CLEARSCRIPT FORMULARY

July 1, 2025

What is the ClearScript Standard Formulary?

The ClearScript Formulary is a list of drugs selected by physician and pharmacist subject matter experts who collaboratively support the Pharmacy and Therapeutics (P&T) Committee. Coverage for the drugs included on the ClearScript Formulary is determined by your benefit plan design. It is important to note that this formulary is not a complete list of medications and not all listed drugs may be covered by your plan. Please refer to the benefit documents provided by your employer or health plan for information on your specific benefit coverage and copays. You may also contact the Member Service Center at the number on the back of your ID card for more information.

How is the formulary and clinical review criteria developed?

The formulary and clinical review criteria are developed based on the recommendations of the P&T Committee. This committee meets quarterly to review and select drugs and clinical criteria for additions to the formulary based on drug safety, effectiveness, scientific evidence and standards of practice, therapeutic need, and cost.

Can the Formulary (drug list) change?

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

What are generic drugs?

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

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

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

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

Drugs requiring prior authorization or step therapy may require your doctor to request a clinical review to determine coverage. Your doctor can submit a request for clinical review on your behalf by contacting the number on the back of your ID card or by completing the Authorization Request form found on the ClearScript.org member page.

Clinical review decisions are based on criteria developed by peer – reviewed publications, evidence-based research, and widely accepted medical practice.

Tier Benefit Design

A tier benefit design is where you are responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Your health plan or employer determines your out-of-pocket costs or copayments for each tier. If you are prescribed a drug on a higher tier, discuss any covered lower tier options with your doctor to help save on drug costs.

Specialty drugs may be covered at a higher copay or coinsurance.

- Tier 1: Generic medications
- Tier 2: Preferred brand medications
- Tier 3: Non-preferred brand medications
- Tier 4: Specialty generic medications
- Tier 5: Specialty preferred brand medications
- Tier 6: Specialty non-preferred brand medications
- ACA Tier: Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). **ACA Tier** indicates the medication qualifies as preventive under the ACA/EHB.

  For plans with an ACA benefit, these medications are covered at $0 copay. If your plan does not participate in ACA coverage, some drugs in this tier may not be covered by your plan.

How do I fill my specialty medication?

Specialty medications are typically used to treat rare or chronic conditions and often require special handling. They cost more than other drugs and may have the highest copayment applied.

To ensure the safest, most clinically appropriate and cost-effective dispensing of these medications, your plan may require you to fill your prescriptions at a designated specialty pharmacy. Specialty pharmacies provide personalized care and offer convenient delivery to your home or other approved location.

Please refer to your benefit documents for details regarding Specialty Medications or call our Member Service Center at the number on the back of your ID card to find out where you can have prescriptions for specialty medications filled.

General Exclusions:

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

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. Please refer to your benefit plan documents for details regarding benefit exclusions or call our Member Service Center at the number on the back of your ID card.

Examples of benefit exclusions include:

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

What if a drug is not on the Formulary?

If a drug is not included on the formulary, you can:

1. Contact ClearScript at the number on the back of your ID card to request a list of similar drugs covered by the plan. Show it to your doctor and ask the doctor to prescribe a similar covered drug that that is determined by your doctor to be an appropriate alternative drug.

2. Contact your plan to determine your options.

Can I appeal a coverage decision?

If you are not satisfied with a coverage decision, you have the right to file an appeal according to the process outlined in your plan's Summary Plan Document. Please refer to your benefit plan documents for information on your Rights of Appeal, how to file an appeal, the appeal process and the appeal levels available to you.

If you decide to file an appeal, you will be asked to provide written information to support your appeal. The appeal will be reviewed by different individuals than those who made the original decision.

For more information about the ClearScript Formulary

call our Member Service Center at the number on the back of your ID card.

Copyright © 2004-2023. All rights reserved. This document is proprietary. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Table of Contents

Allergy 3
Antiemesis/Antivertigo 6
Asthma And Copd 7
Autonomic Nervous System Disorders 19
Behavioral Health - Antidepressants 20
Behavioral Health - Other 24
Cardiovascular Disease - Arrhythmia 38
Cardiovascular Disease - Cardiac Stimulant 39
Cardiovascular Disease - Hypertension 39
Cardiovascular Disease - Lipid Irregularity 49
Cardiovascular Disease - Miscellaneous Agents 54
Cardiovascular Disease - Vasodilation 56
Contraception/Oxytocics 56
Cough And Cold 69
Dermatology - Acne 71
Dermatology - Antiinfective 78
Dermatology - Antiinflammatory 83
Dermatology - Miscellaneous 92
Dermatology - Psoriasis/Eczema 99
Diabetes 102
Ear - General Disorders 115
Electrolyte Regulation 116
Endocrine Disorder - Fertility 119
Endocrine Disorder - Other 120
Endocrine Disorder - Thyroid 125
Eye - General Disorders 126
Eye - Glaucoma 132
Eye - Miscellaneous 135
Fluid Replacement 135

Gout And Related Diseases 136
Hematological Disorders 136
Hormonal Deficiency 147
Immunization 151
Immunosuppression/Modulation 159
Infectious Disease - Bacterial 161
Infectious Disease - Fungal 167
Infectious Disease - Miscellaneous 168
Infectious Disease - Parasitic 170
Infectious Disease - Viral 171
Inflammatory Disease 178
Local Anesthesia 186
Lower Gastrointestinal Disorders - Bowel Inflammat 187
Lower Gastrointestinal Disorders - Other 189
Medical Supplies 193
Miscellaneous Agents 207
Neoplastic Disease 209
Neurological Disease - Miscellaneous 219
Oral/Pharyngeal Disorders 222
Other Drugs 223
Other Respiratory Disorders 233
Pain Management - Analgesics 235
Parkinsons Disease 246
Seizure Disorder 248
Skeletal Muscle Disorder 254
Smoking Cessation 255
Upper Gastrointestinal Disorders - Digestive 257
Upper Gastrointestinal Disorders - Spastic Disease 258
Upper Gastrointestinal Disorders - Ulcer Disease 259
Urinary Tract - Functional Disorders 262
Vaginal Disorders 265
Vitamin And/Or Mineral Deficiency 266
Weight Reduction 272

Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 5	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 5	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 5	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 5	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 5	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 5	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 5	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 5	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 5	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 5	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 5	PA; SP
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 5	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 5	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 5	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml (Karbinal ER)	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg (Clemasz)	Tier 1	
CLEMASZ ORAL TABLET 2.68 MG (clemastine)	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	(carbinoxamine maleate)	Tier 3	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	Tier 1	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	
Nasal Antihistamine			
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %		Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 2	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML		Tier 3	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 2	QL (1 EA per 28 days)
aprepitant oral capsule 125 mg		Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg		Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 1	QL (2 EA per 21 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 2	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 1	
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	
trimethobenzamide oral capsule 300 mg		Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	QL (2 EA per 14 days)
Asthma And Copd			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 1	
Anticholinergics, Orally Inhaled Long Acting			
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml		Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 1	QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 1	QL (30.9 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled			
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 2	QL (30 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	Tier 1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation		Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation		Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		Tier 1	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab			
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML		Tier 5	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab			
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		Tier 5	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML		Tier 5	PA; SP
Leukotriene Receptor Antagonists			
montelukast oral granules in packet 4 mg	(Singulair)	Tier 1	
montelukast oral tablet 10 mg	(Singulair)	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 1	
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 5	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		Tier 5	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 5	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 5	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		Tier 5	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		Tier 5	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 3	PA
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT		Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S KIT		Tier 3	
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 3	
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE		Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 3	
COMFORTSEAL SMALL MASK DEVICE		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE		Tier 3	
EASIVENT MASK MEDIUM DEVICE		Tier 3	
EASIVENT MASK SMALL DEVICE		Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE		Tier 3	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 3	
LAMIRA NEBULIZER(FOR ARIKAYCE) DEVICE	(nebulizer and compressor)	Tier 3	
LC PLUS	(nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
nebulizer and compressor device	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE		Tier 3	
PROVENT STARTER NASAL DEVICE		Tier 3	
PULMO-AIDE COMPRESSOR DEVICE		Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE	(nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE		Tier 3	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
STRIVE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
TRUNEB NEBULIZER	(nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER	(nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK	(nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	(nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER		Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER		Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE	(nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 5	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)		Tier 5	PA; SP
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
theophylline oral elixir 80 mg/15 ml	(Elixophyllin)	Tier 1	
theophylline oral solution 80 mg/15 ml		Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml		Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg		Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib			
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	(Namzaric)	Tier 1	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG		Tier 2	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors			
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg		Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG		Tier 3	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
Neonatal Fc Receptor (Fcrn) Inhibitors			
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML		Tier 6	PA; SP
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Antidepressant - Postpartum Depression (Ppd)			
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 5	PA; SP
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 3	
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 3	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssris)			
citalopram oral solution 10 mg/5 ml		Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 1	
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML		Tier 3	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 1	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)		Tier 2	QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant			
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	Tier 1	
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
doxepin oral concentrate 10 mg/ml		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	
protriptyline oral tablet 10 mg, 5 mg		Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 1	
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	(Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	(Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	(Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	(Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	(Zenzedi)	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	Tier 1	QL (2 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 1	
disulfiram oral tablet 250 mg, 500 mg		Tier 1	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		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 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 1	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)		Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 1	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 1	
meprobamate oral tablet 200 mg, 400 mg		Tier 1	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Tier 3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 1	
lithium carbonate oral tablet 300 mg		Tier 1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 1	
lithium carbonate oral tablet extended release 450 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
lithium citrate oral solution 8 meq/5 ml	Tier 1	
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 6	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 6	PA; SP
sodium oxybate oral solution 500 mg/ml (Xyrem)	Tier 5	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 5	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 5	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 5	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 5	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 5	SP; QL (1 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 6	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 5	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 5	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 5	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 5	SP; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5	SP
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 5	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 5	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 5	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 5	SP; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 5	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 5	SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 5	SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 5	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 5	SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 5	SP; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 5	SP; QL (2.63 ML per 70 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg (Latuda)	Tier 1	QL (60 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg	Tier 1	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg (Zyprexa)	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
paliperidone oral tablet extended release 24hr 1.5 mg	Tier 1	QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		Tier 5	SP; QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 1	
quetiapine oral tablet 150 mg		Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	
risperidone oral tablet 0.25 mg		Tier 1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)		Tier 3	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		Tier 5	SP; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML		Tier 5	SP; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML		Tier 5	SP; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML		Tier 5	SP; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML		Tier 5	SP; QL (0.7 ML per 56 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 5	SP; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 5	SP; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Barbiturates			
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		Tier 1	
Cholinergic And Anticholinergic Combinations			
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
Hsdd Agents-Mixed Serotonin Agonist/Antagonists			
ADDYI ORAL TABLET 100 MG		Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML		Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists			
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		Tier 6	PA; SP
ramelteon oral tablet 8 mg	(Rozerem)	Tier 1	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 4	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 6	PA; SP
Narcotic Antagonists			
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naloxone injection auto-injector 10 mg/0.4 ml		Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naltrexone oral tablet 50 mg		Tier 1	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION		Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines			
estazolam oral tablet 1 mg, 2 mg		Tier 1	
flurazepam oral capsule 15 mg, 30 mg		Tier 1	
midazolam oral syrup 2 mg/ml		Tier 1	
quazepam oral tablet 15 mg	(Doral)	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	
triazolam oral tablet 0.125 mg		Tier 1	
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 1	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 6	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 6	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg		Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg		Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML		Tier 3	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG		Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 1	QL (2 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	(Daytrana)	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG		Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	Tier 1	
amiodarone oral tablet 400 mg		Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	
MULTAQ ORAL TABLET 400 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	(amiodarone)	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 1	
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 3	PA
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg		Tier 1	
Alpha-Adrenergic Blocking Agents			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 4	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg		Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML		Tier 3	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
olmesartan-amlodipin-hcthiazid 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	(Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 1	
Antihypertensives, Ace Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	
benazepril oral tablet 5 mg		Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 1	
eprosartan oral tablet 600 mg		Tier 1	
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	Tier 1	
irbesartan oral tablet 75 mg		Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	
telmisartan oral tablet 20 mg		Tier 1	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers			
VECAMYL ORAL TABLET 2.5 MG		Tier 6	PA; SP
Antihypertensives, Miscellaneous			
metyrosine oral capsule 250 mg	(Demser)	Tier 4	PA; SP
Antihypertensives, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
Antihypertensives,Endothelin Receptor Antagonists			
TRYVIO ORAL TABLET 12.5 MG		Tier 6	PA; SP
VANRAFIA ORAL TABLET 0.75 MG		Tier 6	PA; SP
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg		Tier 1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 1	
nadolol oral tablet 20 mg, 40 mg		Tier 1	
nadolol oral tablet 80 mg	(Corgard)	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 1	
pindolol oral tablet 10 mg, 5 mg		Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	Tier 1	
sotalol oral tablet 240 mg	(Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML		Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	
Calcium Channel Blocking Agents			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	(diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG	(levamlodipine)	Tier 3	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Tiadylt ER)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
nicardipine oral capsule 20 mg, 30 mg		Tier 1	
nifedipine oral capsule 10 mg, 20 mg		Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 1	
nimodipine oral capsule 30 mg		Tier 1	
nimodipine oral solution 60 mg/20 ml		Tier 4	PA; SP
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 6	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 6	PA; SP
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 1	
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 6	SP
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	
Potassium Sparing Diuretics			
amiloride oral tablet 5 mg		Tier 1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
KERENDIA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 5	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 4	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 6	PA; SP
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml		Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	Tier 4	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 4	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG		Tier 5	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		Tier 5	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc			
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type			
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)		Tier 5	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)		Tier 5	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG		Tier 5	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Tier 5	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	(treprostinil sodium)	Tier 6	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	Tier 4	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG		Tier 5	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 5	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 5	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 5	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 5	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 5	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		Tier 6	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 5	PA; SP
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 1	
Thiazide And Related Diuretics			
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 3	
HEMICLOR ORAL TABLET 12.5 MG		Tier 3	
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
THALITONE ORAL TABLET 15 MG		Tier 3	
Vasodilators, Combination			
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor			
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		Tier 6	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 3	PA
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	(simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)		Tier 3	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
fluvastatin oral capsule 20 mg	ACA Tier	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral capsule 40 mg	ACA Tier	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	ACA Tier	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	(Crestor)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	(Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
simvastatin oral tablet 5 mg	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Bile Salt Sequestrants		
cholestyramine (with sugar) oral powder 4 gram (Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
colesevelam oral powder in packet 3.75 gram (WelChol)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	
colestipol oral granules 5 gram	(Colestid)	Tier 1	
colestipol oral packet 5 gram		Tier 1	
colestipol oral tablet 1 gram	(Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM		Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM		Tier 1	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 1	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
Niacin Preparations			
niacin oral tablet 500 mg	(Niacor)	Tier 1	
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 4	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 2	QL (8 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg		Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 2	QL (20 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	Tier 1	QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	Tier 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 6	PA; SP
Protein Stabilizers			
ATTRUBY ORAL TABLET 356 MG		Tier 6	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG		Tier 6	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG		Tier 6	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Cardiovascular Disease - Vasodilation			
Vasodilators,Coronary			
amyl nitrite inhalation solution 0.3 ml		Tier 1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	
nitroglycerin transdermal ointment 2 %	(Nitro-Bid)	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	(nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 1	
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
papaverine injection solution 30 mg/ml		Tier 1	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		ACA Tier	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	ACA Tier	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	ACA Tier	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	ACA Tier	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	ACA Tier	
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		ACA Tier	$0 COPAY IF LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		ACA Tier	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	ACA Tier	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	ACA Tier	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		ACA Tier	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		ACA Tier	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		ACA Tier	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		ACA Tier	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Safyral)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELLA ORAL TABLET 30 MG		ACA Tier	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rivelsa)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
levonorgestrel oral tablet 1.5 mg	(After Pill)	ACA Tier	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Galbriela)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
OPILL ORAL TABLET 0.075 MG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
PHILITH ORAL TABLET 0.4-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG		ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	ACA Tier	$0 COPAY IF QUANTITY 28 IN 28 DAYS
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	ACA Tier	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		ACA Tier	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	ACA Tier	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	ACA Tier	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		ACA Tier	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		ACA Tier	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		ACA Tier	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		ACA Tier	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		ACA Tier	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		ACA Tier	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	ACA Tier	
Intra-Uterine Devices (Iud's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	ACA Tier	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	ACA Tier	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	ACA Tier	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	ACA Tier	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	ACA Tier	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	ACA Tier	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	ACA Tier	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml (Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Narcotic Antitussive-Anticholinergic Comb.			
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	(Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML		Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	
Nose Preparations, Vasoconstrictors (Rx)			
epinephrine hcl nasal solution 1 mg/ml		Tier 1	
Dermatology - Acne			
Acne Agents,Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
Acne Agents,Topical			
ACIOXIAY TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
ADALINA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 1	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %		Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 %		Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 %		Tier 3	
ALIXI TOPICAL CREAM 6-4 %		Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALOMIRA TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS HP TOPICAL CREAM 0.1-4 %		Tier 3	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ALURIS LP TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
ALURIS TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
APEXOL HP TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
APEXOL TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
APHORIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
APORIX TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
APORIX TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
ARTILIS HP TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 1	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 3	
AVIDORA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
AZALTA HP TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
AZALTA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 3	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 1	
dapsone topical gel 5 %	(Aczone)	Tier 1	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	(dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
DRAXACEY TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
RUMILO TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 3	
SORIXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 2	
Rosacea Agents, Topical			
AVEIDA TOPICAL GEL 1-1 %		Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
azelaic acid topical gel 15 %		Tier 1	
BAXONIL TOPICAL OINTMENT 1-2 %		Tier 3	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 3	
DAZOMON TOPICAL GEL 0.25 %		Tier 3	
FINACEA TOPICAL FOAM 15 %		Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %		Tier 3	
ivermectin topical cream 1 %	(Soolantra)	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
metronidazole topical cream 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 1 %	(Metrogel)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
metronidazole topical gel with pump 1 %		Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
REMYDA TOPICAL GEL 0.25 %		Tier 3	
RESTIMO TOPICAL GEL 1-1 %		Tier 3	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 1	
ROSITARA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
ROVIS TOPICAL GEL 0.25-1-1-4 %		Tier 3	
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 3	PA
Topical Preparations,Antibacterials			
BASADROX TOPICAL GEL IN PACKET		Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	
IODOSORB TOPICAL GEL 0.9 %		Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE		Tier 1	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	
adapalene topical gel 0.3 %		Tier 1	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	
adapalene topical lotion 0.1 %	(Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 3	
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 1	
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
tretinoin topical cream 0.025 %	(Avita)	Tier 1	
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.01 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.025 %	(Avita)	Tier 1	
tretinoin topical gel 0.05 %	(Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents			
ALVOX HP TOPICAL CREAM 0.1-4 %	(tazarotene-niacinamide)	Tier 3	
ALVOX TOPICAL CREAM 0.05-4 %	(tazarotene-niacinamide)	Tier 3	
ETHOXIA TOPICAL CREAM 0.05-4 %	(tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 %	(tazarotene-niacinamide)	Tier 3	
Dermatology - Antiinfective			
Topical Antibiotics			
BATIZIA TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 3	
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 1	
clindamycin phosphate topical gel 1 %		Tier 1	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 1	ST: Requires prior prescription for generic Cleocin 1% gel within the past 120 days
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical solution 1 %		Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 1	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	
erythromycin with ethanol topical solution 2 %		Tier 1	QL (180 ML per 1 FILL)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 1	
gentamicin topical cream 0.1 %		Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin calcium topical cream 2 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
DELIBON TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
DAZINIA TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
PHEODOYO TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %		Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	Tier 1	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
DENVITA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
econazole nitrate topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
FERVINA TOPICAL LOTION 3-5-20 %		Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 %		Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
FRIVO TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	
ketoconazole topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %		Tier 1	QL (360 ML per 1 FILL)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
luliconazole topical cream 1 %	(Luzu)	Tier 1	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 1	
naftifine topical cream 1 %		Tier 1	
naftifine topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
oxiconazole topical cream 1 %		Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 3	
PHEOXIA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	
tavaborole topical solution with applicator 5 %		Tier 1	PA
Topical Antiparasitics			
malathion topical lotion 0.5 %	(Ovide)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
permethrin topical cream 5 %	(Elimite)	Tier 1	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides			
ABENOR HP TOPICAL LOTION 15-4 %		Tier 3	
ABENOR TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %		Tier 3	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (1419 ML per 1 FILL)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	(sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML		Tier 5	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 5	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML		Tier 5	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML		Tier 5	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 2	
Topical Antibiotics/Antiinflammatory,Steroidal			
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
Topical Anti-Inflammatory Steroidal			
ACIOXIA TOPICAL GEL 0.1-0.5 %		Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %		Tier 1	
ALA-CORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 % (Luxiq)	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %		Tier 1	
clobetasol topical foam 0.05 %	(Olux)	Tier 1	
clobetasol topical gel 0.05 %		Tier 1	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 1	
clobetasol topical ointment 0.05 %		Tier 1	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 1	
clobetasol-emollient topical cream 0.05 %		Tier 1	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	Tier 1	
clocortolone pivalate topical cream 0.1 %		Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 3	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %		Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
desonide topical cream 0.05 %	(DesOwen)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
desonide topical gel 0.05 %		Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
desonide topical lotion 0.05 %		Tier 1	
desonide topical ointment 0.05 %		Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical gel 0.05 %	(Topicort)	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
DIVINIX TOPICAL CREAM 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DIVINIX TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DIVINIX TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
DOMELA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 3	
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	
fluocinonide topical solution 0.05 %		Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 3	
flurandrenolide topical cream 0.05 %		Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
flurandrenolide topical lotion 0.05 %		Tier 1	
flurandrenolide topical ointment 0.05 %		Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %		Tier 1	
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 1	
fluticasone propionate topical ointment 0.005 %		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
halcinonide topical cream 0.1 %	(Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halcinonide topical solution 0.1 %	(Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halobetasol propionate topical cream 0.05 %		Tier 1	
halobetasol propionate topical ointment 0.05 %		Tier 1	
HALOG TOPICAL OINTMENT 0.1 %		Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	(halcinonide)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
hydrocortisone butyrate topical cream 0.1 %		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
hydrocortisone butyrate topical lotion 0.1 %		Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
hydrocortisone butyrate topical solution 0.1 %		Tier 1	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream with perineal applicator 1 %		Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %		Tier 1	
hydrocortisone topical solution 2.5 %	(Texacort)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
hydrocortisone valerate topical cream 0.2 %		Tier 1	
hydrocortisone valerate topical ointment 0.2 %		Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
ILEXOR TOPICAL SHAMPOO 0.05-2 %	(clobetasol-levocetirizine)	Tier 3	
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %		Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %		Tier 1	
prednicarbate topical ointment 0.1 %		Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %		Tier 3	
TELIORA TOPICAL GEL 0.1-0.5 %		Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	(hydrocortisone)	Tier 3	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 1	
TRIDERM TOPICAL CREAM 0.1 %	(triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 1	
diclofenac sodium topical drops 1.5 %		Tier 1	
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	Tier 1	
KERAXA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 3	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors			
OPZELURA TOPICAL CREAM 1.5 %		Tier 2	PA
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
Antiseborrheic Agents			
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	(sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %		Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %		Tier 3	ST: Requires prior prescription for Ciclopirox(shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 %	(sulfacetamide sodium)	Tier 3	
selenium sulfide topical lotion 2.5 %		Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 1	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 1	
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 1	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 3	
Antiseptics,Miscellaneous			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
guaiacol liquid		Tier 3	
Emollients			
ammonium lactate topical cream 12 %		Tier 1	
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 3	
KERASTAT TOPICAL CREAM		Tier 3	
KERASTAT TOPICAL GEL 5 %		Tier 3	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 1	
PRESERA TOPICAL FOAM		Tier 3	
XCLAIR TOPICAL CREAM		Tier 3	
Hypertrichotic Agents, Systemic/Incl. Combinations			
LITFULO ORAL CAPSULE 50 MG		Tier 6	PA; SP
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine)	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 1	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
lactated ringers irrigation solution		Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
ringer's irrigation solution		Tier 1	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 1	
sorbitol irrigation solution 3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 3	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 1	
methyl salicylate oil	(Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid		Tier 1	
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
WINTERGREEN OIL OIL	(methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 3	PA
Keratolytics			
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 3	
METDRAY TOPICAL GEL 17-2 %		Tier 3	
NENDRUX TOPICAL GEL 40-5 %		Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 3	
PODOCON TOPICAL LIQUID 25 %		Tier 1	
podofilox topical gel 0.5 %	(Condylox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %		Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 1	
PRONAL TOPICAL GEL 10-40 %		Tier 3	
salicylic acid topical cream 6 %	(Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 1	
salicylic acid topical foam 6 %	(Salvax)	Tier 1	
salicylic acid topical liquid 26 %		Tier 1	
salicylic acid topical lotion 6 %		Tier 1	
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical ointment 3 %		Tier 1	
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 3	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 3	
URAMAXIN TOPICAL FOAM 20 %		Tier 3	
URAMAXIN TOPICAL LOTION 45 %	(urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 1	
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 40 %, 47 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
urea topical lotion 40 %		Tier 1	
WAYZEN TOPICAL GEL 40-5 %		Tier 3	
WELERIS TOPICAL GEL 17-2 %		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 3	
XIRUN TOPICAL GEL 10-40 %		Tier 3	
Oxidizing Agents			
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %		Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION		Tier 3	
RENOVAR TOPICAL SOLUTION		Tier 3	
Protectives			
GENADUR (WITH LEXINAL) KIT 2,500 MCG		Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %		Tier 1	
PR CREAM TOPICAL CREAM		Tier 1	
RECEDO TOPICAL GEL		Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	(white petrolatum)	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %		Tier 3	
zinc oxide topical ointment 20 %	(Endit (zinc oxide))	Tier 1	
zinc oxide topical paste 25 %		Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic			
ANALPRAM-HC TOPICAL LOTION 2.5-1 %		Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %		Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
hydrocortisone-pramoxine topical cream 2.5-1 %		Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	(Lidocort)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 4	PA; SP
diclofenac sodium topical gel 3 %		Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %		Tier 3	PA
fluorouracil topical cream 0.5 %	(Carac)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %		Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %		Tier 6	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %		Tier 2	
VALCHLOR TOPICAL GEL 0.016 %		Tier 5	PA; SP
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY		Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
lidocaine hcl laryngotracheal solution 4 %		Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NOBELA TOPICAL OINTMENT 10-10-20 %	Tier 3	
NOLIRA TOPICAL CREAM 23-7 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations,Miscellaneous		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Tier 3	
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 6	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 6	PA; SP
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 6	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 5	PA; SP
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	
calcipotriene topical cream 0.005 %	Tier 1	
calcipotriene topical ointment 0.005 %	Tier 1	
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
PURAZIL TOPICAL CREAM 0.005-4 %	Tier 3	
tazarotene topical cream 0.05 % (Tazorac)	Tier 1	Age (Max 39 Years)
tazarotene topical cream 0.1 % (Tazorac)	Tier 1	
tazarotene topical gel 0.05 %, 0.1 % (Tazorac)	Tier 1	Age (Max 39 Years)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
Il-23 Receptor Antagonist, Monoclonal Antibody		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 5	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)		Tier 5	PA; SP
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		Tier 5	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		Tier 5	PA; SP
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		Tier 5	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML		Tier 5	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 5	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML		Tier 5	PA; SP
Topical Agents,Miscellaneous			
L-MESITRAN SOFT TOPICAL GEL 40 %		Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %		Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET		Tier 3	
urea topical cream 20 %	(Gormel)	Tier 1	
Topical Immunosuppressive Agents			
ELYZIA TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	
ELYZIA TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
HOVYN TOPICAL SOLUTION 0.1 %		Tier 3	
HYFTOR TOPICAL GEL 0.2 %		Tier 6	PA; SP
NUJO TOPICAL SOLUTION 0.1 %		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
NUJU TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
pimecrolimus topical cream 1 %	(Elidel)	Tier 1	
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 1	
VEVEN TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 1	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	
PLENURA TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 3	
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml) (Victoza 2-Pak)	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg (Glucotrol XL)	Tier 1	
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
nateglinide oral tablet 120 mg, 60 mg	Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 2	QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)			
metformin oral solution 500 mg/5 ml	(Riomet)	Tier 1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg		Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg		Tier 1	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist			
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		Tier 2	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb			
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.			
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 5	PA; SP
mifepristone oral tablet 300 mg	(Korlym)	Tier 4	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG		Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
pioglitazone-metformin oral tablet 15-500 mg		Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		Tier 2	QL (2 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Blood Sugar Diagnostics			
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN		Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN		Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN		Tier 3	
AUTOSOFT 30 INFUSION SET		Tier 3	
AUTOSOFT 90 INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET		Tier 3	
BIGFOOT UNITY KIT		Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	PA
CEQUR SIMPLICITY INSERTER	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	Tier 3	PA
EVERSENSE 365 TRANSMITTER DEVICE	Tier 3	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	Tier 3	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA
FREESTYLE LIBRE 14 DAY READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 3	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 3	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 3	
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT KIT	Tier 3	
ILET STARTER KIT-INSET KIT	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	
TEMPO WELCOME KIT KIT	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 2	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
V-GO 30 DEVICE		Tier 2	
V-GO 40 DEVICE		Tier 2	
Diabetic Ulcer Preparations,Topical			
REGRANEX TOPICAL GEL 0.01 %		Tier 2	
Hyperglycemics			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		Tier 2	QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 3	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 1	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML		Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML		Tier 2	QL (2.4 ML per 1 FILL)
Insulins			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)		Tier 3	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 2	QL (24 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	QL (40 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
Ear Preparations,Local Anesthetics			
TYMBION INTRATYMPANIC SOLUTION 20 MG/ML (2 %)- 1:100,000		Tier 3	
Otic Preparations,Anti-Inflammatory-Antibiotics			
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	
Electrolyte Regulation			
Bicarbonate Producing/Containing Agents			
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION		Tier 3	
Electrolyte Depleters			
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ferric citrate oral tablet 210 mg iron	(Auryxia)	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		Tier 3	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg		Tier 1	
sodium polystyrene sulfonate oral powder		Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM		Tier 3	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 3	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 1	
potassium chloride oral tablet extended release 15 meq, 20 meq		Tier 1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride 0.9 % intravenous parenteral solution		Tier 1	
sodium chloride 0.9 % intravenous piggyback		Tier 1	
sodium chloride injection syringe 0.9 %		Tier 1	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
avanafil oral tablet 100 mg, 200 mg, 50 mg	(Stendra)	Tier 1	ST: Requires prior prescription for Viagra within the past 120 days; QL (1 EA per 5 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	(papav-phentolamine in water)	Tier 1	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	(Cialis)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg		Tier 1	PA
tadalafil oral tablet 5 mg	(Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Fertility Stimulating Preparations,Non-Fsh			
CLOMID ORAL TABLET 50 MG	(clomiphene citrate)	Tier 3	
clomiphene citrate oral tablet 50 mg	(Clomid)	Tier 1	
Follicle Stim./Luteinizing Hormones			
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 5	SP
Follicle-Stimulating Hormone (Fsh)			
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML		Tier 6	SP; ST: Requires prior prescription for Gonal-F or Gonal-F-RFF within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML		Tier 5	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 5	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT		Tier 5	SP
Human Chorionic Gonadotropin (Hcg)			
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	(Pregnyl)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT		Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG		Tier 2	
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 6	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 6	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 6	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 6	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 6	PA; SP
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 6	PA; SP
Antidiuretic And Vasopressor Hormones		
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)	Tier 4	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	Tier 4	PA; SP
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		Tier 4	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 5	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2	
Bone Resorption Inhibitors			
alendronate oral solution 70 mg/75 ml		Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 1	
alendronate oral tablet 70 mg	(Fosamax)	Tier 1	
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	
ibandronate oral tablet 150 mg		Tier 1	
raloxifene oral tablet 60 mg	(Evista)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg		Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
risedronate oral tablet 35 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 4	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 4	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 5	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 6	PA; SP
Growth Hormones			
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML		Tier 5	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)		Tier 5	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		Tier 5	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 6	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 6	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 6	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 6	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 6	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
cetrorelix subcutaneous kit 0.25 mg	(Cetrotide)	Tier 4	SP
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	(ganirelix)	Tier 4	SP
ganirelix subcutaneous syringe 250 mcg/0.5 ml	(Fyremadel)	Tier 4	SP
ORILISSA ORAL TABLET 150 MG, 200 MG		Tier 2	PA
Natriuretic Peptides			
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG		Tier 6	PA; SP
Parathyroid Hormones			
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML		Tier 6	PA; SP
Pituitary Suppressive Agents			
cabergoline oral tablet 0.5 mg		Tier 1	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG		Tier 6	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML		Tier 6	PA; SP
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 1	
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg		Tier 1	
propylthiouracil oral tablet 50 mg		Tier 1	
Iodine Containing Agents			
LUGOLS ORAL SOLUTION 5 %		Tier 3	
potassium iodide oral solution 1 gram/ml	(SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML	(potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %		Tier 1	
Thyroid Hormones			
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG		Tier 3	
ERMEZA ORAL SOLUTION 30 MCG/ML		Tier 1	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 1	QL (2 EA per 1 day)
levothyroxine 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	(Tirosint)	Tier 1	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	QL (2 EA per 1 day)
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML		Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 3	PA
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 1	
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %		Tier 1	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Eye Antibiotic-Corticoid Combinations			
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 1	
Eye Antihistamines			
azelastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (12 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents			
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 3	QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 1	QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	Tier 1	QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %		Tier 1	QL (3.4 ML per 16 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
clobetasol ophthalmic (eye) drops,suspension 0.05 %		Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 1	QL (10 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		Tier 1	QL (20 ML per 14 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 1	QL (20 ML per 14 days)
prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
Eye Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 3	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 1	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
Eye Vasoconstrictors (Rx Only)		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 2	PA
Ophthalmic (Eye) Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 6	PA; SP
Ophthalmic Antibiotics		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %		Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml		Tier 1	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 6	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)			
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %		Tier 6	PA; SP
Ophthalmic Mast Cell Stabilizers			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %	Tier 3	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	Tier 1	
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	Tier 1	
carteolol ophthalmic (eye) drops 1 %	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 6	SP
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
pilocarpine hcl ophthalmic (eye) drops 1.25 % (Vuity)	Tier 1	PA
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 3	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	(pilocarpine hcl)	Tier 3	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics			
atropine ophthalmic (eye) drops 0.01 %		Tier 1	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	Tier 1	
atropine ophthalmic (eye) ointment 1 %		Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 3	
cyclopentolate ophthalmic (eye) drops 1 %	(Cyclogyl)	Tier 1	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %	Tier 1	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 4	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 6	SP
Artificial Tears		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 5	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 5	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		Tier 5	PA; SP
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 1	
allopurinol oral tablet 300 mg		Tier 1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.			
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
CABLIVI INJECTION KIT 11 MG		Tier 6	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG		Tier 6	PA; SP
Anticoagulants,Coumarin Type			
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	(warfarin)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	
Antifibrinolytic Agents			
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	
tranexamic acid oral tablet 650 mg		Tier 1	
Antihemophilic Factors			
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT		Tier 5	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT		Tier 5	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE		Tier 5	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML		Tier 6	SP
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT		Tier 5	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT		Tier 5	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT		Tier 5	SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 6	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 6	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 6	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 6	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 6	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 6	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 6	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 6	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 6	SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 6	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 6	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 6	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 6	PA; SP
Direct Factor Xa Inhibitors		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
rivaroxaban oral tablet 2.5 mg (Xarelto)	Tier 1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	Tier 2	QL (2 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 6	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 6	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 6	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 6	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 6	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 6	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 6	SP
Hematinics,Other		
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 6	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 6	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 6	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 6	PA; SP
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 6	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Tier 6	PA; SP
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Heparin And Related Preparations			
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 4	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	Tier 4	SP
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 4	SP; QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 4	SP; QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 4	SP; QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 4	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML		Tier 5	SP; QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 5	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		Tier 5	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		Tier 5	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		Tier 5	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		Tier 5	SP; QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML		Tier 5	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		Tier 5	SP; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML		Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)		Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)		Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml		Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml		Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf))	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml		Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)		Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml		Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml		Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor			
FABHALTA ORAL CAPSULE 200 MG		Tier 5	PA; SP
TAVNEOS ORAL CAPSULE 10 MG		Tier 6	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)		Tier 6	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML		Tier 6	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.			
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 3	PA
Leukocyte (Wbc) Stimulants			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 6	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 5	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 6	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 5	PA; SP
Plasma Proteins			
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG		Tier 6	PA; SP
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	ACA Tier	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	ACA Tier	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	ACA Tier	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	ACA Tier	
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	ACA Tier	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 1	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	ACA Tier	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	ACA Tier	
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	Tier 1	QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	ACA Tier	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	ACA Tier	
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	Tier 1	QL (2 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents			
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	
Pyruvate Kinase Activators			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 6	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)-20 MG (7)		Tier 6	PA; SP
