 | No cost if less than 3 years of age |
| sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg | Tier 1 | No cost if less than 3 years of age |
| sodium fluoride solution 1.1 (0.5 f) mg/ml oral | Tier 3 | No cost if less than 3 years of age |
| ***Phosphate*** - Drugs For Nutrition** | | |
| PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG | Tier 4 | |
| phosphorous oral tablet 155-852-130 mg | Tier 4 | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG | Tier 4 | |
| PHOSPHO-TRIN K500 ORAL TABLET 500 MG | Tier 4 | |
| wes-phos 250 neutral oral tablet 155-852-130 mg | Tier 2 | |
| ***Potassium*** - Drugs For Nutrition** | | |
| 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 2 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ | Tier 1 | |
| KLOR-CON ORAL PACKET 20 MEQ | Tier 2 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | Tier 1 | |
| POKONZA ORAL PACKET 10 MEQ, 15 MEQ | Tier 4 | |
| POKONZA ORAL SOLUTION 10 MEQ/15ML (5%) | Tier 4 | Quantity Limit (9000 per 30 Days) |
| potassium chloride crys er tablet extended release 10 meq oral | Tier 1 | |
| potassium chloride crys er tablet extended release 15 meq oral | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| potassium chloride crys er tablet extended release 20 meq oral | Tier 1 | |
| potassium chloride er oral capsule extended release 10 meq, 8 meq | Tier 1 | |
| potassium chloride er tablet extended release 10 meq oral | Tier 1 | |
| potassium chloride er tablet extended release 15 meq oral | Tier 4 | |
| potassium chloride er tablet extended release 20 meq oral | Tier 1 | |
| potassium chloride er tablet extended release 8 meq oral | Tier 1 | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | Tier 2 | |
| potassium chloride packet 20 meq oral | Tier 2 | |
| potassium chloride packet 40 meq oral | Tier 4 | |
| ***Trace Minerals*** - Drugs For Nutrition** | | |
| ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG | Tier 3 | Quantity Limit (30 per 30 days) |
| ***Zinc*** - Drugs For Nutrition** | | |
| GALZIN ORAL CAPSULE 25 MG, 50 MG | Tier 4 | |
| ***Miscellaneous Therapeutic Classes* - Vitamins And Minerals** | | |
| ***Activated Phosphoinositide 3-Kinase Delta Syndrome Agent*** - Vitamins And Minerals** | | |
| JOENJA TABLET 70 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Antileprotics*** - Vitamins And Minerals** | | |
| THALOMID CAPSULE 100 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| THALOMID CAPSULE 50 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** - Vitamins And Minerals** | | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (4 per 28 days) |
| ***Chelating Agents*** - Vitamins And Minerals** | | |
| CUVRIOR ORAL TABLET 300 MG | Tier 4 | Specialty; Prior Authorization Required |
| penicillamine oral capsule 250 mg | Tier 2 | Specialty; Prior Authorization Required |
| penicillamine oral tablet 250 mg | Tier 2 | Specialty; Prior Authorization Required |
| trientine hcl capsule 250 mg oral | Tier 2 | |
| trientine hcl capsule 500 mg oral | Tier 4 | |
| ***Cyclosporine Analogs*** - Vitamins And Minerals** | | |
| cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg | Tier 2 | |
| cyclosporine modified oral solution 100 mg/ml | Tier 2 | |
| cyclosporine oral capsule 100 mg, 25 mg | Tier 2 | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | Tier 2 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| ***Digital Therapy Application - Behavior & Mental Health*** - Vitamins And Minerals** | | |
| pelago nicotine ther - 12 week | Tier 1 | ACA Drug |
| pelago nicotine ther - 4 week | Tier 1 | ACA Drug |
| pelago nicotine ther - 8 week | Tier 1 | ACA Drug |
| ***Digital Therapy Application - Visual*** - Vitamins And Minerals** | | |
| LUMINOPIA | Tier 4 | |
| ***Farnesyltransferase Inhibitors*** - Vitamins And Minerals** | | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Immunomodulators - Btk Inhibitors*** - Vitamins And Minerals** | | |
| RHAPSIDO ORAL TABLET 25 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Immunomodulators - Combinations*** - Vitamins And Minerals** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (20 per 28 days) |
| ***Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals** | | |
| lenalidomide capsule 10 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| lenalidomide capsule 15 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| lenalidomide capsule 2.5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| lenalidomide capsule 20 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| lenalidomide capsule 25 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| lenalidomide capsule 5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| REVLIMID CAPSULE 10 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| REVLIMID CAPSULE 15 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| REVLIMID CAPSULE 2.5 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| REVLIMID CAPSULE 20 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| REVLIMID CAPSULE 25 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (21 per 28 days) |
| REVLIMID CAPSULE 5 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals** | | |
| mycophenolate mofetil oral capsule 250 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| mycophenolate mofetil oral suspension reconstituted 200 mg/ml | Tier 2 | |
| mycophenolate mofetil oral tablet 500 mg | Tier 2 | |
| mycophenolate sodium oral tablet delayed release 180 mg, 360 mg | Tier 2 | |
| mycophenolic acid oral tablet delayed release 180 mg, 360 mg | Tier 2 | |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML | Tier 3 | |
| ***Macrolide Immunosuppressants*** - Vitamins And Minerals** | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | Tier 4 | |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG | Tier 4 | |
| everolimus tablet 0.25 mg oral | Tier 2 | |
| everolimus tablet 0.5 mg oral | Tier 2 | |
| everolimus tablet 0.75 mg oral | Tier 2 | |
| everolimus tablet 1 mg oral | Tier 2 | |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | Tier 4 | |
| sirolimus oral solution 1 mg/ml | Tier 2 | |
| sirolimus oral tablet 0.5 mg, 1 mg, 2 mg | Tier 2 | |
| tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg | Tier 2 | |
| tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg | Tier 2 | |
| ***Monoclonal Antibodies*** - Vitamins And Minerals** | | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | Tier 4 | Specialty; Prior Authorization Required |
| ***Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** - Vitamins And Minerals** | | |
| VIJOICE ORAL PACKET 50 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| VIJOICE TABLET THERAPY PACK 125 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| VIJOICE TABLET THERAPY PACK 50 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (28 per 28 days) |
| ***Potassium Removing Agents*** - Vitamins And Minerals** | | |
| KIONEX COMBINATION SUSPENSION 15 GM/60ML | Tier 2 | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | Tier 3 | |
| sodium polystyrene sulfonate combination suspension 15 gm/60ml | Tier 2 | |
| sodium polystyrene sulfonate oral powder | Tier 2 | |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML | Tier 2 | |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML | Tier 4 | |
| ***Purine Analogs*** - Vitamins And Minerals** | | |
| AZASAN ORAL TABLET 100 MG, 75 MG | Tier 2 | |
| azathioprine oral tablet 100 mg, 50 mg, 75 mg | Tier 2 | |
| IMURAN ORAL TABLET 50 MG | Tier 4 | |
| ***Rock Inhibitors*** - Vitamins And Minerals** | | |
| REZUROCK ORAL TABLET 200 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat** | | |
| ***Anesthetics Topical Oral*** - Drugs For The Mouth And Throat** | | |
| lidocaine viscous hcl mouth/throat solution 2 % | Tier 1 | |
| ***Anti-Infectives - Throat*** - Drugs For The Mouth And Throat** | | |
| clotrimazole mouth/throat troche 10 mg | Tier 2 | |
| nystatin suspension 100000 unit/ml mouth/throat | Tier 1 | |
| ORAVIG BUCCAL TABLET 50 MG | Tier 4 | |
| ***Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat** | | |
| chlorhexidine gluconate mouth/throat solution 0.12 % | Tier 1 | |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 % | Tier 1 | |
| ***Dental Products - Combinations*** - Drugs For The Mouth And Throat** | | |
| denta 5000 plus sensitive dental gel 1.1-5 % | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 % | Tier 1 | ACA Drug |
| FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % | Tier 1 | ACA Drug |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % | Tier 1 | ACA Drug |
| PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % | Tier 1 | ACA Drug |