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	Tier 6	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 4	PA; SP
SIKLOS ORAL TABLET 1,000 MG		Tier 3	ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG		Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML		Tier 3	PA
Spleen Tyrosine Kinase Inhibitors			
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 5	PA; SP
Thrombin Inhibitors,Selective,Direct, & Reversible			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG		Tier 3	PA
Thrombopoietin Receptor Agonists			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 6	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 6	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 5	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 5	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 3	
SYRINGE AVITENE TOPICAL POWDER		Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM		Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2		Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "		Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM		Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 3	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency			
Androgenic Agents			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 3	PA
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 3	PA
methyltestosterone oral capsule 10 mg		Tier 1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 1	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG		Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 2	
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 2	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	
Estrogenic Agents			
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 1	
estradiol valerate intramuscular oil 40 mg/ml		Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg		Tier 1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	Tier 1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 3	QL (1 EA per 7 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 2	
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag			
VEOZAH ORAL TABLET 45 MG		Tier 3	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 2	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 1	
progesterone intramuscular oil 50 mg/ml		Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 1	
Immunization			
Antisera			
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		Tier 5	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 6	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; SP
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations,Combinations		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	ACA Tier	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 6	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 6	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 6	PA; SP
imiquimod topical cream in packet 5 %	Tier 1	QL (2 EA per 1 day)
KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
KERIDA TOPICAL GEL 5-0.1-30 %		Tier 3	
KYNARA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 %		Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
Immunosuppressives			
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 1	
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	
cyclosporine modified oral capsule 50 mg		Tier 1	
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 6	PA; SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 3	
sirolimus oral solution 1 mg/ml		Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	(Astagraf XL)	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 5	PA; SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
sulfadiazine oral tablet 500 mg		Tier 1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 5	PA; SP
Cephalosporins - 1St Generation			
cefadroxil oral capsule 500 mg		Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 1	
cefadroxil oral tablet 1 gram		Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 2	
trimethoprim oral tablet 100 mg		Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG		Tier 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG		Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG		Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 6	PA; SP
VOWST ORAL CAPSULE		Tier 5	PA; SP
Macrolides			
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG		Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg		Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	PA
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG		Tier 2	PA
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 1	
ampicillin oral capsule 500 mg		Tier 1	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	
PIVYA ORAL TABLET 185 MG		Tier 3	PA
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	
levofloxacin oral solution 250 mg/10 ml		Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
moxifloxacin oral tablet 400 mg		Tier 1	
ofloxacin oral tablet 300 mg, 400 mg		Tier 1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		Tier 1	
doxycycline hyclate oral capsule 100 mg		Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral capsule 50 mg	(Morgidox)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg		Tier 1	
doxycycline hyclate oral tablet 150 mg		Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg		Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 1	
doxycycline monohydrate oral capsule 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg		Tier 1	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 1	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg		Tier 1	
Infectious Disease - Fungal			
Antifungal Agents			
clotrimazole mucous membrane troche 10 mg		Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml		Tier 1	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	Tier 1	
fluconazole oral tablet 100 mg	(Diflucan)	Tier 1	
fluconazole oral tablet 150 mg, 200 mg, 50 mg		Tier 1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
itraconazole oral solution 10 mg/ml		Tier 1	
ketoconazole oral tablet 200 mg		Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 1	PA
terbinafine hcl oral tablet 250 mg		Tier 1	
VIVJOA ORAL CAPSULE 150 MG		Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	
voriconazole oral tablet 200 mg		Tier 1	
voriconazole oral tablet 50 mg	(Vfend)	Tier 1	
Antifungal Antibiotics			
BREXAFEMME ORAL TABLET 150 MG		Tier 3	PA
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	
griseofulvin microsize oral tablet 500 mg		Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 1	
nystatin oral suspension 100,000 unit/ml		Tier 1	
nystatin oral tablet 500,000 unit		Tier 1	
Infectious Disease - Miscellaneous			
Aminoglycosides			
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 6	PA; SP
neomycin oral tablet 500 mg		Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 5	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 4	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 4	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 4	PA; SP
Antibacterial Agents,Miscellaneous			
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 5	PA; SP
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 1	
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	
rifabutin oral capsule 150 mg		Tier 1	
TRECATOR ORAL TABLET 250 MG		Tier 3	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 3	
rifampin oral capsule 150 mg, 300 mg		Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 6	PA; SP
Lincosamides			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics			
XIFAXAN ORAL TABLET 200 MG		Tier 3	PA
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 3	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 3	PA
metronidazole oral capsule 375 mg		Tier 1	
metronidazole oral tablet 250 mg, 500 mg		Tier 1	
Anthelmintics			
albendazole oral tablet 200 mg		Tier 1	
EGATEN ORAL TABLET 250 MG		Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
ivermectin oral tablet 6 mg		Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
chloroquine phosphate oral tablet 250 mg		Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 3	
hydroxychloroquine oral tablet 100 mg		Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg		Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)		Tier 2	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 4	PA; SP
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG	(hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg		Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 3	
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 1	
Infectious Disease - Viral			
Antiretroviral - Capsid Inhibitors			
SUNLENCA ORAL TABLET 300 MG		Tier 5	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
JULUCA ORAL TABLET 50-25 MG		Tier 5	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DOVATO ORAL TABLET 50-300 MG	Tier 5	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML	ACA Tier	PA; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML	ACA Tier	PA; $0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA; SP
oseltamivir oral capsule 30 mg (Tamiflu)	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg (Tamiflu)	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 3	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 3	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram		Tier 1	
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML		Tier 2	
TEMBEXA ORAL TABLET 100 MG		Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG		Tier 2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 1	
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG		Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 5	SP; QL (4 EA per 1 day)
darunavir oral tablet 600 mg	(Prezista)	Tier 4	SP; QL (2 EA per 1 day)
darunavir oral tablet 800 mg	(Prezista)	Tier 4	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 5	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 5	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 5	SP; QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 5	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG		Tier 5	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 4	SP; QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 4	SP; QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 4	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 4	SP; QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	(Selzentry)	Tier 4	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 5	SP; QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 5	PA; SP
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 5	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 5	SP; QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		Tier 5	SP; QL (180 EA per 30 days)
efavirenz oral tablet 600 mg		Tier 4	SP
etravirine oral tablet 100 mg	(Intelence)	Tier 4	SP; QL (4 EA per 1 day)
etravirine oral tablet 200 mg	(Intelence)	Tier 4	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Tier 5	SP; QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml		Tier 4	SP; QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg		Tier 4	SP; QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg		Tier 4	SP; QL (3 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
nevirapine oral tablet extended release 24 hr 400 mg		Tier 4	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 4	SP; QL (960 ML per 30 days)
abacavir oral tablet 300 mg		Tier 4	SP; QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	(Emtriva)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 5	SP; QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 4	SP; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 4	SP; QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 4	SP; QL (1 EA per 1 day)
stavudine oral capsule 15 mg, 20 mg		Tier 4	SP; QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 4	SP; QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 4	SP; QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 4	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 5	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 5	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 4	SP; QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 4	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
atazanavir oral capsule 150 mg		Tier 4	SP; QL (2 EA per 1 day)
atazanavir oral capsule 200 mg	(Reyataz)	Tier 4	SP; QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 4	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 5	SP; QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg		Tier 4	SP; QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG		Tier 5	SP; QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 5	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 5	SP; QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(Norvir)	Tier 4	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 5	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	ACA Tier	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	ACA Tier	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 5	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 5	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 5	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 5	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		Tier 5	SP; QL (2 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 5	SP; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG		Tier 5	SP; QL (1 EA per 1 day); Age (Min 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
COMPLERA ORAL TABLET 200-25-300 MG	(emtricita-rilpivirine-tenof df)	Tier 5	SP; QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		Tier 4	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		Tier 4	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 4	SP; QL (1 EA per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	Tier 4	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 5	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 5	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 5	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 5	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 5	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 5	SP; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 5	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
EPCLUSA ORAL TABLET 200-50 MG		Tier 5	PA; SP
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 5	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 5	PA; SP
HARVONI ORAL TABLET 45-200 MG		Tier 5	PA; SP
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	Tier 5	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh			
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG		Tier 6	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG		Tier 6	PA; SP
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 4	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 5	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 4	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 5	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 5	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 5	PA; SP
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 6	PA; SP
MAVYRET ORAL TABLET 100-40 MG		Tier 6	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 6	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 4	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 4	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 4	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Anti-Arthritic, Folate Antagonist Agents			
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML		Tier 2	QL (1.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 6	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 6	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Tier 5	PA; SP
adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml	(Hyrimoz Pen Crohn's-UC Starter)	Tier 5	PA; SP
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	Tier 5	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 6	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 6	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)		Tier 6	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 5	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		Tier 5	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		Tier 5	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		Tier 5	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 5	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		Tier 5	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 5	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		Tier 5	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		Tier 5	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		Tier 5	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	(adalimumab-ryvk)	Tier 5	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML		Tier 5	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML		Tier 5	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	(adalimumab-ryvk)	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML		Tier 6	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML		Tier 6	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor			
leflunomide oral tablet 10 mg, 20 mg	(Arava)	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.			
OTEZLA ORAL TABLET 20 MG, 30 MG		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 6	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 6	PA; SP
Bradykinin B2 Receptor Antagonists		
icatibant subcutaneous syringe 30 mg/3 ml (Sajazir)	Tier 4	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 4	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 6	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 6	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 6	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 6	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 6	PA; SP
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 6	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
BETALOAN SUIK KIT 6 MG/ML		Tier 3	
budesonide oral capsule,delayed,extend.release 3 mg		Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide within the past 120 days
cortisone oral tablet 25 mg		Tier 1	
deflazacort oral suspension 22.75 mg/ml	(Emflaza)	Tier 4	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	(Emflaza)	Tier 4	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 6	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	
hydrocortisone sod succinate injection recon soln 100 mg	(Solu-Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG		Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 3	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablet 32 mg		Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 6	PA; SP
TRILOAN II SUIK KIT 40 MG/ML		Tier 3	
TRILOAN SUIK KIT 40 MG/ML		Tier 3	
Gold Salts			
auranofin oral capsule 3 mg	(Ridaura)	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 6	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 6	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors			
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 6	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 6	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 6	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 6	PA; SP
Janus Kinase (Jak) Inhibitors			
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG		Tier 6	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML		Tier 5	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG		Tier 5	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML		Tier 5	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG		Tier 5	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG		Tier 5	PA; SP
Mineralocorticoids			
fludrocortisone oral tablet 0.1 mg		Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib			
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab-aekn)	Tier 5	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	Tier 5	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab)	Tier 5	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 5	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 5	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type			
diclofenac potassium oral tablet 50 mg		Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	
etodolac oral tablet 500 mg		Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	
flurbiprofen oral tablet 100 mg	(Lurbipr)	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	
indomethacin oral capsule, extended release 75 mg		Tier 1	
indomethacin rectal suppository 100 mg		Tier 1	
ketoprofen oral capsule 25 mg	(Kiprofen)	Tier 1	
ketoprofen oral capsule 50 mg, 75 mg		Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG	(ketoprofen)	Tier 1	
LURBIPR ORAL TABLET 100 MG	(flurbiprofen)	Tier 1	
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
mefenamic acid oral capsule 250 mg		Tier 1	
meloxicam oral suspension 7.5 mg/5 ml		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 1	
nabumetone oral tablet 500 mg, 750 mg		Tier 1	
naproxen oral tablet 250 mg, 375 mg		Tier 1	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	Tier 1	
naproxen sodium oral tablet 275 mg		Tier 1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	
piroxicam oral capsule 10 mg		Tier 1	
piroxicam oral capsule 20 mg	(Feldene)	Tier 1	
sulindac oral tablet 150 mg, 200 mg		Tier 1	
tolmetin oral capsule 400 mg		Tier 1	
tolmetin oral tablet 600 mg	(Tolectin 600)	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML		Tier 3	
TORONOVA SUIK KIT 30 MG/ML		Tier 3	
Plasma Kallikrein Inhibitors			
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 6	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 6	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 6	PA; SP
Local Anesthesia			
Local Anesthetics			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML		Tier 3	
lidocaine hcl mucous membrane jelly 2 %		Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 2 %	(Lidocaine Viscous)	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 3	
Periodontal Anesthetics			
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %		Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)		Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)		Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 2	
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 6	PA; SP
Irritable Bowel Agents,Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG		Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	Tier 1	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
budesonide rectal foam 2 mg/actuation	(Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 6	PA; SP
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 4	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG		Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 6	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 6	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 6	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 4	PA; SP
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 4	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 5	SP; ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 5	PA; SP
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	
Bile Salts			
CHENODAL ORAL TABLET 250 MG		Tier 6	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 6	PA; SP
CTEXLI ORAL TABLET 250 MG		Tier 6	PA; SP
ursodiol oral capsule 300 mg		Tier 1	
ursodiol oral tablet 250 mg		Tier 1	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 5	PA; SP
Ileal Bile Acid Transporter (Ibat) Inhibitor			
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		Tier 6	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG		Tier 6	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML		Tier 6	PA; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG		Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	
Laxatives And Cathartics			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	Tier 1	QL (2 EA per 1 day)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	ACA Tier	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	ACA Tier	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 5	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "		Tier 3	
ZENPHOR TOPICAL GEL		Tier 3	
Blood Administration Sets			
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET		Tier 3	
Catheters And Related Devices			
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"		Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 FR-"	(catheter)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"		Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"		Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"		Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR		Tier 3	
CURITY DRAINAGE BAG 2,000 ML		Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK		Tier 3	
DOVER FOLEY CATHETER 24 FR		Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR		Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR		Tier 3	
DOVER UNIVERSAL TRAY	(catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR		Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"		Tier 3	
KENGUARD FOLEY CATHETER TRAY	(catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"		Tier 3	
LOFRIC 14-16 FR-"	(catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"		Tier 3	
LOFRIC ORIGO 14-16 FR-"	(catheter)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"		Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"		Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"		Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML		Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR		Tier 3	
SELF-CATHETER, FEMALE 14 FR		Tier 3	
SILASTIC FOLEY CATHETER 20 FR		Tier 3	
SPEEDICATH (FEMALE) 16 FR		Tier 3	
TOUCH-TROL 10 FR		Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"		Tier 3	
Durable Medical Equipment,Misc			
A.I.R.S. NEBULIZER REPLACEMENT KIT		Tier 3	
AIRS ADULT AEROSOL MASK	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER	(nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT		Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY		Tier 3	
CEFALY COMBO PACK		Tier 3	
CLEVER CHOICE NEB KIT-ADULT	(nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD	(nebulizer accessories)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ENFIT MEDICAL STRAW		Tier 3	
ENFIT MEDICINE BOTTLE ADAPTER	(adapter cap for bottle)	Tier 3	
INNOSPIRE REPLACEMENT FILTER	(nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER	(nebulizer accessories)	Tier 3	
NOSE CLIP	(nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT		Tier 3	
PARI TREK S PORTABLE PWR KIT	(nebulizer accessories)	Tier 3	
PILLOW MASK CHILD	(nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD		Tier 3	
PRO COMFORT TENS UNIT COMBO PACK		Tier 3	
PRO-CEPTION VAGINAL		Tier 3	
PRONEB ULTRA II FILTER ASSEM	(nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE		Tier 3	
REUSABLE NEBULIZER KIT KIT		Tier 3	
RUBBER MOUTHPIECE	(nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK	(nebulizer accessories)	Tier 3	
SIDESTREAM MASK	(nebulizer accessories)	Tier 3	
SILICONE MASK	(nebulizer accessories)	Tier 3	
TENS 502 DEVICE		Tier 3	
TENS 504 DEVICE		Tier 3	
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE		Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE		Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	(lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE		Tier 2	
ACTI-LANCE LANCETS 28 GAUGE	(lancets)	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ADVANCED TRAVEL LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE		Tier 2	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	(lancets)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	(lancets)	Tier 2	
ASSURE LANCE 25 GAUGE		Tier 2	
ASSURE LANCE 28 GAUGE	(lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE		Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM		Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE		Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE	(lancets)	Tier 2	
CAREONE ULTRA THIN LANCET	(lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE	(lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
CHOSEN LANCET 30 GAUGE	(lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	(lancets)	Tier 2	
COAGUCHEK LANCETS	(lancets)	Tier 2	
COLOR LANCETS 21 GAUGE	(lancets)	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	(lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE		Tier 2	
DROPLET LANCETS 30 GAUGE	(lancets)	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	(lancets)	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
EASY TOUCH LANCETS 32 GAUGE		Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE		Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
EASY TOUCH TWIST LANCETS 32 GAUGE		Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	(lancets)	Tier 2	
EMBRACE LANCETS 30 GAUGE	(lancets)	Tier 2	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
E-Z JECT LANCETS 32 GAUGE		Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
EZ SMART LANCETS 28 GAUGE	(lancets)	Tier 2	
FINGERSTIX LANCETS	(lancets)	Tier 2	
FORACARE LANCETS 30 GAUGE	(lancets)	Tier 2	
FREESTYLE LANCETS 28 GAUGE	(lancets)	Tier 2	
FREESTYLE UNISTIK 2	(lancets)	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
GOJJI LANCETS 30 GAUGE	(lancets)	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	(lancets)	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
INCONTROL SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 2	
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 2	
lancets 21 gauge, 26 gauge, 30 gauge	(Advocate Lancet)	Tier 2	
lancets 28 gauge	(Acti-Lance Lancets)	Tier 2	
lancets 33 gauge	(AgaMatrix Ultra-Thin Lancet)	Tier 2	
LANCETS, SUPER THIN	(lancets)	Tier 2	
LANCETS,THIN , 28 GAUGE	(lancets)	Tier 2	
LANCETS,ULTRA THIN	(lancets)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 2	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 2	
MICRODOT LANCET 28 GAUGE	(lancets)	Tier 2	
MICROLET LANCET	(lancets)	Tier 2	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 2	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE		Tier 2	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	
NOVA SUREFLEX LANCETS	(lancets)	Tier 2	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	
PRO COMFORT LANCET 31 GAUGE		Tier 2	
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	(lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE	(lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
RELIAMED LANCET 23 GAUGE		Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE	(lancets)	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE	(lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	(lancets)	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
SINGLE-LET	(lancets)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	(lancets)	Tier 2	
SMARTEST LANCET	(lancets)	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
STERILANCE TL 30 GAUGE	(lancets)	Tier 2	
STERILANCE TL 32 GAUGE		Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE		Tier 2	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	(lancets)	Tier 2	
SURE-TOUCH LANCET	(lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
TELCARE LANCETS 30 GAUGE	(lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT		Tier 2	
THIN LANCETS 26 GAUGE	(lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	(lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 30 GAUGE	(lancets)	Tier 2	
TWIST LANCETS 32 GAUGE		Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ULTRA FINE LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE		Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	(lancets)	Tier 2	
ULTRA TLC LANCETS	(lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 2	
UNILET GP LANCET	(lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 2	
UNILET LANCETS 30 GAUGE	(lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE		Tier 2	
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE		Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE		Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
UNISTIK TOUCH LANCETS 23 GAUGE		Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE	(lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	
Feeding Devices			
ENFIT IRRIGATION KIT KIT		Tier 3	
enteral connector, enfit		Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT		Tier 3	
KANGAROO 924 SAFETY SCREW	(pump set)	Tier 3	
KANGAROO EPUMP SET		Tier 3	
KANGAROO GRAVITY SET		Tier 3	
RELIZORB CARTRIDGE		Tier 3	
Incontinence Supplies			
FLEXI-SEAL SIGNAL FMS RECTAL		Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE		Tier 3	
Irrigation Administration Sets			
TRANSFER SET 1 D IRRIGATION SET		Tier 3	
TRANSFER SET 2 D-X IRRIGATION SET		Tier 3	
TRANSFER SET 4 D-X IRRIGATION SET		Tier 3	
TRANSFER SET 6 D IRRIGATION SET		Tier 3	
TWIN TRANSFER SET 1 D IRRIGATION SET		Tier 3	
TWIN TRANSFER SET 1 D-X IRRIGATION SET		Tier 3	
TWIN TRANSFER SET 2 D IRRIGATION SET		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TWIN TRANSFER SET 2 D-X IRRIGATION SET	Tier 3	
TWIN TRANSFER SET 9 D IRRIGATION SET	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 3	
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM	Tier 3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM	Tier 3	
Medical Supplies,Miscellaneous(Group 3)		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
I-PORT ADVANCE 6 MM INJEC PORT		Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT		Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET	(iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET	(iv administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET	(iv administration set)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET	(iv admin extension set)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY		Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "		Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE		Tier 3	
PHASEAL CONNECTOR LUER LOCK		Tier 3	
PHASEAL INFUSION ADAPTER		Tier 3	
PHASEAL INFUSION CLAMP		Tier 3	
PHASEAL INJECTOR LUER		Tier 3	
PHASEAL INJECTOR LUER LOCK		Tier 3	
PHASEAL SECONDARY SET INFUSION SET		Tier 3	
PHASEAL Y-SITE		Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET	(iv administration set)	Tier 3	
TRANSFER SET		Tier 3	
Syringes And Accessories			
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"		Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	(insulin u-500 syringe-needle)	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	
EXTENDED RESERVOIR 3 ML		Tier 3	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"		Tier 2	
INTERLINK LEVER LOCK CANNULA		Tier 3	
KENDALL DISINFECTANT CAP		Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML		Tier 3	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"		Tier 2	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML		Tier 6	PA; SP
Anaphylaxis Therapy Agents			
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)		Tier 3	QL (4 EA per 1 FILL)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Cxcr4 Chemokine Receptor Antagonist			
XOLREMDI ORAL CAPSULE 100 MG		Tier 6	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle			
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		Tier 6	PA; SP
EVRYSDI ORAL TABLET 5 MG		Tier 6	PA; SP
Miscellaneous Agents			
NEXAVIR INJECTION SOLUTION 25.5 MG/ML		Tier 3	
Parasympathetic Agents			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 1	
cevimeline oral capsule 30 mg	(Evoxac)	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 6	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		Tier 5	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 4	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 4	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 5	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 5	SP
sapropterin oral powder in packet 100 mg, 500 mg	(Javygtor)	Tier 4	SP
sapropterin oral tablet,soluble 100 mg	(Javygtor)	Tier 4	SP
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 6	SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
JOENJA ORAL TABLET 70 MG		Tier 6	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		Tier 6	SP
VIJOICE ORAL GRANULES IN PACKET 50 MG		Tier 6	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		Tier 6	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG		Tier 6	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 6	PA; SP
Thyroid Hormone Receptor (Thr) Agonist			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		Tier 6	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents			
QBREXZA TOPICAL TOWELETTE 2.4 %		Tier 2	PA
Neoplastic Disease			
Alkylating Agents			
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 4	SP
cyclophosphamide oral tablet 25 mg, 50 mg		Tier 4	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	Tier 6	PA; SP
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG		Tier 5	SP
MYLERAN ORAL TABLET 2 MG		Tier 5	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 4	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Abirtega)	Tier 4	PA; SP
abiraterone oral tablet 500 mg	(Zytiga)	Tier 4	PA; SP
ABIRTEGA ORAL TABLET 250 MG	(abiraterone)	Tier 4	PA; SP
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
nilutamide oral tablet 150 mg	(Nilandron)	Tier 4	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 5	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 5	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 5	PA; SP
YONSA ORAL TABLET 125 MG		Tier 6	PA; SP
Antibiotic Antineoplastics			
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2		Tier 6	PA; SP
Antimetabolites			
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	Tier 4	PA; SP
INQOVI ORAL TABLET 35-100 MG		Tier 5	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML		Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 5	PA; SP
mercaptopurine oral suspension 20 mg/ml	(Purixan)	Tier 4	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
mercaptopurine oral tablet 50 mg		Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram		Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 1	
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG		Tier 5	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	(mercaptopurine)	Tier 5	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG	(thioguanine)	Tier 5	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 3	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane oral tablet 25 mg	(Aromasin)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	(Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 5	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML		Tier 6	PA; SP
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)		Tier 6	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 5	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		Tier 5	PA; SP
ZELBORAF ORAL TABLET 240 MG		Tier 5	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 5	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG		Tier 5	PA; SP
ODOMZO ORAL CAPSULE 200 MG		Tier 5	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 5	PA; SP
Antineoplastic - Kras Protein Inhibitor			
KRAZATI ORAL TABLET 200 MG		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG		Tier 5	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			
AVMAPKI ORAL CAPSULE 0.8 MG		Tier 6	PA; SP
COTELLIC ORAL TABLET 20 MG		Tier 5	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG		Tier 6	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		Tier 6	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		Tier 5	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML		Tier 5	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 5	PA; SP
MEKTOVI ORAL TABLET 15 MG		Tier 5	PA; SP
Antineoplastic - Mtor Kinase Inhibitors			
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	Tier 4	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 4	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 4	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 5	PA; SP
Antineoplastic - Topoisomerase I Inhibitors			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 5	SP
Antineoplastic Immunomodulator Agents			
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	Tier 4	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		Tier 5	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	(lenalidomide)	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 6	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 6	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 6	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA; SP
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg (Sprycel)	Tier 4	PA; SP
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 4	PA; SP
FAKZYNJA ORAL TABLET 200 MG	Tier 6	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA; SP
gefitinib oral tablet 250 mg (Iressa)	Tier 4	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 6	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 6	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA; SP
imatinib oral tablet 100 mg, 400 mg (Gleevec)	Tier 4	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA; SP
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 6	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; SP
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 5	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 5	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5	PA; SP
lapatinib oral tablet 250 mg (Tykerb)	Tier 4	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 6	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 5	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 5	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; SP
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg (Tasigna)	Tier 4	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 6	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA; SP
pazopanib oral tablet 200 mg (Votrient)	Tier 4	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 5	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 5	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 5	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 6	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 6	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 5	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 6	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 5	PA; SP
sorafenib oral tablet 200 mg (Nexavar)	Tier 4	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	Tier 4	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 5	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 5	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 5	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 6	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5	PA; SP
Antineoplastics,Miscellaneous		
etoposide oral capsule 50 mg	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 5	SP
MATULANE ORAL CAPSULE 50 MG	Tier 5	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 6	PA; SP
tretinoin (antineoplastic) oral capsule 10 mg	Tier 4	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 5	PA; SP
Chemotherapy Rescue/Antidote Agents		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
mesna oral tablet 400 mg (Mesnex)	Tier 1	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 5	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 6	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
tamoxifen oral tablet 10 mg, 20 mg		ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 4	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 4	PA; SP
Steroid Antineoplastics			
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		Tier 5	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML		Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 5	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 5	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	(interferon beta-1b)	Tier 5	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	Tier 5	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 4	PA; SP
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG		Tier 6	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Glatopa)	Tier 4	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 4	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		Tier 5	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 5	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 5	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 5	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 5	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA; SP
teriflunomide oral tablet 14 mg, 7 mg (Aubagio)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 5	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	Tier 4	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 6	PA; SP
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 6	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 6	PA; SP
riluzole oral tablet 50 mg (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 6	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 6	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 6	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 5	PA; SP
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 6	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 5	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 5	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	Tier 4	PA; SP
Neuropathic Agents			
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	(Lyrica CR)	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, a tricyclic antidepressant, Pregabalin IR, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	(Lyrica CR)	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, a tricyclic antidepressant, Pregabalin IR, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator			
SKYCLARYS ORAL CAPSULE 50 MG		Tier 6	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists			
NUEDEXTA ORAL CAPSULE 20-10 MG		Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator			
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 6	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)		Tier 6	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)		Tier 6	PA; SP
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2 KIT 0.12 %		Tier 3	
Q-CARE RX Q4 KIT 0.12 %		Tier 3	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 1	
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 1	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 1	
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 3	
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 1	
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3	
Antineoplastic - Systemic Enzyme Inhibitors Combs			
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		Tier 6	PA; SP
Antivenins			
ANASCORP INTRAVENOUS RECON SOLN 120 MG		Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.			
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)		Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
MICROPLEGIA MODIFIED DEL NIDO PERFUSION SYRINGE 40 ML	Tier 3	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Cholinergic And Anticholinergic Combinations		
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Rexulti, or Vraylar within the past 120 days
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AIR CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AVANTI BARE REAL FEEL	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
DUREX TROPICAL CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
FANTASY CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
FC2 FEMALE CONDOM	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO LUBRICATED CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO TEXTURED CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN BARESKIN DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN EXTENDED PLEASURE DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TROJAN PLEASURE PACK DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA RIBBED CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA THIN DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TRUE COVER CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LATEX CONDOM DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LUBRICATED CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX NON-LUB CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	ACA Tier	$0 COPAY IF QUANTITY LIMITED TO 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 6	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
eua patient assessment	Tier 3	
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	Tier 4	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 5	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	(nitisinone)	Tier 5	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 5	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 5	SP
miglustat oral capsule 100 mg	(Yargesa)	Tier 4	PA; SP
OPFOLDA ORAL CAPSULE 65 MG		Tier 6	PA; SP
YARGESA ORAL CAPSULE 100 MG	(miglustat)	Tier 4	PA; SP
Environment Allergens And Irritants, Other			
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED		Tier 3	
General Anesthetics - Benzodiazepine, Injectable			
midazolam (pf) injection solution 5 mg/ml		Tier 1	
midazolam injection solution 5 mg/ml		Tier 1	
General Anesthetics,Inhalant			
desflurane inhalation liquid 100 %	(Suprane)	Tier 1	
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 1	
sevoflurane inhalation liquid 99.97 %	(Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	(desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 1	
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 1	
Genetic Disorder Therapy - Hdac Inhibitor			
DUVYZAT ORAL SUSPENSION 8.86 MG/ML		Tier 6	PA; SP
Homeopathic Drugs			
AURUMHEEL ORAL DROPS		Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS		Tier 3	
CRALONIN ORAL DROPS		Tier 3	
EYE ORAL TABLET,SOLUBLE		Tier 3	
LAMIOFLUR ORAL DROPS		Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS		Tier 3	
POPULUS COMPOSITUM ORAL DROPS		Tier 3	
PSORINOHEEL ORAL DROPS		Tier 3	
RENEEL ORAL TABLET,SOLUBLE		Tier 3	
SABAL-HOMACCORD ORAL DROPS		Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS		Tier 3	
VERTIGOHEEL ORAL DROPS		Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE		Tier 3	
Medical Imaging Supplies			
ECOVUE HV ULTRASOUND GEL TOPICAL GEL		Tier 3	
ECOVUE ULTRASOUND GEL TOPICAL GEL		Tier 3	
Metabolic Deficiency Agents			
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 4	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine)	Tier 3	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 5	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 6	PA; SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 3	
CUVRIOR ORAL TABLET 300 MG		Tier 6	PA; SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 4	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 4	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 4	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	Tier 4	PA; SP
deferoxamine injection recon soln 2 gram		Tier 1	PA
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM		Tier 3	
trientine oral capsule 250 mg	(Syprine)	Tier 4	PA; SP
trientine oral capsule 500 mg		Tier 4	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)		Tier 3	
Muscarinic Receptor Antagonists			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML		Tier 3	
Needles/Needleless Devices			
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 2	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM		Tier 3	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 2	
Ointment/Cream Bases			
RADIAGEL TOPICAL GEL		Tier 3	
Oral Lipid Supplements			
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		Tier 6	PA; SP
Oral Mucositis/Stomatitis Agents			
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH		Tier 3	
Protein Replacement			
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM		Tier 5	PA; SP
Saliva Stimulant Agents			
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM		Tier 3	
Saliva Substitute Agents			
NUMOISYN MUCOUS MEMBRANE LIQUID		Tier 3	
Sexual Dysfunction Devices			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
Solvents		
isopropyl alcohol solution 70 % (Alcohol, Rubbing)	Tier 3	
isopropyl alcohol solution 91 %, 99 %	Tier 3	
MURI-LUBE OIL	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 6	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	Tier 4	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	Tier 4	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 6	PA; SP
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
hydroxypropyl cellulose powder	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
Vehicles		
citric acid anhydrous (bulk) granules 100 %	Tier 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
Wound Healing Agents, Local		
FILSUVEZ TOPICAL GEL 10 %	Tier 6	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
pirfenidone oral capsule 267 mg (Esbriet)	Tier 4	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
pirfenidone oral tablet 267 mg, 801 mg (Esbriet)	Tier 4	PA; SP
pirfenidone oral tablet 534 mg	Tier 4	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 5	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA; SP
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 5	PA; SP
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-300 mg		Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	ACA Tier	
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Bayer Aspirin)	ACA Tier	
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	ACA Tier	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	ACA Tier	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	ACA Tier	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 1	
Analgesics, Non-Narcotics			
JOURNAVX ORAL TABLET 50 MG		Tier 3	PA
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml		Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml		Tier 1	
codeine sulfate oral tablet 15 mg, 30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML		Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)		Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)		Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg		Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour		Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml	(Dilaudid (PF))	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)		Tier 1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg		Tier 1	
levorphanol tartrate oral tablet 2 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml		Tier 1	
meperidine oral solution 50 mg/5 ml		Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg		Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml		Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml		Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg		Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg		Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml		Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 1	PA
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)		Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml		Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg	Tier 1	
morphine oral tablet 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 200 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg (MS Contin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	(RoxyBond)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	(OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	(oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	(oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg		Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg		Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	(oxycodone)	Tier 3	
tramadol oral solution 5 mg/ml	(Qdolo)	Tier 1	PA
tramadol oral tablet 50 mg		Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
almotriptan malate oral tablet 12.5 mg, 6.25 mg		Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
dihydroergotamine injection solution 1 mg/ml		Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)		Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg		Tier 1	QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 2	PA
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (27 EA per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation		Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation		Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (18 ML per 30 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)		Tier 3	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION		Tier 3	PA
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	(Zomig)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ZOMIG ORAL TABLET 2.5 MG, 5 MG	(zolmitriptan)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors			
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		Tier 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml		Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml		Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	(benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 1	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG		Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 1	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinsonism Drugs,Other		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml (APOKYN)	Tier 4	PA; SP
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	Tier 1	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	Tier 1	
carbidopa-levodopa oral tablet 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
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 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 6	PA; SP
entacapone oral tablet 200 mg	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 6	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 6	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg (Mirapex ER)	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
tolcapone oral tablet 100 mg	(Tasmar)	Tier 1	ST: Requires prior prescription for Comtan (entacapone) within the past 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		Tier 6	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 5	SP; ST: Requires trial of or contraindication to 2 of the following generic anticonsulvants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid witihn the past 365 days
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG	(eslicarbazepine)	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	(eslicarbazepine)	Tier 3	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML		Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		Tier 2	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 1	
carbamazepine oral tablet 200 mg	(Epitol)	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 1	
carbamazepine oral tablet,chewable 100 mg, 200 mg		Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 6	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 6	PA; SP

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG		Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 3	PA
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	Tier 1	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	Tier 1	QL (2 EA per 1 day)
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	
felbamate oral suspension 600 mg/5 ml		Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	(Felbatol)	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	(Felbatol)	Tier 1	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 6	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	(perampanel)	Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	Tier 2	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 1	
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 1	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 1	
methsuximide oral capsule 300 mg	(Celontin)	Tier 1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	(Oxtellar XR)	Tier 1	QL (1 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	(Oxtellar XR)	Tier 1	QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 3	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	
primidone oral tablet 125 mg		Tier 1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 1	QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 1	QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 1	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 6	PA; SP
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 3	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	
topiramate oral capsule, sprinkle 50 mg		Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	(Trokendi XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg		Tier 1	QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg		Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	Tier 4	PA; SP
vigabatrin oral tablet 500 mg	(Vigadrone)	Tier 4	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 6	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)		Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 2	QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
XCOPRI ORAL TABLET 200 MG		Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		Tier 2	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 1	
zonisamide oral capsule 50 mg		Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 6	PA; SP
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Ormalvi)	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 5	PA; SP
ORMALVI ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA; SP
Retinoic Acid Receptor (Rar) Agonists			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 6	PA; SP
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 1	PA
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	(Fleqsuvy)	Tier 1	PA
baclofen oral tablet 10 mg		Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg		Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg		Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 1	QL (4 EA per 1 day)
carisoprodol-aspirin oral tablet 200-325 mg		Tier 1	
chlorzoxazone oral tablet 500 mg		Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	QL (3 EA per 1 day)
dantrolene oral capsule 100 mg		Tier 1	QL (4 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
dantrolene oral capsule 25 mg	(Dantrium)	Tier 1	QL (3 EA per 1 day)
dantrolene oral capsule 50 mg		Tier 1	QL (3 EA per 1 day)
metaxalone oral tablet 400 mg		Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg		Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 500 mg		Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg		Tier 1	QL (6 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	QL (2 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	(Norgesic)	Tier 1	QL (8 EA per 1 day)
tizanidine oral capsule 2 mg	(Zanaflex)	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	(Zanaflex)	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg		Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	ACA Tier	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	ACA Tier	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	ACA Tier	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	ACA Tier	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	ACA Tier	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		ACA Tier	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		ACA Tier	$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG	(nicotine (polacrilex))	ACA Tier	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	ACA Tier	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	ACA Tier	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	ACA Tier	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	ACA Tier	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	ACA Tier	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	ACA Tier	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		ACA Tier	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive			
Gastric Enzymes			
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		Tier 6	PA; SP
Pancreatic Enzymes			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
dicyclomine oral capsule 10 mg		Tier 1	
dicyclomine oral solution 10 mg/5 ml		Tier 1	
dicyclomine oral tablet 20 mg		Tier 1	
Belladonna Alkaloids			
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 3	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	(Glyrx-PF)	Tier 1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 1	
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 1	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 3	
Anti-Ulcer Preparations			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 1	QL (112 EA per 10 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 3	PA
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 1	
famotidine oral tablet 20 mg	(Acid Controller)	Tier 1	
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg		Tier 1	
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 6	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
prucalopride oral tablet 1 mg, 2 mg	(Motegrity)	Tier 1	QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
Proton-Pump Inhibitors			
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	(rabeprazole)	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG		Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 1	QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	(Nexium Packet)	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb			
ENTADFI ORAL CAPSULE 5-5 MG	(finasteride-tadalafil)	Tier 3	PA
finasteride-tadalafil oral capsule 5-5 mg	(Entadfi)	Tier 1	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 6	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 5	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 5	PA; SP
Endothelin-Angiotensin Receptor Antagonist			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 6	PA; SP
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 5	SP
tiopronin oral tablet 100 mg	(Thiola)	Tier 4	SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	(Venxxiva)	Tier 4	SP
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	(tiopronin)	Tier 4	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML		Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		Tier 6	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		Tier 6	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	Tier 5	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	(tolvaptan (polycys kidney dis))	Tier 5	PA; SP
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	(sodium citrate-citric acid)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 3	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	(Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 3	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 1	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent			
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg		Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		Tier 1	
tolterodine oral tablet 1 mg, 2 mg		Tier 1	
trospium oral capsule,extended release 24hr 60 mg		Tier 1	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
trospium oral tablet 20 mg		Tier 1	
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 3	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 3	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	Tier 1	
metronidazole vaginal gel 1.3 % (65 mg/5 gram)	(Nuvessa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	(metronidazole)	Tier 3	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	
terconazole vaginal suppository 80 mg		Tier 1	
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %		Tier 3	
Vaginal Estrogen For Sexual Dysfunction			