| sod fluoride-potassium nitrate dental gel 1.1-5 % | Tier 1 | ACA Drug |
| sodium fluoride 5000 enamel dental gel 1.1-5 % | Tier 1 | ACA Drug |
| sodium fluoride 5000 sensitive dental gel 1.1-5 % | Tier 1 | ACA Drug |
| ***Fluoride Dental Products*** - Drugs For The Mouth And Throat** | | |
| CLINPRO 5000 DENTAL PASTE 1.1 % | Tier 1 | ACA Drug; No cost if less than 3 years of age |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % | Tier 1 | ACA Drug; No cost if less than 3 years of age |
| dentagel dental gel 1.1 % | Tier 1 | ACA Drug; No cost if less than 3 years of age |
| EASYGEL DENTAL GEL 0.4 % | Tier 2 | ACA Drug |
| FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % | Tier 2 | |
| FLUORIDEX DENTAL PASTE 1.1 % | Tier 1 | No cost if less than 3 years of age |
| FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % | Tier 1 | No cost if less than 3 years of age |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % | Tier 1 | No cost if less than 3 years of age |
| JUST FOR KIDS DENTAL GEL 0.4 % | Tier 2 | ACA Drug |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % | Tier 1 | ACA Drug; No cost if less than 3 years of age |
| PERIOMED MOUTH/THROAT CONCENTRATE 0.63 % | Tier 2 | ACA Drug |
| sf 5000 plus dental cream 1.1 % | Tier 1 | ACA Drug; No cost if less than 3 years of age |
| sf dental gel 1.1 % | Tier 1 | ACA Drug; No cost if less than 3 years of age |
| sodium fluoride 5000 plus dental cream 1.1 % | Tier 1 | No cost if less than 3 years of age |
| sodium fluoride 5000 ppm dental gel 1.1 % | Tier 1 | No cost if less than 3 years of age |
| sodium fluoride 5000 ppm dental paste 1.1 % | Tier 1 | No cost if less than 3 years of age |
| sodium fluoride dental cream 1.1 % | Tier 1 | No cost if less than 3 years of age |
| sodium fluoride dental gel 1.1 % | Tier 1 | No cost if less than 3 years of age |
| sodium fluoride mouth/throat solution 0.2 % | Tier 1 | |
| ***Saliva Stimulants*** - Drugs For The Mouth And Throat** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| cevimeline hcl oral capsule 30 mg | Tier 2 | |
| pilocarpine hcl oral tablet 5 mg, 7.5 mg | Tier 2 | |
| ***Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat** | | |
| KOURZEQ MOUTH/THROAT PASTE 0.1 % | Tier 2 | |
| ORALONE MOUTH/THROAT PASTE 0.1 % | Tier 2 | |
| triamcinolone acetonide mouth/throat paste 0.1 % | Tier 2 | |
| ***Multivitamins* - Drugs For Nutrition** | | |
| ***Ped Mv W/ Fluoride*** - Drugs For Nutrition** | | |
| DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG | Tier 4 | |
| FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Tier 4 | |
| multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | Tier 4 | |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | Tier 4 | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Tier 4 | |
| SOLUVITA WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML | Tier 4 | |
| ***Prenatal Mv & Min W/Fe-Fa*** - Drugs For Nutrition** | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG | Tier 4 | |
| azentra oral tablet 13-1 mg | Tier 4 | |
| azesco oral tablet 13-1 mg | Tier 4 | |
| c-nate dha oral capsule 28-1-200 mg | Tier 4 | |
| completenate oral tablet chewable 29-1 mg | Tier 4 | |
| CO-NATAL FA ORAL TABLET | Tier 4 | |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG | Tier 4 | |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG | Tier 4 | |
| DERMACINRX PNV PRENATOL ORAL TABLET 27-1 MG | Tier 4 | |
| DERMACINRX PRETRATE ORAL TABLET 1 MG | Tier 4 | |
| ELITE-OB ORAL TABLET 50-1.25 MG | Tier 4 | |
| EMBRIVA ORAL TABLET 13-1 MG | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ENBRACE HR ORAL CAPSULE | Tier 4 | |
| folatexcel oral tablet 20-1 mg | Tier 4 | |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | Tier 4 | |
| GESTYRA ORAL TABLET 13-1 MG | Tier 4 | |
| INATAL GT ORAL TABLET | Tier 4 | |
| jenliva prenatal/postnatal oral capsule 1 mg | Tier 4 | |
| kosher prenatal plus iron oral tablet 30-1 mg | Tier 4 | |
| MATERNACEL ORAL TABLET 20-1 MG | Tier 4 | |
| matervia oral capsule 0.5 mg | Tier 4 | |
| MATRIAPRO ORAL TABLET CHEWABLE 29-1 MG | Tier 4 | |
| m-natal plus oral tablet 27-1 mg | Tier 4 | |
| natal pnv oral tablet 6-0.5 mg | Tier 4 | |
| natalchew oral tablet chewable 29-1 mg | Tier 4 | |
| NATALCORE ORAL TABLET CHEWABLE 29-1 MG | Tier 4 | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | Tier 4 | |
| neomaterna oral tablet 20-1 mg | Tier 4 | |
| neonatal complete oral tablet 27-1 mg | Tier 4 | |
| NEONATAL PLUS ORAL TABLET 27-1 MG | Tier 4 | |
| neo-vital rx oral tablet 1 mg | Tier 4 | |
| NESTABS DHA ORAL 32-1 MG | Tier 4 | |
| NESTABS ORAL TABLET 32-1 MG | Tier 4 | |
| novyra oral tablet 1 mg | Tier 4 | |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG | Tier 4 | |
| OB COMPLETE ORAL TABLET 50-1.25 MG | Tier 4 | |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG | Tier 4 | |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG | Tier 4 | |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG | Tier 4 | |
| one vite womens plus oral tablet 27-1 mg | Tier 4 | |
| ONENATAL RX ORAL TABLET 1 MG | Tier 4 | |
| pnv 27-ca/fe/fa oral tablet 60-1 mg | Tier 4 | |
| pnv prenatal plus multivit+dha oral 27-1 & 312 mg | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| pnv prenatal plus multivitamin oral tablet 27-1 mg | Tier 4 | |
| pnv tabs 20-1 oral tablet 20-1 mg | Tier 4 | |
| pnv-omega oral capsule 28-0.6-0.4-340 mg | Tier 4 | |
| pnv-select oral tablet 27-0.6-0.4 mg | Tier 4 | |
| pregenna oral tablet 20-1 mg | Tier 4 | |
| prena1 pearl oral capsule extended release 30-1.4-200 mg | Tier 4 | |
| PRENACORE ORAL TABLET CHEWABLE 29-1 MG | Tier 4 | |
| prenatal 19 oral tablet chewable | Tier 3 | |
| prenatal 19 tablet 29-1 mg oral | Tier 3 | |
| prenatal multivit plus folate oral tablet 0.8 mg | Tier 4 | |
| prenatal plus oral tablet 27-1 mg | Tier 3 | |
| prenatal tablet 27-1 mg oral | Tier 4 | |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG | Tier 3 | |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | Tier 4 | |
| PRENATOL-M ORAL TABLET 27-1.2 MG | Tier 4 | |
| PRENATRIX ORAL TABLET 27-1 MG | Tier 4 | |
| PRENATRYL ORAL TABLET 27-1 MG | Tier 4 | |
| prenova oral tablet 0.8 mg | Tier 4 | |
| prenyra oral tablet 1 mg | Tier 4 | |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG | Tier 4 | |
| RELEVIA ORAL TABLET 27-1 MG | Tier 4 | |
| relnate dha oral capsule 28-1-200 mg | Tier 4 | |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG | Tier 4 | |
| TARON-C DHA ORAL CAPSULE 35-1 MG | Tier 4 | |
| thrivite rx oral tablet 29-1 mg | Tier 4 | |
| trinatal rx 1 oral tablet 60-1 mg | Tier 4 | |
| TRINATE ORAL TABLET | Tier 3 | |
| VINATE DHA RF ORAL CAPSULE 27-1.13 MG | Tier 4 | |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG | Tier 4 | |
| VITAFOL-OB ORAL TABLET | Tier 4 | |
| vitalara oral tablet 20-1 mg | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| VITATHELY WITH GINGER ORAL TABLET 27-1 MG | Tier 4 | |
| wesnate dha oral capsule 28-1-200 mg | Tier 4 | |
| westab plus oral tablet 27-1 mg | Tier 4 | |
| zalvit oral tablet 13-1 mg | Tier 4 | |
| ziphex oral tablet 13-1 mg | Tier 4 | |
| ***Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*** - Drugs For Nutrition** | | |
| complete natal dha oral 29-1-200 & 200 mg | Tier 4 | |
| ***Prenatal Mv & Min W/Fe-Fa-Dha*** - Drugs For Nutrition** | | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | Tier 4 | |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG | Tier 4 | |
| pnv-dha oral capsule 27-0.6-0.4-300 mg | Tier 4 | |
| pregen dha oral capsule 28-1-35 mg | Tier 4 | |
| prena 1 true oral 30-1.4 & 300 mg | Tier 4 | |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | Tier 4 | |
| PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG | Tier 4 | |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | Tier 4 | |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | Tier 4 | |
| PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG | Tier 4 | |
| PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG | Tier 4 | |
| SELECT-OB+DHA ORAL 29-1 & 250 MG | Tier 4 | |
| tristart dha oral capsule 31-0.6-0.4-200 mg | Tier 4 | |
| VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG | Tier 4 | |
| VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG | Tier 4 | |
| VITAFOL-OB+DHA ORAL 65-1 & 250 MG | Tier 4 | |
| VITAFOL-ONE ORAL CAPSULE 29-1-200 MG | Tier 4 | |
| wescap-pn dha oral capsule 27-0.6-0.4-300 mg | Tier 4 | |
| westgel dha oral capsule 31-0.6-0.4-200 mg | Tier 4 | |
| ***Prenatal Mv & Minerals W/Fa Without Iron*** - Drugs For Nutrition** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG | Tier 4 | |
| ***Prenatal Vitamins*** - Drugs For Nutrition** | | |
| PREMESISRX ORAL TABLET 1 MG | Tier 4 | |
| prena1 oral tablet chewable 1.4 mg | Tier 4 | |
| ***Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones** | | |
| ***Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones** | | |
| ATMEKSI ORAL SUSPENSION 750 MG/5ML | Tier 4 | Prior Authorization Required; Quantity Limit (1600 per 30 days) |
| baclofen oral suspension 25 mg/5ml | Tier 2 | Quantity Limit (480 per 30 days) |
| baclofen solution 10 mg/5ml oral | Tier 2 | Prior Authorization Required; Quantity Limit (1200 per 30 days) |
| baclofen solution 5 mg/5ml oral | Tier 4 | Quantity Limit (2400 per 30 days) |
| baclofen tablet 10 mg oral | Tier 1 | |
| baclofen tablet 15 mg oral | Tier 2 | |
| baclofen tablet 20 mg oral | Tier 1 | |
| baclofen tablet 5 mg oral | Tier 2 | |
| carisoprodol oral tablet 250 mg, 350 mg | Tier 2 | |
| chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg | Tier 2 | |
| cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg | Tier 2 | |
| cyclobenzaprine hcl tablet 10 mg oral | Tier 1 | |
| cyclobenzaprine hcl tablet 5 mg oral | Tier 1 | |
| cyclobenzaprine hcl tablet 7.5 mg oral | Tier 2 | |
| FEXMID ORAL TABLET 7.5 MG | Tier 2 | |
| metaxalone tablet 400 mg oral | Tier 2 | Prior Authorization Required |
| metaxalone tablet 640 mg oral | Tier 4 | Prior Authorization Required |
| metaxalone tablet 800 mg oral | Tier 2 | |
| methocarbamol tablet 1000 mg oral | Tier 2 | |
| methocarbamol tablet 500 mg oral | Tier 1 | |
| methocarbamol tablet 750 mg oral | Tier 1 | |
| ONTRALFY ORAL SOLUTION 2 MG/5ML | Tier 4 | Prior Authorization Required; Quantity Limit (2700 per 30 days) |
| orphenadrine citrate er oral tablet extended release 12 hour 100 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| TANLOR ORAL TABLET 1000 MG | Tier 2 | |
| tizanidine hcl capsule 2 mg oral | Tier 2 | |
| tizanidine hcl capsule 4 mg oral | Tier 2 | |
| tizanidine hcl capsule 6 mg oral | Tier 2 | |
| tizanidine hcl capsule 8 mg oral | Tier 4 | |
| tizanidine hcl oral tablet 2 mg, 4 mg | Tier 1 | |
| ZANAFLEX CAPSULE 8 MG ORAL | Tier 4 | |
| ***Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones** | | |
| dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg | Tier 2 | |
| ***Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones** | | |
| norgesic forte oral tablet 50-770-60 mg | Tier 4 | Prior Authorization Required |
| NORGESIC ORAL TABLET 25-385-30 MG | Tier 4 | |
| orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg | Tier 4 | |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG | Tier 4 | Prior Authorization Required |
| ***Retinoic Acid Receptor Gamma Selective Agonists*** - Drugs For Muscles, Ligaments, Tendons, And Bones** | | |
| SOHONOS CAPSULE 1 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| SOHONOS CAPSULE 1.5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (112 per 28 days) |
| SOHONOS CAPSULE 10 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| SOHONOS CAPSULE 2.5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (140 per 28 days) |
| SOHONOS CAPSULE 5 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (84 per 28 days) |
| ***Nasal Agents - Systemic And Topical* - Drugs For The Nose** | | |
| ***Antihistamine-Steroid*** - Allergy** | | |
| azelastine-fluticasone nasal suspension 137-50 mcg/act | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT | Tier 4 | |
| ***Nasal Anticholinergics*** - Allergy** | | |
| ipratropium bromide nasal solution 0.03 %, 0.06 % | Tier 2 | |
| ***Nasal Antihistamines*** - Allergy** | | |
| olopatadine hcl nasal solution 0.6 % | Tier 2 | |
| ***Nasal Steroids*** - Allergy** | | |
| flunisolide nasal solution 25 mcg/act (0.025%) | Tier 2 | |
| fluticasone propionate nasal suspension 50 mcg/act | Tier 1 | |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT | Tier 4 | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT | Tier 4 | |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT | Tier 4 | |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT | Tier 4 | Prior Authorization Required; Quantity Limit (32 per 30 days) |
| ***Neuromuscular Agents* - Drugs For Nerves And Muscles** | | |
| ***Als Agents - Miscellaneous*** - Drugs For Nerves And Muscles** | | |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (50 per 28 days) |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML | Tier 4 | Specialty; Prior Authorization Required |
| ***Benzathiazoles*** - Drugs For Nerves And Muscles** | | |
| riluzole oral tablet 50 mg | Tier 2 | |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (600 per 30 days) |
| ***Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** - Drugs For Nerves And Muscles** | | |
| SKYCLARYS ORAL CAPSULE 50 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Muscular Dystrophy - Histone Deacetylase Inhibitors** - Drugs For Nerves And Muscles** | | |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (420 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** - Drugs For Nerves And Muscles** | | |
| DAYBUE ORAL SOLUTION 200 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (3600 per 30 days) |
| DAYBUE STIX PACKET 5000 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| DAYBUE STIX PACKET 6000 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| DAYBUE STIX PACKET 8000 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** - Drugs For Nerves And Muscles** | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| EVRYSDI ORAL TABLET 5 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ***Nutrients* - Drugs For Nutrition** | | |
| ***Lipids*** - Drugs For Nutrition** | | |
| DOJOLVI ORAL LIQUID 100 % | Tier 4 | Specialty; Prior Authorization Required |
| ***Ophthalmic Agents* - Drugs For The Eye** | | |
| ***Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma** | | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | Tier 3 | |
| ***Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma** | | |
| brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 % | Tier 2 | Prior Authorization Required |
| dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 % | Tier 1 | Healthy Values |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | Tier 2 | |
| ***Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma** | | |
| betaxolol hcl ophthalmic solution 0.5 % | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| carteolol hcl ophthalmic solution 1 % | Tier 4 | |
| levobunolol hcl ophthalmic solution 0.5 % | Tier 4 | |
| timolol hemihydrate ophthalmic solution 0.5 % | Tier 2 | |
| timolol maleate (once-daily) ophthalmic solution 0.5 % | Tier 2 | |
| timolol maleate gel forming solution 0.25 % ophthalmic | Tier 2 | |
| timolol maleate gel forming solution 0.5 % ophthalmic | Tier 2 | Prior Authorization Required |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 % | Tier 2 | Prior Authorization Required |
| timolol maleate ophthalmic solution 0.25 %, 0.5 % | Tier 1 | Healthy Values |
| timolol maleate pf solution 0.25 % ophthalmic | Tier 2 | |
| timolol maleate pf solution 0.5 % ophthalmic | Tier 2 | Prior Authorization Required |
| ***Cholinergic Agonists*** - Drugs For The Eye** | | |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT | Tier 4 | |
| ***Cycloplegic Mydriatic Combinations*** - Drugs For The Eye** | | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % | Tier 4 | |
| ***Cycloplegic Mydriatics*** - Drugs For The Eye** | | |
| atropine sulfate solution 1 % ophthalmic | Tier 2 | |
| CYCLOGYL SOLUTION 0.5 % OPHTHALMIC | Tier 4 | |
| CYCLOGYL SOLUTION 2 % OPHTHALMIC | Tier 4 | |
| cyclopentolate hcl ophthalmic solution 1 % | Tier 1 | |
| ***Miotic Combinations*** - Drugs For The Eye** | | |
| YUVEZZI OPHTHALMIC SOLUTION 2.75-0.1 % | Tier 4 | Quantity Limit (30 per 30 days) |
| ***Miotics - Cholinesterase Inhibitors*** - Drugs For Glaucoma** | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % | Tier 4 | |
| ***Miotics - Direct Acting Pupil Selective*** - Drugs For The Eye** | | |
| VIZZ SOLUTION 1.44 % OPHTHALMIC | Tier 4 | Specialty; Quantity Limit (30 per 30 days) |
| ***Miotics - Direct Acting*** - Drugs For Glaucoma** | | |
| pilocarpine hcl solution 1 % ophthalmic | Tier 2 | |
| pilocarpine hcl solution 1.25 % ophthalmic | Tier 2 | Quantity Limit (5 per 30 days) |
| pilocarpine hcl solution 2 % ophthalmic | Tier 2 | |
| pilocarpine hcl solution 4 % ophthalmic | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| QLOSI OPHTHALMIC SOLUTION 0.4 % | Tier 4 | Quantity Limit (60 per 30 days) |
| ***Ophthalmic Antiallergic*** - Drugs For Itchy Eye** | | |
| azelastine hcl ophthalmic solution 0.05 % | Tier 1 | |
| bepotastine besilate ophthalmic solution 1.5 % | Tier 2 | |