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML		Tier 3	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	(SoluVita)	ACA Tier	$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	ACA Tier	$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %		Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 3	
GEL-KAM DENTAL GEL 0.4 %	(stannous fluoride)	Tier 1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
PERIO MED DENTAL SOLUTION 0.63 %	(stannous fluoride)	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)		Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	
folic acid oral tablet 1 mg		Tier 1	
folic acid oral tablet 400 mcg, 800 mcg		ACA Tier	
Iron Replacement			
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON		Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML		Tier 3	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Prenatal Vitamin Preparations		
ATABEX OB ORAL TABLET 29-1 MG	ACA Tier	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	ACA Tier	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	ACA Tier	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	ACA Tier	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	ACA Tier	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	ACA Tier	
KPN ORAL TABLET 9 MG IRON- 267 MCG	ACA Tier	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	ACA Tier	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	ACA Tier	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	ACA Tier	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	ACA Tier	
MYNATAL ORAL TABLET 90-1-50 MG	ACA Tier	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	ACA Tier	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	ACA Tier	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	ACA Tier	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG	ACA Tier	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	ACA Tier	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	ACA Tier	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	ACA Tier	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	ACA Tier	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	ACA Tier	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	ACA Tier	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	ACA Tier	
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg (Prenatal)	ACA Tier	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	ACA Tier	
PNV-SELECT ORAL TABLET 27-1 MG	ACA Tier	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	ACA Tier	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	ACA Tier	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	ACA Tier	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	ACA Tier	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	ACA Tier	
PRENATABS FA ORAL TABLET 29-1 MG	ACA Tier	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	ACA Tier	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	ACA Tier	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	ACA Tier	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG		ACA Tier	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		ACA Tier	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG		ACA Tier	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE		ACA Tier	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	ACA Tier	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG		ACA Tier	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG		ACA Tier	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG		ACA Tier	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG		ACA Tier	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG		ACA Tier	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	ACA Tier	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		ACA Tier	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	ACA Tier	
PRENATAL ORAL TABLET 28-800 MG-MCG		ACA Tier	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	ACA Tier	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG		ACA Tier	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb-folic)	ACA Tier	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG		ACA Tier	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	ACA Tier	
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg		ACA Tier	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG, 28 MG IRON- 800 MCG		ACA Tier	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	ACA Tier	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	ACA Tier	
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	(Prenatal Tablet)	ACA Tier	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG		ACA Tier	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG		ACA Tier	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		ACA Tier	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG		ACA Tier	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG		ACA Tier	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG		ACA Tier	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG		ACA Tier	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG		ACA Tier	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG		ACA Tier	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG		ACA Tier	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG		ACA Tier	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG		ACA Tier	
TRICARE ORAL TABLET 27 MG IRON-1 MG		ACA Tier	