| cromolyn sodium ophthalmic solution 4 % | Tier 4 | |
| epinastine hcl ophthalmic solution 0.05 % | Tier 2 | |
| olopatadine hcl solution 0.2 % ophthalmic (rx) | Tier 2 | |
| ZERVIATE OPHTHALMIC SOLUTION 0.24 % | Tier 4 | |
| ***Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories** | | |
| besifloxacin hcl ophthalmic suspension 0.6 % | Tier 4 | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | Tier 3 | |
| ciprofloxacin hcl ophthalmic solution 0.3 % | Tier 1 | |
| erythromycin ophthalmic ointment 5 mg/gm | Tier 1 | |
| gatifloxacin ophthalmic solution 0.5 % | Tier 2 | |
| gentamicin sulfate ophthalmic solution 0.3 % | Tier 1 | |
| levofloxacin ophthalmic solution 0.5 %, 1.5 % | Tier 4 | |
| moxifloxacin hcl (2x day) ophthalmic solution 0.5 % | Tier 4 | |
| moxifloxacin hcl ophthalmic solution 0.5 % | Tier 2 | |
| ofloxacin ophthalmic solution 0.3 % | Tier 1 | |
| tobramycin ophthalmic solution 0.3 % | Tier 1 | |
| ***Ophthalmic Antifungal*** - Drugs For The Eye** | | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | Tier 3 | |
| ***Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories** | | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | Tier 1 | |
| neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000 | Tier 4 | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | Tier 4 | |
| polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-% | Tier 1 | |
| ***Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories** | | |
| trifluridine ophthalmic solution 1 % | Tier 3 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma** | | |
| brinzolamide ophthalmic suspension 1 % | Tier 2 | Prior Authorization Required |
| dorzolamide hcl ophthalmic solution 2 % | Tier 1 | Healthy Values |
| ***Ophthalmic Ectoparasiticide** - Drugs For The Eye** | | |
| XDEMVY OPHTHALMIC SOLUTION 0.25 % | Tier 4 | Prior Authorization Required |
| ***Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories** | | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | Tier 2 | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | Tier 2 | |
| VERKAZIA OPHTHALMIC EMULSION 0.1 % | Tier 4 | |
| ***Ophthalmic Kinase Inhibitors - Combinations*** - Drugs For Glaucoma** | | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | Tier 4 | Quantity Limit (2.5 per 30 days) |
| ***Ophthalmic Nerve Growth Factors*** - Drugs For The Eye** | | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % | Tier 4 | Specialty; Prior Authorization Required |
| ***Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories** | | |
| bromfenac sodium (once-daily) ophthalmic solution 0.09 % | Tier 2 | Prior Authorization Required |
| bromfenac sodium solution 0.075 % ophthalmic | Tier 2 | |
| diclofenac sodium ophthalmic solution 0.1 % | Tier 1 | |
| flurbiprofen sodium ophthalmic solution 0.03 % | Tier 4 | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | Tier 4 | |
| ketorolac tromethamine solution 0.4 % ophthalmic | Tier 2 | |
| ketorolac tromethamine solution 0.5 % ophthalmic | Tier 1 | |
| ***Ophthalmic Rho Kinase Inhibitors*** - Drugs For Glaucoma** | | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | Tier 4 | Quantity Limit (2.5 per 30 days) |
| ***Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma** | | |
| apraclonidine hcl ophthalmic solution 0.5 % | Tier 4 | |
| brimonidine tartrate solution 0.15 % ophthalmic | Tier 2 | Prior Authorization Required |
| brimonidine tartrate solution 0.2 % ophthalmic | Tier 1 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories** | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 % | Tier 4 | |
| loteprednol-tobramycin ophthalmic suspension 0.5-0.3 % | Tier 2 | |
| neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1 | Tier 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1 | Tier 1 | |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | Tier 4 | |
| sulfacetamide-prednisolone ophthalmic solution 10-0.23 % | Tier 4 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % | Tier 4 | |
| tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 % | Tier 2 | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | Tier 4 | |
| ***Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories** | | |
| dexamethasone sodium phosphate ophthalmic solution 0.1 % | Tier 3 | |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 % | Tier 3 | |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | Tier 4 | |
| fluorometholone ophthalmic suspension 0.1 % | Tier 2 | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | Tier 3 | |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | Tier 3 | |
| loteprednol etabonate gel 0.5 % ophthalmic | Tier 2 | |
| loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 % | Tier 2 | |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % | Tier 4 | |
| prednisolone acetate ophthalmic suspension 1 % | Tier 2 | |
| prednisolone sodium phosphate ophthalmic solution 1 % | Tier 4 | |
| ***Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories** | | |
| sulfacetamide sodium ophthalmic solution 10 % | Tier 4 | |
| ***Ophthalmics - Blepharoptosis Agents** - Drugs For The Eye** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| UPNEEQ OPHTHALMIC SOLUTION 0.1 % | Tier 4 | |
| ***Ophthalmics - Cystinosis Agents** - Drugs For The Eye** | | |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % | Tier 4 | Specialty |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | Tier 4 | Specialty |
| ***Ophthalmics - Trpm8 Receptor Agonists*** - Drugs For The Eye** | | |
| TRYPTYR OPHTHALMIC SOLUTION 0.003 % | Tier 4 | |
| ***Prostaglandins - Ophthalmic*** - Drugs For Glaucoma** | | |
| bimatoprost solution 0.01 % ophthalmic | Tier 2 | Quantity Limit (2.5 per 30 days) |
| latanoprost ophthalmic solution 0.005 % | Tier 1 | Healthy Values; Quantity Limit (2.5 per 30 days) |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | Tier 3 | Quantity Limit (2.5 per 30 days) |
| travoprost (bak free) ophthalmic solution 0.004 % | Tier 2 | Quantity Limit (2.5 per 30 days) |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | Tier 4 | Quantity Limit (2.5 per 30 days) |
| ***Otic Agents* - Drugs For The Ear** | | |
| ***Otic Agents - Miscellaneous*** - Wax Removal** | | |
| acetic acid otic solution 2 % | Tier 2 | |
| ***Otic Anti-Infectives*** - Antibiotics** | | |
| ciprofloxacin hcl otic solution 0.2 % | Tier 2 | |
| ofloxacin otic solution 0.3 % | Tier 2 | |
| ***Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories** | | |
| CIPRO HC OTIC SUSPENSION 0.2-1 % | Tier 4 | |
| ciprofloxacin-dexamethasone otic suspension 0.3-0.1 % | Tier 2 | |
| ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 % | Tier 4 | |
| ciprofloxacin-hydrocortisone otic suspension 0.2-1 % | Tier 2 | |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 4 | |
| neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1 | Tier 2 | |
| neomycin-polymyxin-hc otic suspension 3.5-10000-1 | Tier 2 | |
| OTOVEL OTIC SOLUTION 0.3-0.025 % | Tier 4 | |
| ***Otic Steroids*** - Anti-Infective/Anti-Inflammatories** | | |
| fluocinolone acetonide otic oil 0.01 % | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| hydrocortisone-acetic acid otic solution 1-2 % | Tier 2 | |
| ***Oxytocics* - Hormones** | | |
| ***Abortifacients/Cervical Ripening - Prostaglandins*** - Drugs For Women** | | |
| CERVIDIL VAGINAL INSERT 10 MG | Tier 4 | |
| ***Oxytocics*** - Drugs For Women** | | |
| METHERGINE ORAL TABLET 0.2 MG | Tier 2 | |
| methylergonovine maleate oral tablet 0.2 mg | Tier 2 | |
| ***Penicillins* - Drugs For Infections** | | |
| ***Amidinopenicillins*** - Antibiotics** | | |
| PIVYA ORAL TABLET 185 MG | Tier 4 | |
| ***Aminopenicillins*** - Antibiotics** | | |
| amoxicillin oral capsule 250 mg, 500 mg | Tier 1 | |
| amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml | Tier 1 | |
| amoxicillin oral tablet 500 mg, 875 mg | Tier 1 | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | Tier 4 | |
| amoxicillin trihydrate oral suspension reconstituted 250 mg/5ml | Tier 1 | |
| ampicillin oral capsule 500 mg | Tier 1 | |
| ***Natural Penicillins*** - Antibiotics** | | |
| penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml | Tier 4 | |
| penicillin v potassium oral tablet 250 mg, 500 mg | Tier 1 | |
| ***Penicillin Combinations*** - Antibiotics** | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg | Tier 4 | |
| amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg | Tier 4 | |
| amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral | Tier 1 | |
| amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral | Tier 2 | |
| amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral | Tier 2 | |
| amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| amoxicillin-pot clavulanate tablet 250-125 mg oral | Tier 2 | |
| amoxicillin-pot clavulanate tablet 500-125 mg oral | Tier 1 | |
| amoxicillin-pot clavulanate tablet 875-125 mg oral | Tier 1 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | Tier 4 | |
| ***Penicillinase-Resistant Penicillins*** - Antibiotics** | | |
| dicloxacillin sodium oral capsule 250 mg, 500 mg | Tier 2 | |
| ***Progestins* - Hormones** | | |
| ***Progestins*** - Drugs For Women** | | |
| GALLIFREY ORAL TABLET 5 MG | Tier 2 | |
| medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg | Tier 1 | |
| megestrol acetate suspension 625 mg/5ml oral | Tier 4 | |
| norethindrone acetate oral tablet 5 mg | Tier 2 | |
| progesterone capsule 100 mg oral | Tier 1 | |
| progesterone capsule 200 mg oral | Tier 2 | |
| progesterone intramuscular oil 50 mg/ml | Tier 2 | |
| ***Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System** | | |
| ***Agents For Opioid Withdrawal*** - Drugs For The Nervous System** | | |
| lofexidine hcl oral tablet 0.18 mg | Tier 2 | |
| ***Alcohol Deterrents*** - Drugs For The Nervous System** | | |
| acamprosate calcium oral tablet delayed release 333 mg | Tier 2 | |
| disulfiram oral tablet 250 mg, 500 mg | Tier 2 | |
| ***Alzheimer's Treatment - Anti-Amyloid Antibodies*** - Drugs For Alzheimer's Disease** | | |
| LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (7.2 per 28 days) |
| ***Anti-Cataplectic Agents*** - Drugs For Sleep Disorder** | | |
| LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM | Tier 4 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| sodium oxybate oral solution 500 mg/ml | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (540 per 30 days) |
| ***Anti-Cataplectic Combinations*** - Drugs For Sleep Disorder** | | |
| XYWAV ORAL SOLUTION 500 MG/ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (540 per 30 days) |
| ***Antidementia Agent Combinations*** - Drugs For Alzheimer's Disease** | | |
| memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg | Tier 2 | |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL | Tier 4 | |
| ***Antisense Oligonucleotide (Aso) Inhibitor Agents*** - Drugs For The Nervous System** | | |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (0.8 per 28 days) |
| ***Benzodiazepines & Tricyclic Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg | Tier 4 | |
| ***Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease** | | |
| donepezil hcl oral tablet dispersible 10 mg, 5 mg | Tier 1 | |
| donepezil hcl tablet 10 mg oral | Tier 1 | |
| donepezil hcl tablet 23 mg oral | Tier 2 | |
| donepezil hcl tablet 5 mg oral | Tier 1 | |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg | Tier 2 | |
| galantamine hydrobromide oral solution 4 mg/ml | Tier 4 | |
| galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg | Tier 2 | |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg | Tier 2 | |
| rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr | Tier 2 | |
| ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG | Tier 4 | |
| ***Fibromyalgia Agent - Miscellaneous*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG | Tier 4 | Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Fibromyalgia Agent - Snris*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| milnacipran hcl oral 12.5 & 25 & 50 mg | Tier 2 | Quantity Limit (55 per 180 days) |
| milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg | Tier 2 | Quantity Limit (60 per 30 Days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Tier 4 | Quantity Limit (60 per 30 days) |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | Tier 4 | |
| ***Melanocortin Receptor Agonists*** - Drugs For The Nervous System** | | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML | Tier 4 | Specialty; Quantity Limit (1.8 per 30 days); Review your Plan's SPD to confirm coverage |
| ***Movement Disorder Drug Therapy*** - Drugs For The Nervous System** | | |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | Tier 3 | Specialty; Prior Authorization Required |
| tetrabenazine tablet 12.5 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (240 per 30 days) |
| tetrabenazine tablet 25 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis** | | |
| teriflunomide oral tablet 14 mg, 7 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| ***Multiple Sclerosis Agents - Antimetabolites*** - Drugs For Multiple Sclerosis** | | |
| cladribine (10 tabs) oral tablet therapy pack 10 mg | Tier 2 | Specialty; Prior Authorization Required |
| cladribine (4 tabs) tablet therapy pack 10 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| cladribine (5 tabs) oral tablet therapy pack 10 mg | Tier 2 | Specialty; Prior Authorization Required |

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| Drug Name | Tier | Notes |
|---|---|---|
| cladribine (6 tabs) oral tablet therapy pack 10 mg | Tier 2 | Specialty; Prior Authorization Required |
| cladribine (7 tabs) tablet therapy pack 10 mg oral | Tier 2 | Specialty; Prior Authorization Required |
| cladribine (8 tabs) oral tablet therapy pack 10 mg | Tier 2 | Specialty; Prior Authorization Required |
| cladribine (9 tabs) oral tablet therapy pack 10 mg | Tier 2 | Specialty; Prior Authorization Required |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 3 | Specialty; Prior Authorization Required |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 3 | Specialty; Prior Authorization Required |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 3 | Specialty; Prior Authorization Required |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 3 | Specialty; Prior Authorization Required |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 3 | Specialty; Prior Authorization Required |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 3 | Specialty; Prior Authorization Required |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | Tier 3 | Specialty; Prior Authorization Required |
| ***Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis** | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (14 per 28 days) |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (1 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (6 per 28 days) |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | Tier 3 | Specialty; Prior Authorization Required |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (6 per 28 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | Tier 3 | Specialty; Prior Authorization Required |
| ***Multiple Sclerosis Agents - Monoclonal Antibodies*** - Drugs For Multiple Sclerosis** | | |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (0.4 per 28 days) |
| ***Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis** | | |
| dimethyl fumarate capsule delayed release 120 mg oral | Tier 2 | |
| dimethyl fumarate capsule delayed release 240 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg | Tier 2 | |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| ***Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis** | | |
| dalfampridine er oral tablet extended release 12 hour 10 mg | Tier 2 | |
| ***Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis** | | |
| glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous | Tier 2 | Quantity Limit (30 per 30 days) |
| glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous | Tier 2 | Quantity Limit (12 per 28 days) |
| GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS | Tier 2 | Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS | Tier 2 | Quantity Limit (12 per 28 days) |
| ***N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease** | | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg | Tier 2 | |
| memantine hcl solution 2 mg/ml oral | Tier 2 | Prior Authorization Required; Quantity Limit (300 per 30 days) |
| memantine hcl tablet 10 mg oral | Tier 1 | |
| memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral | Tier 4 | |
| memantine hcl tablet 5 mg oral | Tier 1 | |
| ***Phenothiazines & Tricyclic Agents*** - Drugs For Depression** | | |
| perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg | Tier 4 | |
| ***Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain** | | |
| gabapentin (once-daily) tablet 300 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| gabapentin (once-daily) tablet 450 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| gabapentin (once-daily) tablet 600 mg oral | Tier 4 | Quantity Limit (90 per 30 days) |
| gabapentin (once-daily) tablet 750 mg oral | Tier 4 | Quantity Limit (30 per 30 days) |