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG		ACA Tier	
TRINATE ORAL TABLET 28 MG IRON-1 MG		ACA Tier	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG		ACA Tier	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	ACA Tier	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG		ACA Tier	
Prenatal Vitamins Without Iron			
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG		ACA Tier	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG		ACA Tier	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG		ACA Tier	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG		ACA Tier	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG		ACA Tier	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg		Tier 1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	
Weight Reduction			
Anorexic Agents			
benzphetamine oral tablet 50 mg		Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet 25 mg		Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG	(phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
phendimetrazine tartrate oral tablet 35 mg		Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg	(Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	(Qsymia)	Tier 1	PA
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG		Tier 6	PA; SP
Anti-Obesity - Incretin Mimetics Combination			
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		Tier 2	PA
Anti-Obesity - Melanocortin 4 Receptor Agonists			
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 6	PA; SP
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist			
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)		Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML		Tier 2	PA
Fat Absorption Decreasing Agents			
orlistat oral capsule 120 mg	(Xenical)	Tier 1	PA

Copyright © 2004-2025 Licensor. All rights reserved. This document is proprietary to Licensor. Licensor maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Index

A

A.I.R.S. NEBULIZER REPLACEMENT 198
abacavir 177
abacavir-lamivudine 176
ABENOR 83
ABENOR HP 83
ABILIFY ASIMTUFII 27, 28
ABILIFY MAINTENA 28
abiraterone 212
ABIRTEGA 212
ABRYSVO (PF) 159
acamprosate 26
acarbose 105
ACCU-CHEK FASTCLIX LANCET DRUM 200
ACCU-CHEK SAFE-T-PRO 200
ACCU-CHEK SAFE-T-PRO PLUS 200
ACCU-CHEK SOFTCLIX LANCETS 200
ACCUTANE 72
ACD SOLUTION A 140
ACD-A 140
ACE AEROSOL CLOUD ENHANCER 12
acebutolol 43
ACESO AG 195
acetaminophen-codeine 247
acetazolamide 133
acetic acid 94, 117
acetylcysteine 237
ACIOXIA 84
ACIOXIAY 72
ACIPHEX SPRINKLE 263, 264
acitretin 100
ACTHAR 122
ACTHAR SELFJECT 122
ACTHIB (PF) 157
ACTICOAT DRESSING 195
ACTI-LANCE LANCETS 200
ACTIMMUNE 161
ACUVAIL (PF) 129
acyclovir 82, 174
ADACEL(TDAP ADOLESN/ADULT)(PF) 157
ADAINZOXIA 72
adalimumab-adaz 181
ADALINA 73
adapalene 78
adapalene-benzoyl peroxide 73
ADASUVE 29
ADBRY 83, 84
ADDYI 32
adefovir 180
ADEINZDE 73
ADEMPAS 47
ADERMICA 73
ADERMICA HP 73
ADMIRAZOL 73
ADMIRAZOL HP 73
ADTHYZA 127
ADULT ASPIRIN REGIMEN 145
ADULT LOW DOSE ASPIRIN 145
ADVAIR HFA 9
ADVANCE PLUS INTERMITTENT 197
ADVANCED ALLERGY COLLECT KIT 84
ADVANCED TRAVEL LANCETS 200
ADVATE 138
ADVOCATE LANCET 200
ADYNOVATE 138
AEROBIKA OSCILLATING PEP SYSTM 12
AEROCHAMBER MECHANICAL VENT 12
AEROCHAMBER MINI 12
AEROCHAMBER MV 12
AEROCHAMBER PLUS FLOW-VU 12
AEROCHAMBER PLUS FLOW-VU,L MSK 12
AEROCHAMBER PLUS FLOW-VU,M MSK 12
AEROCHAMBER PLUS FLOW-VU,S MSK 12
AEROCHAMBER PLUS Z STAT 12
AEROCHAMBER PLUS Z STAT LG MSK 12
AEROCHAMBER PLUS Z STAT MD MSK 12
AEROCHAMBER PLUS Z STAT SM MSK 12
AEROCHAMBER Z-STAT PLUS-FLW SG 12
AEROECLIPSE II NEBULIZER 12
AEROECLIPSE XL NEBULIZER 12
AEROGEAR ACTION ASTHMA KIT 13
AERONEB GO NEBULIZER 13
AEROTRACH PLUS 13
AEROVENT PLUS 13
AFIRMELLE 58
AFLURIA TRIV 2024-2025 156
AFLURIA TRIV 2024-2025 (PF) 156
AFREZZA 115
AFSTYLA 138
AFTER PILL 58
AFTERA 58
AGAMATRIX ULTRA-THIN LANCET 200
AGAMREE 184
AIMOVIG AUTOINJECTOR 244
AIMSCO LATEX CONDOM 229
AIRS ADULT AEROSOL MASK 198
AIRS DISPOSABLE NEBULIZER 13
AIRS PEDIATRIC DISPOSABLE MASK 207
AIRSUPRA 9
AJOVY AUTOINJECTOR 244
AJOVY SYRINGE 245
AKEEGA 220
AKTEN (PF) 130
AKYNZEO (NETUPITANT) 7
ALA-CORT 84
ALA-SCALP 84
albendazole 172
albuterol sulfate 8
ALCAINE 130
alclometasone 84
ALECENSA 215
alendronate 123

ALFERON N 161
alfuzosin 265
ALHEMO PEN 142
ALINIA 173
aliskiren 49
ALIXI 73
ALIXI HP 73
ALKINDI SPRINKLE 184
ALL FLOW 1000 KIT 198
ALL FLOW 1000 PFT FILTER . 198
ALL FLOW 3000 KIT 198
ALL FLOW 3000 PFT FILTER . 198
ALL FLOW 4000 KIT 198
ALL FLOW 4000 PFT FILTER . 198
ALL FLOW 5000 KIT 199
ALL FLOW 5000 PFT FILTER . 199
ALL FLOW 6000 PFT FILTER . 199
ALLEVYN LIFE DRESSING 195
allopurinol 137
almotriptan malate 245
ALOMIDE 133
ALOMIRA 73
ALOMIRA HP 73
ALOMIRA LP 73
alosetron 193
ALPHANATE 138
ALPHANINE SD 141
alprazolam 26
ALPRAZOLAM INTENSOL 26
ALPROLIX 141
ALTABAX 82
ALTACAINE 130
ALTAFLUOR BENOX 130
ALTAVERA (28) 58
ALTERA NEBULIZER HANDSET 13
ALTERA NEBULIZER SYSTEM 13
ALTERNATE SITE LANCET 200
ALTOPREV 50
ALTRENO 78
ALTUVIIIO 138
ALUNBRIG 215
ALURIS 73
ALURIS HP 73
ALURIS HP PLUS 73
ALURIS LP 73
ALURIS LP PLUS 73
ALURIS PLUS 73
ALUXOF 73
ALUXOF HP 73
ALVAIZ 147
alvimopan 194
ALVOX 79
ALVOX HP 79
ALYACEN 1/35 (28) 58
ALYACEN 7/7/7 (28) 58
ALYFTREK 237
ALYQ 47
amantadine hcl 249
ambrisentan 48
amcinonide 85
AMELUZ 221
AMETHIA 58
AMETHYST (28) 58
AMIELLE VAGINAL TRAINER .. 199
amiloride 47
amiloride-hydrochlorothiazide 47
aminocaproic acid 138
amiodarone 38
amitriptyline 24
amitriptyline-chlordiazepoxide 23
amlodipine 45
amlodipine-atorvastatin 55, 56
amlodipine-benazepril 40
amlodipine-olmesartan 41
amlodipine-valsartan 41
amlodipine-valsartan-hcthiazid 41
ammonium lactate 94
AMNESTEEM 72
amoxapine 24
amoxicil-clarithromy-lansopraz .. 262
amoxicillin 166
amoxicillin-pot clavulanate 166
amphetamine sulfate 24
ampicillin 166
amyl nitrite 56
ANACAINE 98
anagrelide 146
ANALPRAM-HC 97
ANASCORP 226
ANASTIA 98
anastrozole 213
ANGELIQ 150
ANNOVERA 57
ANORO ELLIPTA 9
anticoag citrate phos dextrose .. 140
ANUCORT-HC 191
APADAZ 248
APEXOL 74
APEXOL HP 73
APHORIA 74
APLIGRAF 235
APOGEE IC INTERMIT CATHETER 197
APOGEE PLUS INTERMITT CATHETER 197
apomorphine 249
APORIX 74
apraclonidine 133
aprepitant 7
APRETUDE 178
APRI 58
APTIOM 252
APTIVUS 175
AQNEURSA 234
ARAKODA 172
ARALAST NP 211
ARANELLE (28) 58
ARCALYST 181
AREXVY (PF) 159
arformoterol 9
ARGYLE TRACHEOSTOMY CARE TRAY 199
ARIKAYCE 170
aripiprazole 28
ARISTADA 28
ARISTADA INITIO 28
armodafinil 33
ARNUITY ELLIPTA 10
ARTILIS 74
ARTILIS HP 74
ARTISS 236
ASCOMP WITH CODEINE 247
asenapine maleate 29
ASHLYNA 58
aspirin 145, 238
ASPIRIN CHILDRENS 145
aspirin-dipyridamole 146
ASSURE LANCE 200
ASSURE LANCE PLUS 200
ASTHMAPACK CHILDREN'S 13
ASTRINGYN 147
ATABEX OB 271
atazanavir 178
atenolol 43
atenolol-chlorthalidone 45
atomoxetine 37
ATORVALIQ 50
atorvastatin 51
atovaquone 173
atovaquone-proguanil 172
ATRAPRO CP 94
ATROPEN 233

atropine 135, 136
atropine sulfate (pf) 136
ATROVENT HFA 8
ATTRUBY 56
AUBRA 58
AUBRA EQ 58
AUGTYRO 216
AUGUSTIL 74
AURA PORTANEB 13
auranofin 185
AUROVELA 1.5/30 (21) 58
AUROVELA 1/20 (21) 58
AUROVELA 24 FE 58
AUROVELA FE 1.5/30 (28) 58
AUROVELA FE 1-20 (28) 58
AURUMHEEL 232
AUSTEDO 224
AUSTEDO XR 224
AUSTEDO XR TITRATION KT(WK1-4) 224
AUTOJECT 2 INJECTION DEVICE 108
AUTOPEN 1 TO 21 UNITS 108
AUTOPEN 2 TO 42 UNITS 108
AUTOSHIELD DUO PEN NEEDLE 233
AUTOSOFT 30 108
AUTOSOFT 90 108
AUTOSOFT XC INFUSION SET 23 108
AUTOSOFT XC INFUSION SET 32 108
AUTOSOFT XC INFUSION SET 43 108
AUVELITY 21
avanafil 120
AVEIDA 77
AVEIDAOXIA 77
AVIANE 59
AVIDORA 74
AVIDORA HP 74
AVITA 78
AVITENE 147
AVITENE FLOUR 147
AVMAPKI 214
AVMAPKI-FAKZYNJA 226
AVONEX 221, 222
AWANIS 74
AYUNA 59
AYVAKIT 216
AZALTA 74
AZALTA HP 74
azathioprine 161
azelaic acid 77
azelastine 5, 128
azelastine-fluticasone 6
azithromycin 165
AZSTARYS 35
AZURETTE (28) 59

B

bacitracin 131
bacitracin-polymyxin b 131
baclofen 257, 258
BAL-CARE DHA 271
BAL-CARE DHA ESSENTIAL 271
balsalazide 189
BALVERSA 216
BALZIVA (28) 59
BAQSIMI 114
BARACLUDE 180
BARDEX I.C. FOLEY CATHETER 197
BASADROX 78
BATIZIA 79
BAXDELA 167
BAXONIL 77
BAYER ASPIRIN 238, 239
BAYER LOW DOSE ASPIRIN 146
BD AUTOSHIELD DUO PEN NEEDLE 233
BD INSULIN SYRINGE (HALF UNIT) 209
BD INSULIN SYRINGE U-500 209
BD INSULIN SYRINGE ULTRA-FINE 209
BD INSYTE AUTOGUARD 208
BD MICROTAINER LANCET 200
BD NANO 2ND GEN PEN NEEDLE 233
BD POSIFLUSH NORMAL SALINE 0.9 119
BD SAF-T-INTIMA 208
BD ULTRA-FINE MICRO PEN NEEDLE 234
BD ULTRA-FINE MINI PEN NEEDLE 234
BD ULTRA-FINE NANO PEN NEEDLE 234
BD ULTRA-FINE ORIG PEN NEEDLE 234
BD ULTRA-FINE SHORT PEN NEEDLE 234
BD VEO INSULIN SYR (HALF UNIT) 209
BD VEO INSULIN SYRINGE UF 209
BELBUCA 239
belladonna alkaloids-opium 239
BELSOMRA 34
benazepril 42
benazepril-hydrochlorothiazide 40
BENEFIX 142
BENLYSTA 185
benzhydrocodone-acetaminophen 248
benznidazole 173
benzonatate 70
benzoyl peroxide 95
benzphetamine 276
benztropine 249
BERINERT 183
BESIVANCE 131
BESREMI 161
BETADINE OPHTHALMIC PREP 94
betaine 232
BETALOAN SUIK 184
betamethasone dipropionate 85
betamethasone valerate 85
betamethasone, augmented 85
BETASERON 222
betaxolol 43, 133
bethanechol chloride 210
BETIMOL 133
BETOPTIC S 133
bexarotene 98, 221
BEXSERO 155
BEYFORTUS 174
bicalutamide 212
BIGFOOT UNITY 108
BIGFOOT UNITY PEN CAP-ADMELOG 108
BIGFOOT UNITY PEN CAP-APIDRA 108
BIGFOOT UNITY PEN CAP-ASPART 108
BIGFOOT UNITY PEN CAP-BASAGLAR 108
BIGFOOT UNITY PEN CAP-FIASP 108
BIGFOOT UNITY PEN CAP-HUMALOG 109
BIGFOOT UNITY PEN CAP-

LANTUS 109
BIGFOOT UNITY PEN CAP-LISPRO 109
BIGFOOT UNITY PEN CAP-LYUMJEV 109
BIGFOOT UNITY PEN CAP-NOVOLOG 109
BIGFOOT UNITY PEN CAP-TOUJEO 109
BIGFOOT UNITY PEN CAP-TOUJEOMX 109
BIGFOOT UNITY PEN CAP-TRESIBA 109
BIJUVA 150
BIKTARVY 179
bimatoprost 133
BIMZELX 100
BIMZELX AUTOINJECTOR 100
bismuth subcit k-metronidz-tcn . 262
bisoprolol fumarate 44
bisoprolol-hydrochlorothiazide 45
BLEPHAMIDE S.O.P. 131
BLISOVI 24 FE 59
BLISOVI FE 1.5/30 (28) 59
BLISOVI FE 1/20 (28) 59
BONSITY 123
BOOSTRIX TDAP 157
bosentan 48
BOSULIF 216
BPO 95
BRAFTOVI 213
BREATHERITE MDI SPACER ... 13
BREATHERITE SPACER-MASK, NEO 13
BREATHERITE SPACER-MASK,ADULT 13
BREATHERITE SPACER-MASK,CHILD 13
BREATHERITE SPACER-MASK,INFANT 13
BREATHERITE SPACER-MASK,S.CHLD 13
BREATHERITE VALVED MDI CHAMBER 13
BREATHERITE VALVED MDI SPACER 13
BREO ELLIPTA 9
BREXAFEMME 170
BREYNA 9
BREZTRI AEROSPHERE 10
BRIELLYN 59
brimonidine 77, 134
brimonidine-dorzolamide 134
brimonidine-timolol 134
brinzolamide 134
BRIVIACT 252
BROMFED DM 72
bromfenac 129
bromocriptine 249
brompheniramine-pseudoeph-dm 72
BRONCHITOL 230
BRUKINSA 216
budesonide 10, 184, 191
budesonide-formoterol 10
BULLSEYE MINI SAFETY LANCETS 200
bumetanide 47
buprenorphine 239
buprenorphine hcl 239, 248
buprenorphine-naloxone 248
bupropion hcl 21
bupropion hcl (smoking deter) ... 260
buspirone 27
butalbital-acetaminop-caf-cod ... 247
butalbital-acetaminophen 238
butalbital-acetaminophen-caff ... 238
butalbital-aspirin-caffeine 238
butorphanol 239
BUTTERFLY TOUCH LANCET 200
BYLVAY 193
C
cabergoline 126
CABLIVI 138
CABOMETYX 216
cabotegravir 178
CABTREO 74
CADEAU DHA 271
CADIRA COMPLIANT BLOOD STAT 226
caffeine citrate 19
calcipotriene 101
calcipotriene-betamethasone 103
calcitonin (salmon) 123
calcitriol 101, 276
calcium acetate(phosphat bind) 117
CALQUENCE (ACALABRUTINIB MAL) 216
CAMILA 59
CAMRESE 59
CAMRESE LO 59
CAMZYOS 56
candesartan 42
candesartan-hydrochlorothiazid .. 41
cantharidin in acetone 95
CANTHARIS COMPOSITUM ... 232
capecitabine 212
CAPEX 85
CAPLYTA 29
CAPRELSA 216
captopril 42
captopril-hydrochlorothiazide 40
CAPVAXIVE 155
CARBAGLU 191
carbamazepine 252
CARBATROL 252
carbidopa 251
carbidopa-levodopa 249
carbidopa-levodopa-entacapone 249
carbinoxamine maleate 4
CARDIOPLEGIA DEL NIDO FORMULA 227
CARDIOPLEGIA DEL NIDO-ISOLYT S 227
CARDIOPLEGIA HIGH POTASSIUM 227
CARDIOPLEGIA IND 4
1 PLASMALYT 227
1 RINGER 227
CARDIOPLEGIA IND 8
1 NON-ENRCH 227
CARDIOPLEGIA INDUCTION 4
1 227
CARDIOPLEGIA INDUCTION 8
1 227
CARDIOPLEGIA MAIN 8
1 NO-ENRCH 227
CARDIOPLEGIA MAINT 4
1 PLASMA 227
1 RINGER 227
CARDIOPLEGIA MAINTENANCE 4
1 227
CARDIOPLEGIA MAINTENANCE 8
1 227
CARDIOPLEGIA REPERFUSATE 4
1 228
CARDIOPLEGIA WARM INDUCT 4

1 228
cardioplegic no.17(induct 4 1) 228
cardioplegic no.19 (maint 4 1) 228
cardioplegic soln 228
cardioplegic solution no.25 228
CARDURA XL 40
CAREONE ULTRA THIN LANCET 200
CARESENS LANCETS 200
CARETOUCH SAFETY LANCETS 200
CARETOUCH TWIST LANCET 201
carglumic acid 191
carisoprodol 258
carisoprodol-aspirin 258
carisoprodol-aspirin-codeine 249
CARNITOR (SUGAR-FREE) 232
CARRASYN HYDROGEL WOUND DRESS 195
carteolol 134
CARTIA XT 45
carvedilol 40
carvedilol phosphate 40
CAVERJECT 120
CAVERJECT IMPULSE 120
CAYA CONTOURED 69
CAYSTON 163
CAZIANT (28) 59
cefaclor 163
cefadroxil 163
CEFALY 199
cefdinir 164
cefixime 164
cefpodoxime 164
cefprozil 163
cefuroxime axetil 163
celecoxib 187
CEM-UREA 95
CENTANY AT 79
cephalexin 163
CEQUR SIMPLICITY 109
CEQUR SIMPLICITY INSERTER 109
CERDELGA 231
CERVIDIL 70
CETACAINE 98
cetirizine 5
cetrorelix 126
cevimeline 210
CHARLOTTE 24 FE 59
CHATEAL EQ (28) 59
CHEMET 233
CHENODAL 192
CHILDREN'S ASPIRIN 146
CHLOHUX 85
CHLOOXIA 85
chlordiazepoxide hcl 26
chlordiazepoxide-clidinium 262
chlorhexidine gluconate 225
chloroquine phosphate 172
chlorpromazine 32
chlorthalidone 49
chlorzoxazone 258
CHOLBAM 192
cholestyramine (with sugar) 54
CHOLESTYRAMINE LIGHT 54
choline,magnesium salicylate ... 239
chorionic gonadotropin, human . 121
CHOSEN LANCET 201
CHOSEN SAFETY LANCET 201
CICLODAN KIT 80
ciclopirox 80
ciclopirox-ure-camph-menth-euc 80
cilostazol 146
CILOXAN 131
CIMDUO 175
cimetidine 263
cimetidine hcl 263
CIMZIA 181
CIMZIA POWDER FOR RECONST 181
CIMZIA STARTER KIT 181
cinacalcet 124
CINRYZE 183
CIPRO 167
ciprofloxacin 167
ciprofloxacin hcl 117, 131, 167
ciprofloxacin-dexamethasone ... 117
ciprofloxacin-fluocinolone 117
citalopram 21, 22
citric acid anhydrous (bulk) 236
citric-sod citrat-sod phos-dex 140
CLARAVIS 72
CLARINEX-D 12 HOUR 3
clarithromycin 165
CLEANSING WASH 83
CLEARSHIELD SODIUM CHLOR FLUSH 120
clemastine 4
CLEMASZ 4
CLENPIQ 193
CLEOCIN 268
CLEVER CHEK LANCETS 201
CLEVER CHOICE CHAMBER-LRG MASK 13
CLEVER CHOICE CHAMBER-MED MASK 13
CLEVER CHOICE CHAMBER-SM MASK 13
CLEVER CHOICE NEB KIT-ADULT 199
CLEVER CHOICE NEB KIT-CHILD 199
CLEVER CHOICE NEBULIZER . 13
CLEVER CHOICE WHISPER AIRE PED 13
clindamycin hcl 171
clindamycin palmitate hcl 171
CLINDAMYCIN PEDIATRIC 171
clindamycin phosphate 79, 268
clindamycin-benzoyl peroxide 74
CLINDESSE 268
CLINPRO 5000 270
clobazam 251
clobetasol 85, 86, 129
clobetasol-emollient 86
clocortolone pivalate 86
CLODAN KIT 86
CLOMID 121
clomiphene citrate 121
clomipramine 24
clonazepam 251
clonidine 43
clonidine hcl 34, 43
clopidogrel 146
clorazepate dipotassium 26
clotrimazole 80, 169
clotrimazole-betamethasone 80
clozapine 29
COAGADEX 142
COAGUCHEK LANCETS 201
COAGUCHEK XS 226
COARTEM 172
COBENFY 32
COBENFY STARTER PACK 228
cocaine 225
codeine sulfate 240
codeine-butalbital-asa-caff 247
codeine-guaifenesin 71
CODITUSSIN AC 71

CODITUSSIN DAC 71
colchicine 137
colesevelam 54
colestipol 54
COLOR LANCETS 201
COMBIPATCH 150
COMBIVENT RESPIMAT 9
COMETRIQ 216
COMFORT EZ LANCETS 201
COMFORT TOUCH PLUS SAFETY LANC 201
COMFORT TOUCH ULT THIN LANCETS 201
COMFORTSEAL LARGE MASK 13
COMFORTSEAL MEDIUM MASK 14
COMFORTSEAL SMALL MASK 14
COMIRNATY 2024-25 (12Y UP)(PF) 154
COMPACT SPACE CHAMBER . 14
COMPACT SPACE CHAMBER-LRG MASK 14
COMPACT SPACE CHAMBER-MED MASK 14
COMPACT SPACE CHAMBER-SM MASK 14
COMP-AIR NEBULIZER COMPRESSOR 14
COMPLERA 179
COMPLETE NATAL DHA 271
COMPLETENATE 271
COMPRO 7
CONCEPTION 229
CONJUPRI 45
CONSTULOSE 193
COPAXONE 222
COPIKTRA 216
CORDRAN 86
CORDRAN TAPE LARGE ROLL 86
CORIFACT 142
CORLANOR 55
CORTANE-B 117
CORTIFOAM 191
cortisone 184
CORTISPORIN-TC 117
CORTROPHIN GEL 122
COTELLIC 214
COVARYX 150
COVARYX H.S. 150
CRALONIN 232
CRENESSITY 126
CREON 261
CRESEMBA 169
CRINONE 121, 153
cromolyn 11, 133
CRYODOSE TA MEDIUM STREAM SPR 98
CRYODOSE TA MIST SPRAY 99
CRYOSERV 230
CRYSELLE (28) 59
CTEXLI 192
CUPRIMINE 180
CURAD XEROFORM PETROLATM DRESS 195
CURAFIL GEL WOUND 195
CURITY AMD 195
CURITY AMD (WITH POLYHEXAMETH) 195
CURITY DRAINAGE BAG 197
CURITY IODOFORM PACKING STRIP 196
CUROSURF 237
CUSTODIOL HTK 228
CUVRIOR 233
cyclobenzaprine 258
CYCLOMYDRIL 136
cyclopentolate 136
cyclopen-tropic-phenyleph-watr 136
cyclopent-tropic-phen-ketr-wat .. 136
cyclophosphamide 212
cyclop-trop-propa-phen-ket-wat 136
cycloserine 171
CYCLOSET 105
cyclosporine 132, 162
cyclosporine modified 161, 162
cyproheptadine 4
CYRED 59
CYRED EQ 59
CYSTADROPS 137
CYSTAGON 266
CYSTARAN 137
D
dabigatran etexilate 147
DAFILOR 80
dalfampridine 223
danazol 126
dantrolene 258
DANZITEN 216
dapsone 74, 170
DAPTACEL (DTAP PEDIATRIC) (PF) 157
darifenacin 267
DARTISLA 262
darunavir 175
dasatinib 216
DASETTA 1/35 (28) 59
DASETTA 7/7/7 (28) 59
DAURISMO 214
DAYBUE 224
DAYSEE 60
DAZAVEIDAOXIA 77
DAZINIA 80
DAZOMON 77
DEBACTEROL 226
DEBLITANE 60
deferasirox 233
deferiprone 233
deferoxamine 233
deflazacort 184
DELIBON 80
demeclocycline 167
DEMEROL (PF) 240
DENTA 5000 PLUS 270
DENTA 5000 PLUS SENSITIVE 270
DENTAGEL 270
DENVITA 81
DEOXIA 74, 75
DEOXIADEMTAR 75
DEOXIATAR 75
DEOXIAVAR 75
DEPAKOTE 253
DEPAKOTE ER 252
DEPAKOTE SPRINKLES 253
DEPO-ESTRADIOL 150
DEPO-SUBQ PROVERA 104 57
DERMACINRX LIDOCAN 99
DERMACINRX LIDOGEL 99
DERMACINRX LIDOREX 99
DERMAZENE 78
DESCOVY 175
desflurane 231
desipramine 24
desloratadine 5
desmopressin 122
desog-e.estradiol/e.estradiol 60
desonide 86, 87
desoximetasone 87
desvenlafaxine 23
desvenlafaxine succinate 23
DEVILBISS DISPOSABLE NEBULIZER 14
DEVILBISS PULMO-AIDE

COMPRESSR 14
DEVILBISS PULMOMATE COMPRESSOR 14
DEVILBISS PULMONEB LT COMP-NEB 14
DEVILBISS TRAVELER COMPRESSOR 14
dexamethasone 184
DEXAMETHASONE INTENSOL 184
dexamethasone sodium phosphate 129
DEXCOM G6 RECEIVER 109
DEXCOM G6 SENSOR 109
DEXCOM G6 TRANSMITTER . 109
DEXCOM G7 RECEIVER 109
DEXCOM G7 SENSOR 109
dexlansoprazole 264
dexmethylphenidate 35
DEXONTO 184
DEXTENZA 129
dextroamphetamine sulfate .. 24, 25
dextroamphetamine-amphetamine 25
DIACOMIT 253
DIADIMAXIA 75
DIAOXIA 75
DIASAXIATAR 75
DIASDIMAXIA 75
DIASOXIA 75
diazepam 26, 251
DIAZEPAM INTENSOL 26
diazoxide 114
dichlorphenamide 257
diclofenac epolamine 92
diclofenac potassium 187
diclofenac sodium . 92, 98, 129, 187
diclofenac-misoprostol 187
dicloxacillin 166
dicyclomine 261
diethylpropion 276
DIFICID 165
diflunisal 239
difluprednate 129
DIFMETIOXRIME 81
DIGITEK 39
digoxin 39
dihydroergotamine 245
DILANTIN 253
DILANTIN EXTENDED 253
DILANTIN INFATABS 253
DILANTIN-125 253
DILAUDID (PF) 240
diltiazem hcl 45
DILT-XR 46
DILUENT FOR ROTARIX 230
DILUTING MEDIUM FOR NOVOLOG 230
dimethyl fumarate 222
DIMOXIA 75
DIOCHLOY 103
DIONARIS 80
DIOOXIA 101
DIPHEN 4
diphenoxylate-atropine 192
dipyridamole 146
disopyramide phosphate 38
disulfiram 26
DIURIL 49
divalproex 253
DIVENDO 80
DIVINIX 87
dofetilide 39
DOJOLVI 234
DOLISHALE 60
DOMELA 87
donepezil 20
DOPTELET (10 TAB PACK) 147
DOPTELET (15 TAB PACK) 147
DOPTELET (30 TAB PACK) 147
dorzolamide 134
dorzolamide-timolol 134
dorzolamide-timolol (pf) 134
DOTTI 151
DOVATO 173
DOVER COATED LATEX FOLEY 197
DOVER FOLEY CATHETER 197
DOVER LATEX FOLEY CATHETER 197
DOVER RED RUBBER ROBINSON CATH 197
DOVER UNIVERSAL 198
doxazosin 41
doxepin 24, 34
doxercalciferol 125
doxycycline hyclate .. 167, 168, 226
doxycycline monohydrate 168
doxylamine-pyridoxine (vit b6) 7
D-PENAMINE 180
DRAXACE 75
DRAXACEY 75
DRITHOCREME HP 101
DRIXECE 75
dronabinol 6
DROPLET LANCETS 201
drospirenone-e.estradiol-lm.fa 60
drospirenone-ethinyl estradiol 60
DROXIA 146
droxidopa 55
DRYSOL 93
DRYSOL DAB-O-MATIC 93
DUAVEE 150
duloxetine 23
DUODOTE 228
DUOPA 250
DUPIXENT PEN 11
DUPIXENT SYRINGE 11
DUREX AIR CONDOM 229
DUREX AVANTI BARE REAL FEEL 229
DUREX EXTRA SENSITIVE CONDOM 229
DUREX TROPICAL CONDOM . 229
dutasteride 265
dutasteride-tamsulosin 266
DUVYZAT 232
DUZALLO 137
DYNAFOAM AG 196
DYNAGINATE AG 196
DYNOMA 87

E

E.E.S. 400 165
EAR POPPER INFLATION DEVICE 207
EASIVENT HOLDING CHAMBER 14
EASIVENT MASK LARGE 14
EASIVENT MASK MEDIUM 14
EASIVENT MASK SMALL 14
EASY COMFORT LANCETS ... 201
EASY NEB COMPRESSOR NEBULIZER 14
EASY TOUCH LANCETS 201
EASY TOUCH SAFETY LANCETS 201
EASY TOUCH TWIST LANCETS 201
EASY TWIST AND CAP LANCETS 201
EBASE CONTROLLER 14
EBGLYSS PEN 84
EBGLYSS SYRINGE 84