| gabapentin (once-daily) tablet 900 mg oral | Tier 4 | Quantity Limit (60 per 30 days) |
| ***Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*** - Drugs For Depression** | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg | Tier 4 | |
| ***Pseudobulbar Affect Agent Combinations*** - Drugs For Severe Mental Disorders** | | |
| dextromethorphan-quinidine oral capsule 20-10 mg | Tier 2 | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | Tier 3 | |
| ***Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders** | | |
| AQNEURSA ORAL PACKET 1 GM | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| pimozide oral tablet 1 mg, 2 mg | Tier 4 | |
| ***Restless Leg Syndrome (Rls) Agents*** - Drugs For The Nervous System** | | |

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| Drug Name | Tier | Notes |
|---|---|---|
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG | Tier 4 | Quantity Limit (60 per 30 days) |
| ***Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag*** - Drugs For The Nervous System** | | |
| ADDYI ORAL TABLET 100 MG | Tier 4 | Prior Authorization Required; Quantity Limit (30 per 30 days); Review your Plan's SPD to confirm coverage |
| ***Smoking Deterrents*** - Drugs For Depression** | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg | Tier 2 | ACA Drug |
| cvs nicotine mouth/throat gum 2 mg, 4 mg | Tier 1 | ACA Drug |
| cvs nicotine mouth/throat lozenge 2 mg | Tier 1 | ACA Drug |
| cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg | Tier 1 | ACA Drug |
| cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | Tier 1 | ACA Drug |
| eq nicotine mouth/throat lozenge 4 mg | Tier 1 | ACA Drug |
| eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg | Tier 1 | ACA Drug |
| eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr | Tier 1 | ACA Drug |
| eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | Tier 1 | ACA Drug |
| ft nicotine mini mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| ft nicotine mouth/throat gum 2 mg, 4 mg | Tier 1 | ACA Drug |
| ft nicotine mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | Tier 1 | ACA Drug |
| gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| gnp nicotine mouth/throat gum 2 mg, 4 mg | Tier 1 | ACA Drug |
| gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg | Tier 1 | ACA Drug |
| gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | Tier 1 | ACA Drug |
| goodsense nicotine mouth/throat gum 2 mg, 4 mg | Tier 1 | ACA Drug |
| goodsense nicotine mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| goodsense nicotine policrilex mouth/throat gum 4 mg | Tier 1 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR | Tier 2 | ACA Drug |
| KLS QUIT2 MOUTH/THROAT GUM 2 MG | Tier 2 | ACA Drug |
| KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG | Tier 2 | ACA Drug |
| KLS QUIT4 MOUTH/THROAT GUM 4 MG | Tier 2 | ACA Drug |
| KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG | Tier 2 | ACA Drug |
| NICORELIEF MOUTH/THROAT GUM 2 MG | Tier 2 | ACA Drug |
| NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG | Tier 2 | ACA Drug |
| nicotine mini mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| nicotine patch 24 hour 14 mg/24hr transdermal (otc) | Tier 1 | ACA Drug |
| nicotine patch 24 hour 21 mg/24hr transdermal (otc) | Tier 1 | ACA Drug |
| nicotine patch 24 hour 7 mg/24hr transdermal (otc) | Tier 1 | ACA Drug |
| nicotine polacrilex gum 2 mg mouth/throat | Tier 1 | ACA Drug |
| nicotine polacrilex gum 4 mg mouth/throat | Tier 1 | ACA Drug |
| nicotine polacrilex mini mouth/throat lozenge 2 mg | Tier 1 | ACA Drug |
| nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg | Tier 1 | ACA Drug |
| nicotine step 1 patch 24 hour 21 mg/24hr transdermal | Tier 1 | ACA Drug |
| nicotine step 2 patch 24 hour 14 mg/24hr transdermal | Tier 1 | ACA Drug |
| nicotine step 3 patch 24 hour 7 mg/24hr transdermal | Tier 1 | ACA Drug |
| nicotine transdermal kit 21-14-7 mg/24hr | Tier 1 | ACA Drug |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | Tier 3 | ACA Drug |
| qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | Tier 1 | ACA Drug |
| sm nicotine mouth/throat gum 4 mg | Tier 1 | ACA Drug |
| sm nicotine mouth/throat lozenge 2 mg | Tier 1 | ACA Drug |
| sm nicotine polacrilex mouth/throat lozenge 4 mg | Tier 1 | ACA Drug |
| THRIVE MOUTH/THROAT GUM 2 MG | Tier 2 | ACA Drug |
| varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42 | Tier 2 | ACA Drug |
| varenicline tartrate oral tablet 0.5 mg, 1 mg | Tier 2 | ACA Drug |
| varenicline tartrate(continue) oral tablet 1 mg | Tier 2 | ACA Drug |
| ***Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis** | | |
| fingolimod hcl oral capsule 0.5 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| GILENYA CAPSULE 0.25 MG ORAL | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG | Tier 3 | Specialty; Prior Authorization Required |
| MAYZENT TABLET 0.25 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| MAYZENT TABLET 1 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| MAYZENT TABLET 2 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG | Tier 3 | Specialty; Prior Authorization Required |
| ZEPOSIA ORAL CAPSULE 0.92 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 days) |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) | Tier 3 | Specialty; Prior Authorization Required |
| ***Thienbenzodiazepines & Opioid Antagonists*** - Drugs For Severe Mental Disorders** | | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| ***Thienbenzodiazepines & Ssris*** - Drugs For Severe Mental Disorders** | | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg | Tier 2 | |
| ***Vasomotor Symptom Agents - Ssris*** - Drugs For The Nervous System** | | |
| paroxetine mesylate oral capsule 7.5 mg | Tier 2 | |
| ***Respiratory Agents - Misc.* - Drugs For The Lungs** | | |
| ***Cftr Potentiators*** - Drugs For Cystic Fibrosis** | | |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| KALYDECO ORAL TABLET 150 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Cystic Fibrosis Agent - Combinations*** - Drugs For Cystic Fibrosis** | | |
| ALYFTREK TABLET 10-50-125 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ALYFTREK TABLET 4-20-50 MG ORAL | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (84 per 28 days) |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (120 per 30 days) |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG | Tier 3 | Specialty; Prior Authorization Required; Quantity Limit (56 per 28 days) |
| ***Cystic Fibrosis Agents - Miscellaneous*** - Drugs For Cystic Fibrosis** | | |
| BRONCHITOL INHALATION CAPSULE 40 MG | Tier 4 | Specialty |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG | Tier 4 | Specialty |
| ***Dipeptidyl Peptidase 1 (Dpp1) Inhibitors*** - Drugs For Cystic Fibrosis** | | |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (30 per 30 Days) |
| ***Hydrolytic Enzymes*** - Drugs For The Lungs** | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | Tier 3 | |
| ***Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs** | | |
| nintedanib esylate oral capsule 100 mg, 150 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |
| ***Pulmonary Fibrosis Agents - Phosphodiest 4 (Pde4) Inhib*** - Drugs For Cystic Fibrosis** | | |
| JASCAYD ORAL TABLET 18 MG, 9 MG | Tier 4 | Specialty; Prior Authorization Required; Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Pulmonary Fibrosis Agents*** - Drugs For The Lungs** | | |
| pirfenidone oral capsule 267 mg | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| pirfenidone tablet 267 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| pirfenidone tablet 534 mg oral | Tier 4 | Specialty; Prior Authorization Required |
| pirfenidone tablet 801 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (90 per 30 days) |
| ***Sulfonamides* - Drugs For Infections** | | |
| ***Sulfonamides*** - Antibiotics** | | |
| sulfadiazine oral tablet 500 mg | Tier 2 | |
| ***Tetracyclines* - Drugs For Infections** | | |
| ***Aminomethylcyclines*** - Antibiotics** | | |
| NUZYRA ORAL TABLET 150 MG | Tier 4 | |
| ***Tetracyclines*** - Antibiotics** | | |
| avidoxy oral tablet 100 mg | Tier 1 | |
| demeclocycline hcl oral tablet 150 mg, 300 mg | Tier 2 | |
| DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG | Tier 4 | |
| doxycycline hyclate capsule 100 mg oral | Tier 1 | |
| doxycycline hyclate capsule 50 mg oral | Tier 1 | |
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg | Tier 4 | |
| doxycycline hyclate tablet 100 mg oral | Tier 1 | |
| doxycycline hyclate tablet 150 mg oral | Tier 2 | |
| doxycycline hyclate tablet 20 mg oral | Tier 1 | |
| doxycycline hyclate tablet 50 mg oral | Tier 4 | |
| doxycycline hyclate tablet 75 mg oral | Tier 4 | |
| doxycycline monohydrate capsule 100 mg oral | Tier 1 | |
| doxycycline monohydrate capsule 150 mg oral | Tier 4 | |
| doxycycline monohydrate capsule 50 mg oral | Tier 1 | |
| doxycycline monohydrate capsule 75 mg oral | Tier 4 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| doxycycline monohydrate oral suspension reconstituted 25 mg/5ml | Tier 2 | |
| doxycycline monohydrate tablet 100 mg oral | Tier 1 | |
| doxycycline monohydrate tablet 150 mg oral | Tier 2 | |
| doxycycline monohydrate tablet 50 mg oral | Tier 1 | |
| doxycycline monohydrate tablet 75 mg oral | Tier 2 | |
| minocycline hcl capsule 100 mg oral | Tier 2 | |
| minocycline hcl capsule 50 mg oral | Tier 1 | |
| minocycline hcl capsule 75 mg oral | Tier 2 | |
| 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 | Tier 4 | |
| minocycline hcl oral tablet 100 mg, 50 mg, 75 mg | Tier 4 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | Tier 1 | |
| TARGADOX ORAL TABLET 50 MG | Tier 4 | |
| tetracycline hcl oral capsule 250 mg, 500 mg | Tier 2 | |
| ***Thyroid Agents* - Hormones** | | |
| ***Antithyroid Agents*** - Drugs For Thyroid** | | |
| methimazole oral tablet 10 mg, 5 mg | Tier 1 | |
| propylthiouracil oral tablet 50 mg | Tier 2 | |
| ***Thyroid Hormones*** - Drugs For Thyroid** | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | Tier 4 | |
| EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG | Tier 4 | |
| 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 | Tier 4 | |
| 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 | 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 TABLET 25 MCG ORAL | Tier 2 | |
| LIOMNY TABLET 5 MCG ORAL | Tier 1 | |
| LIOMNY TABLET 50 MCG ORAL | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| liothyronine sodium tablet 25 mcg oral | Tier 2 | |
| liothyronine sodium tablet 5 mcg oral | Tier 1 | |
| liothyronine sodium tablet 50 mcg oral | Tier 2 | |
| niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | Tier 4 | |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | Tier 4 | |
| RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG | Tier 4 | |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML | Tier 4 | |
| thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | Tier 4 | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG | Tier 4 | |
| 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 4 | |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | |
| ***Toxoids* - Biological Agents** | | |
| ***Toxoid Combinations*** - Vaccines** | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | Tier 3 | ACA Drug |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 | Tier 3 | ACA Drug |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | Tier 3 | ACA Drug |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | Tier 3 | ACA Drug |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | Tier 3 | ACA Drug |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | ACA Drug |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 3 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| QUADRACEL INTRAMUSCULAR SUSPENSION | Tier 3 | ACA Drug |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML | Tier 3 | ACA Drug |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | ACA Drug |
| ***Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach** | | |
| ***Anticholinergic Combinations*** - Drugs For Stomach Cramps** | | |
| chlordiazepoxide-clidinium oral capsule 5-2.5 mg | Tier 2 | |
| ***Antispasmodics*** - Drugs For Stomach Cramps** | | |
| dicyclomine hcl oral capsule 10 mg | Tier 1 | Healthy Values |
| dicyclomine hcl oral solution 10 mg/5ml, 20 mg/10ml | Tier 2 | Healthy Values |
| dicyclomine hcl tablet 20 mg oral | Tier 1 | Healthy Values |
| dicyclomine hcl tablet 40 mg oral | Tier 4 | |
| ***Belladonna Alkaloids*** - Drugs For Stomach Cramps** | | |
| hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg | Tier 2 | |
| hyoscyamine sulfate oral elixir 0.125 mg/5ml | Tier 2 | |
| hyoscyamine sulfate oral solution 0.125 mg/ml | Tier 2 | |
| hyoscyamine sulfate oral tablet 0.125 mg | Tier 2 | |
| hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg | Tier 2 | |
| hyoscyamine sulfate sublingual tablet sublingual 0.125 mg | Tier 2 | |
| hyosyne oral elixir 0.125 mg/5ml | Tier 2 | |
| hyosyne oral solution 0.125 mg/ml | Tier 2 | |
| oscimin oral tablet 0.125 mg | Tier 2 | |
| oscimin sublingual tablet sublingual 0.125 mg | Tier 2 | |
| ***H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid** | | |
| cimetidine hcl oral solution 300 mg/5ml | Tier 2 | Prior Authorization Required; Quantity Limit (1200 per 30 days) |
| cimetidine tablet 300 mg oral | Tier 2 | |
| cimetidine tablet 400 mg oral | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| cimetidine tablet 800 mg oral | Tier 2 | |
| famotidine oral suspension reconstituted 40 mg/5ml | Tier 2 | Quantity Limit (2400 per 30 days) |
| famotidine tablet 40 mg oral | Tier 1 | |
| nizatidine capsule 150 mg oral | Tier 2 | |
| nizatidine capsule 300 mg oral | Tier 4 | |
| ranitidine hcl oral tablet 150 mg, 300 mg | Tier 4 | |
| ***Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid** | | |
| sucralfate oral tablet 1 gm | Tier 2 | |
| sucralfate suspension 1 gm/10ml oral | Tier 2 | Quantity Limit (1200 per 30 days) |
| ***Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** - Drugs For Ulcers And Stomach Acid** | | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| ***Proton Pump Inhibitor-Antacid Combinations*** - Drugs For Ulcers And Stomach Acid** | | |
| KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML | Tier 4 | Quantity Limit (600 per 30 days) |
| omeprazole-sodium bicarbonate capsule 40-1100 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| ***Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid** | | |
| dexlansoprazole capsule delayed release 30 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| dexlansoprazole capsule delayed release 60 mg oral | Tier 2 | Quantity Limit (30 per 30 days) |
| esomeprazole magnesium capsule delayed release 40 mg oral | Tier 1 | Quantity Limit (60 per 30 days) |
| esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| lansoprazole capsule delayed release 30 mg oral | Tier 1 | Quantity Limit (60 per 30 days) |
| lansoprazole tablet delayed release dispersible 30 mg oral | Tier 2 | Quantity Limit (60 per 30 days) |
| omeprazole capsule delayed release 10 mg oral | Tier 1 | |
| omeprazole capsule delayed release 40 mg oral | Tier 1 | |
| pantoprazole sodium oral packet 40 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| pantoprazole sodium tablet delayed release 20 mg oral | Tier 1 | |
| pantoprazole sodium tablet delayed release 40 mg oral | Tier 1 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| PRILOSEC PACKET 10 MG ORAL | Tier 4 | Quantity Limit (30 per 30 days) |
| PRILOSEC PACKET 2.5 MG ORAL | Tier 4 | Quantity Limit (60 per 30 days) |
| rabeprazole sodium oral capsule sprinkle 10 mg | Tier 4 | Quantity Limit (30 per 30 days) |
| rabeprazole sodium oral tablet delayed release 20 mg | Tier 2 | |
| ***Quaternary Anticholinergics*** - Drugs For Stomach Cramps** | | |
| GLYCATE ORAL TABLET 1.5 MG | Tier 4 | |
| glycopyrrolate solution 1 mg/5ml oral | Tier 2 | Quantity Limit (1350 per 30 days) |
| glycopyrrolate tablet 1 mg oral | Tier 2 | |
| glycopyrrolate tablet 1.5 mg oral | Tier 4 | |
| glycopyrrolate tablet 2 mg oral | Tier 2 | |
| methscopolamine bromide oral tablet 2.5 mg, 5 mg | Tier 2 | |
| ***Ulcer Anti-Infective W/ Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid** | | |
| amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg | Tier 4 | |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG | Tier 3 | |
| ***Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid** | | |
| misoprostol oral tablet 100 mcg, 200 mcg | Tier 1 | |
| ***Urinary Antispasmodics* - Drugs For The Urinary System** | | |
| ***Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder** | | |
| oxybutynin chloride er tablet extended release 24 hour 10 mg oral | Tier 1 | Quantity Limit (60 per 30 days) |
| oxybutynin chloride er tablet extended release 24 hour 15 mg oral | Tier 1 | Quantity Limit (60 per 30 days) |
| oxybutynin chloride er tablet extended release 24 hour 5 mg oral | Tier 1 | Quantity Limit (30 per 30 days) |
| oxybutynin chloride oral solution 5 mg/5ml | Tier 1 | Quantity Limit (600 per 30 days) |
| oxybutynin chloride tablet 5 mg oral | Tier 1 | Quantity Limit (120 per 30 days) |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR | Tier 4 | Quantity Limit (8 per 28 days) |
| solifenacin succinate oral tablet 10 mg, 5 mg | Tier 1 | Quantity Limit (30 per 30 days) |
| tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| tolterodine tartrate oral tablet 1 mg, 2 mg | Tier 2 | Quantity Limit (60 per 30 days) |

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| Drug Name | Tier | Notes |
|---|---|---|
| trospium chloride er oral capsule extended release 24 hour 60 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| trospium chloride oral tablet 20 mg | Tier 2 | Quantity Limit (60 per 30 days) |
| ***Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder** | | |
| GEMTESA ORAL TABLET 75 MG | Tier 4 | Quantity Limit (30 per 30 days) |
| mirabegron er oral suspension reconstituted er 8 mg/ml | Tier 2 | Quantity Limit (300 per 28 days) |
| mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg | Tier 2 | Quantity Limit (30 per 30 days) |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | Tier 3 | Quantity Limit (300 per 28 days) |
| ***Urinary Antispasmodics - Cholinergic Agonists*** - Drugs For The Bladder** | | |
| bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg | Tier 2 | |
| ***Urinary Antispasmodics - Direct Muscle Relaxants*** - Drugs For The Bladder** | | |
| flavoxate hcl oral tablet 100 mg | Tier 2 | |
| ***Vaccines* - Biological Agents** | | |
| ***Bacterial Vaccines*** - Vaccines** | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 3 | ACA Drug |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | Tier 3 | ACA Drug |
| MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML | Tier 3 | ACA Drug |
| MENVEO INTRAMUSCULAR SOLUTION | Tier 3 | ACA Drug |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 3 | ACA Drug |
| PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | Tier 3 | ACA Drug |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 3 | ACA Drug |
| penmenvy intramuscular suspension reconstituted | Tier 3 | ACA Drug |
| PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | Tier 3 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | Tier 4 | Review your Plan's SPD to confirm coverage |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | Tier 4 | Review your Plan's SPD to confirm coverage |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | Tier 4 | Review your Plan's SPD to confirm coverage |
| ***Viral Vaccine Combinations*** - Vaccines** | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | Tier 3 | ACA Drug |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 3 | ACA Drug |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 3 | ACA Drug |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | Tier 3 | ACA Drug |
| ***Viral Vaccines*** - Vaccines** | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | Tier 3 | ACA Drug |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | Tier 3 | ACA Drug |
| COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML | Tier 3 | ACA Drug |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML | Tier 3 | ACA Drug |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 4 | Review your Plan's SPD to confirm coverage |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | Tier 3 | ACA Drug |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | Tier 3 | ACA Drug |
| ERVEBO INTRAMUSCULAR SUSPENSION | Tier 4 | Review your Plan's SPD to confirm coverage |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| FLUMIST NASAL LIQUID | Tier 3 | ACA Drug |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| FLUZONE INTRAMUSCULAR SUSPENSION | Tier 3 | ACA Drug |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML | Tier 3 | ACA Drug |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 3 | ACA Drug |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML | Tier 3 | ACA Drug |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | Tier 3 | ACA Drug |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | Tier 3 | |
| IPOL INJECTION SUSPENSION | Tier 3 | ACA Drug |
| IXIARO INTRAMUSCULAR SUSPENSION | Tier 4 | Review your Plan's SPD to confirm coverage |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | Tier 3 | ACA Drug |
| MFLUSIVA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.38 ML | Tier 3 | ACA Drug |
| MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML | Tier 3 | ACA Drug |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | Tier 3 | ACA Drug |
| NUVAXOVID COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML | Tier 3 | ACA Drug |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 3 | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | Tier 3 | ACA Drug |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | Tier 3 | ACA Drug |
| ROTARIX ORAL SUSPENSION | Tier 3 | ACA Drug |
| ROTATEQ ORAL SOLUTION | Tier 3 | ACA Drug |

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| Drug Name | Tier | Notes |
|---|---|---|
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | Tier 3 | ACA Drug |
| SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML | Tier 3 | ACA Drug |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | Tier 3 | ACA Drug |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML | Tier 4 | Review your Plan's SPD to confirm coverage |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | Tier 3 | ACA Drug |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML | Tier 3 | ACA Drug |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML | Tier 3 | ACA Drug |
| YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 4 | Review your Plan's SPD to confirm coverage |
| ***Vaginal And Related Products* - Drugs For Women** | | |
| ***Imidazole-Related Antifungals*** - Drugs For Infections** | | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | Tier 4 | |
| miconazole 3 vaginal suppository 200 mg | Tier 4 | |
| terconazole vaginal cream 0.4 %, 0.8 % | Tier 2 | |
| terconazole vaginal suppository 80 mg | Tier 2 | |
| ***Miscellaneous Vaginal Products*** - Drugs For Women** | | |
| INTRAROSA VAGINAL INSERT 6.5 MG | Tier 4 | |
| ***Spermicides*** - Birth Control Pills** | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG | Tier 3 | ACA Drug |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % | Tier 3 | ACA Drug |
| TODAY SPONGE VAGINAL 1000 MG | Tier 3 | ACA Drug |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % | Tier 3 | ACA Drug |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % | Tier 4 | |
| ***Vaginal Anti-Infectives*** - Drugs For Infections** | | |
| clindamycin phosphate vaginal cream 2 % | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| CLINDESSE VAGINAL CREAM 2 % | Tier 4 | |
| metronidazole vaginal gel 0.75 % | Tier 2 | |
| NUVESSA VAGINAL GEL 1.3 % | Tier 4 | |
| VANDAZOLE VAGINAL GEL 0.75 % | Tier 4 | |
| ***Vaginal Contraceptive Ph Modulator - Combinations*** - Drugs For Women** | | |
| PHEXX VAGINAL GEL 1.8-1-0.4 % | Tier 4 | ACA Drug |
| ***Vaginal Estrogens*** - Drugs For Women** | | |
| estradiol cream 0.01 % vaginal | Tier 2 | |
| estradiol vaginal tablet 10 mcg | Tier 2 | |
| ESTRING VAGINAL RING 7.5 MCG/24HR | Tier 3 | Quantity Limit (1 per 90 days) |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | Tier 3 | |
| YUVAFEM VAGINAL TABLET 10 MCG | Tier 2 | |
| ***Vaginal Progestins*** - Drugs For Women** | | |
| progesterone vaginal insert 100 mg | Tier 2 | Quantity Limit (84 per 28 days); Review your Plan's SPD to confirm coverage |
| ***Vasopressors* - Drugs For The Heart** | | |
| ***Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction** | | |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML | Tier 3 | |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | Tier 2 | |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | Tier 2 | |
| ***Neurogenic Orthostatic Hypotension (Noh) - Agents*** - Drugs For Serious Allergic Reaction** | | |
| droxidopa capsule 100 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (450 per 30 days) |
| droxidopa capsule 200 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| droxidopa capsule 300 mg oral | Tier 2 | Specialty; Prior Authorization Required; Quantity Limit (180 per 30 days) |
| ***Vasopressors*** - Drugs For Serious Allergic Reaction** | | |
| midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg | Tier 2 | |

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| Drug Name | Tier | Notes |
|---|---|---|
| ***Vitamins* - Drugs For Nutrition** | | |
| ***Vitamin D*** - Drugs For Nutrition** | | |
| ergocalciferol oral capsule 1.25 mg (50000 ut) | Tier 1 | |
| vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral | Tier 1 | |
| ***Vitamin K*** - Drugs For Nutrition** | | |
| phytonadione oral tablet 5 mg | Tier 2 | |

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