ECEOXIA 83
EC-NAPROXEN 187
econazole nitrate 81
ECONTRA EZ 60
ECONTRA ONE-STEP 60
ECOTRIN 239
ECOVUE HV ULTRASOUND GEL 232
ECOVUE ULTRASOUND GEL 232
ECOZA 81
EDEX 120
ED-SPAZ 261
EDURANT 176
EDURANT PED 176
EEMT 150
EEMT HS 150
efavirenz 176
efavirenz-emtricitabin-tenofov .. 179
efavirenz-lamivu-tenofov disop. 179
EFFER-K 119
EGATEN 172
EGRIFTA SV 124
ELESTRIN 151
eletriptan 245
ELIGARD 122
ELIGARD (3 MONTH) 122
ELIGARD (4 MONTH) 122
ELIGARD (6 MONTH) 122
ELINEST 60
ELIQUIS 141
ELIQUIS DVT-PE TREAT 30D START 141
ELIXOPHYLLIN 19
ELLA 60
ELMIRON 267
ELOCTATE 139
ELURYNG 57
ELYXYB 245
ELYZIA 102
EMBRACE LANCETS 201
EMBRACE SAFETY LANCET . 201
EMEND 7
EMFLAZA 184
EMGALITY PEN 245
EMGALITY SYRINGE 245, 247
EMPAVELI 141
EMROSI 168
EMSAM 21
emtricitabine 177
emtricitabine-tenofovir (tdf) 175, 176
emtricita-rilpivirine-tenof df 179
EMTRIVA 177
EMVERM 172
EMZAHH 60
enalapril maleate 42
enalapril-hydrochlorothiazide 40
ENBREL 181
ENBREL MINI 181
ENBREL SURECLICK 181
ENDARI 146
ENDO AVITENE 147
ENDOCET 248
ENDOMETRIN 121
ENFIT IRRIGATION KIT 206
ENFIT MEDICAL STRAW 199
ENFIT MEDICINE BOTTLE ADAPTER 199
ENGERIX-B (PF) 159
ENGERIX-B PEDIATRIC (PF) .. 159
ENILLORING 57
enoxaparin 143
ENPRESSE 60
ENSKYCE 60
ENSPRYNG 185
ENSTILAR 103
entacapone 250
ENTADFI 265
entecavir 180
enteral connector, enfit 206
ENTERAL GRAVITY BAG SET-ENFIT 206
ENTRESTO 55
ENTRESTO SPRINKLE 55
ENTYVIO PEN 191
ENULOSE 191
ENZNONUTY 99
EPCLUSA 180
EPIDIOLEX 252
EPIFIX AMNIOTIC MEMBRANE 235
EPIFOAM 97
epinastine 128
epinephrine 39, 210
epinephrine hcl 72
EPITOL 253
eplerenone 47
EPRONTIA 253
eprosartan 42
EQUETRO 27
ergoloid 57
ERGOMAR 245
ergotamine-caffeine 245
ERIVEDGE 214
ERLEADA 212
erlotinib 216
ERMEZA 127
ERRIN 60
ERY PADS 79
ERY-TAB 165
ERYTHROCIN (AS STEARATE) 165
erythromycin 132, 165
erythromycin ethylsuccinate 165
erythromycin with ethanol 79
erythromycin-benzoyl peroxide ... 79
escitalopram oxalate 22
eslicarbazepine 253
esomeprazole magnesium 264
ESPEROCT 139
ESTARYLLA 60
estazolam 34
estradiol 151, 269
estradiol valerate 151, 152
estradiol-norethindrone acet 152
ESTRATEST F.S. 150
estrogens-methyltestosterone .. 150
eszopiclone 34
ethacrynic acid 47
ethambutol 170
ethosuximide 253
ETHOXIA 79
ethyl chloride 99
ethynodiol diac-eth estradiol 60
etodolac 187
etonogestrel-ethinyl estradiol 57
etoposide 220
etravirine 176
eua patient assessment 230
EUCRISA 84
EUFLEXXA 183
EUTHYROX 127
EVAMIST 152
EVARREST 148
everolimus (antineoplastic) 215
everolimus (immunosuppressive) 162
EVERSENSE 365 SENSOR 109
EVERSENSE 365 TRANSMITTER 110
EVERSENSE E3 SENSOR-HOLDER 110
EVERSENSE E3 SMART TRANSMITTER 110

EVICEL 148
EVOTAZ 178
EVRYSDI 210
EXELDERM 81
exemestane 213
exenatide 104
EXODERM 81
EXTENDED RESERVOIR 209
EYE 232
E-Z JECT LANCETS 201
E-Z JECT THIN LANCETS 201
EZ SMART LANCETS 202
EZALLOR SPRINKLE 51
ezetimibe 54
ezetimibe-simvastatin 50
F
FABHALTA 145
FAKZYNJA 216
FALMINA (28) 60
famciclovir 174
famotidine 263
FANAPT 29
FANTASY CONDOM 229
FARXIGA 104
FASENRA 11
FASENRA PEN 11
FC2 FEMALE CONDOM 229
febuxostat 137
FEIBA NF 139
FEIRZA 61
felbamate 253
felodipine 46
FEM PH 269
FEMALE CATHETER 198
FEMCAP 69
FEMLYV 61
fenofibrate 54
fenofibrate micronized 54
fenofibrate nanocrystallized 54
fenofibric acid 54
fenofibric acid (choline) 54
FENOVIA 81
fentanyl 240
fentanyl citrate 240
fentanyl citrate (pf) 240
fentanyl citrate (pf)-0.9%nacl 240
ferric citrate 118
FERVINA 81
fesoterodine 268
FETZIMA 23
FIDILA 81
FILOMA 81
FILSPARI 266
FILSUVEZ 236
FILTERED EXTENSION SET 208
FINACEA 77
finasteride 265
finasteride-tadalafil 265
FINGERSTIX LANCETS 202
fingolimod 222
FINTEPLA 253
FINZALA 61
FIORICET 238
FIRDAPSE 223
FIRMAGON 215
FIRMAGON KIT W DILUENT SYRINGE 215
flavoxate 268
flecainide 39
FLEXICHAMBER 14
FLEXICHAMBER-LG CHILD MASK 14
FLEXICHAMBER-SM ADULT MASK 14
FLEXICHAMBER-SM CHILD MASK 14
FLEXI-SEAL SIGNAL FMS 206
FLOLIPID 51
FLORIVA (FLUORIDE-VITAMIN D3) 270
FLUAD TRIV 2024-25(65Y UP)(PF) 156
FLUARIX TRIV 2024-2025 (PF) 156
FLUBLOK TRIV 2024-2025 (PF) 156
FLUCELVAX TRIV 2024-2025 .. 156
FLUCELVAX TRIV 2024-2025 (PF) 156
fluconazole 169
flucytosine 169
fludrocortisone 186
FLULAVAL TRIV 2024-2025 (PF) 156
FLUMIST TRIVALENT 2024-2025 156
flunisolide 6
fluocinolone 87, 88
fluocinolone acetonide oil 116
fluocinolone and shower cap 87
fluocinonide 88
FLUOCINONIDE-E 88
fluocinonide-emollient 88
fluorescein-benoxinate 130
fluorescein-proparacaine 130
fluoride (sodium) 270
FLUORIDEX DAILY DEFENSE 270
FLUORIDEX SENSITIVITY RELIEF 270
FLUORIMAX 5000 270
FLUORIMAX 5000 SENSITIVE 270
fluorometholone 129
FLUOROPLEX 98
fluorouracil 98
fluoxetine 22
FLUOXIA 88
fluphenazine hcl 32
flurandrenolide 88
flurazepam 34
flurbiprofen 187
flurbiprofen sodium 129
fluticasone propionate 6, 10, 88
fluticasone propion-salmeterol 10
fluvastatin 51, 52
fluvoxamine 22
FLUZONE HIGH-DOSE TRIV 24-25 157
FLUZONE QUAD SOUTH HEM2024(PF) 157
FLUZONE QUAD SOUTHERN HEM 2024 157
FLUZONE TRIV 2024-2025 157
FLUZONE TRIV 2024-2025 (PF) 157
folic acid 271
FOLLISTIM AQ 121
fondaparinux 143
FORACARE LANCETS 202
formoterol fumarate 9
FOSAMAX PLUS D 123
fosamprenavir 178
fosfomycin tromethamine 164
fosinopril 42
fosinopril-hydrochlorothiazide 40
FOSRENOL 118
FOTIVDA 216
FRAGMIN 143, 144
FRAICHE 5000 KIDS PLUS 270
FRAICHE 5000 PREVI 270
FREESTYLE INSULINX 108
FREESTYLE INSULINX TEST STRIPS 108
FREESTYLE LANCETS 202
FREESTYLE LIBRE 14 DAY

READER 110
FREESTYLE LIBRE 14 DAY SENSOR 110
FREESTYLE LIBRE 2 PLUS SENSOR 110
FREESTYLE LIBRE 2 READER 110
FREESTYLE LIBRE 2 SENSOR 110
FREESTYLE LIBRE 3 PLUS SENSOR 110
FREESTYLE LIBRE 3 READER 110
FREESTYLE LIBRE 3 SENSOR 110
FREESTYLE LITE STRIPS 108
FREESTYLE PRECISION NEO STRIPS 108
FREESTYLE TEST 108
FREESTYLE UNISTIK 2 202
FRIVO 81
frovatriptan 245
FRUZAQLA 216
FUROSCIX 47
furosemide 47
FUZEON 176
FYAVOLV 152
FYCOMPA 253, 254
FYREMADEL 126

G

G TUSSIN AC 72
gabapentin 254
GALAFOLD 210
galantamine 20
GALBRIELA 61
GALLIFREY 153
GALZIN 233
GAMMAGARD LIQUID 153
GAMMAKED 153
GAMUNEX-C 153
ganirelix 126
GARDASIL 9 (PF) 160
gatifloxacin 132
GATTEX 30-VIAL 195
GATTEX ONE-VIAL 195
GAVILYTE-C 193
GAVILYTE-G 193
GAVILYTE-N 193
GAVRETO 216
gefitinib 216
GEL VEHICLE FOR NEXOBRID 236
GELFILM 137, 236
GELFOAM 148
GELFOAM JMI POWDER 148
GELFOAM JMI SPONGE 148
GELFOAM SPONGE SIZE 200 148
GEL-KAM 270
gemfibrozil 54
GEMMILY 61
GENADUR (WITH LEXINAL) 97
GENERLAC 191
GENGRAF 162
GENOTROPIN 124
GENOTROPIN MINIQUICK 124
gentamicin 79, 132
GENVOYA 179
GILENYA 222
GILOTRIF 216
GIMOTI 263
glatiramer 222
GLATOPA 222
GLEOSTINE 212
glimepiride 105
glipizide 105
glipizide-metformin 106
GLOPERBA 137
GLUCAGON (HCL) EMERGENCY KIT 114
GLUCAGON EMERGENCY KIT (HUMAN) 114
GLUCOCOM AUTOLINK 110
GLUCOCOM LANCETS 202
glutamine (sickle cell) 146
glyburide 105
glyburide micronized 105
glyburide-metformin 106
glycine urologic solution 170
glycopyrrolate 262
glycopyrrolate (pf) 262
GLYDO 189
GLYRX-PF 262
GLYXAMBI 106
GOJJI LANCETS 202
GOMEKLI 214
GONAL-F 121
GONAL-F RFF 121
GONAL-F RFF REDI-JECT 121
GRAFIX CORE 235
GRAFIX PRIME 235
GRAFIX XC 235
granisetron hcl 7
GRASTEK 3
griseofulvin microsize 170
griseofulvin ultramicrosize 170
guaiacol 94
GUAIFENESIN AC 72
GUAIFENESIN DAC 71
guanfacine 34, 43
GUARDIAN 4 GLUCOSE SENSOR 110
GUARDIAN 4 TRANSMITTER . 110
GUARDIAN LINK 3 TRANSMITTER 111
GUARDIAN SENSOR 3 111
GVOKE 114
GVOKE HYPOPEN 1-PACK 114
GVOKE HYPOPEN 2-PACK 114
GVOKE PFS 1-PACK SYRINGE 114
GVOKE PFS 2-PACK SYRINGE 114
GYNAZOLE-1 269

H

HAEGARDA 183
HAILEY 61
HAILEY 24 FE 61
HAILEY FE 1.5/30 (28) 61
HAILEY FE 1/20 (28) 61
halcinonide 89
HALO B-LOCK CLOSED LINE ADAPTR 208
HALO CLOSED BAG ADAPTOR 208
HALO CLOSED LINE ADAPTOR 208
HALO CLOSED SYRINGE ADAPTOR 208
HALO VIAL CONVERTER 234
halobetasol propionate 89
HALOETTE 57
HALOG 89
haloperidol 31
haloperidol lactate 31
HARVONI 180
HAVRIX (PF) 160
HAXCHLO 80
HAXCHLODREX 80
HAXDRAX 81
HEALTHY ACCENTS UNILET LANCET 202
HEATHER 61
HEMANGEOL 44

HEMICLOR 49
HEMLIBRA 143
HEMOFIL M HIGH 139
HEMOFIL M LOW 139
HEMOFIL M MID 139
HEMOFIL M SUPER HIGH 139
HEP FLUSH-10 (PF) 144
heparin (porcine) 144
heparin (porcine) in 0.9% nacl .. 144
heparin (porcine) in 5 % dex 144
heparin lock flush (porcine) 144
HEPARIN LOCKFLUSH(PORCINE)(PF) 144
heparin, porcine (pf) 144
HEPLISAV-B (PF) 160
HER STYLE 61
HETLIOZ LQ 33
HEXIOUNYL 81
HIBERIX (PF) 158
HICON 221
HISTEX-AC 70
HIXDEFRIMA 81
HIZENTRA 153
HOMATROPAIRE 136
HOME NEBULIZER PLUS SIDESTREAM 15
HOVYN 103
HUMALOG KWIKPEN INSULIN 115
HUMALOG MIX 50-50 KWIKPEN 115
HUMALOG MIX 75-25(U-100)INSULN 115
HUMALOG U-100 INSULIN 115
HUMATE-P 139
HUMIRA 182
HUMIRA PEN 182
HUMIRA(CF) 182
HUMIRA(CF) PEN 182
HUMIRA(CF) PEN CROHNS-UC-HS 182
HUMIRA(CF) PEN PSOR-UV-ADOL HS 182
HUMULIN 70/30 U-100 INSULIN 115
HUMULIN 70/30 U-100 KWIKPEN 115
HUMULIN N NPH INSULIN KWIKPEN 115
HUMULIN N NPH U-100 INSULIN 115
HUMULIN R REGULAR U-100 INSULN 115
HUMULIN R U-500 (CONC) INSULIN 115
HUMULIN R U-500 (CONC) KWIKPEN 115
HYCAMTIN 215
hydralazine 43
HYDRO 35 95
hydrochlorothiazide 49
hydrocodone bitartrate 240
hydrocodone-acetaminophen 248
hydrocodone-chlorpheniramine ... 71
hydrocodone-homatropine 71
hydrocodone-ibuprofen 239
hydrocortisone 90, 184, 191
hydrocortisone acetate 191
hydrocortisone butyrate 89, 90
hydrocortisone sod succinate 184
hydrocortisone valerate 91
hydrocortisone-acetic acid 117
hydrocortisone-iodoquinol 78
hydrocortisone-iodoquinol-aloe ... 78
hydrocortisone-pramoxine ... 97, 190
HYDROMET 71
hydromorphone 241
hydromorphone (pf) 240
hydromorphone (pf)-0.9 % nacl 240
hydroxychloroquine 172, 173
hydroxypropyl cellulose 236
hydroxyurea 212
hydroxyzine hcl 4
hydroxyzine pamoate 4
HYFTOR 103
HYMPAVZI PEN 143
hyoscyamine sulfate 261
HYOSYNE 261
HYPER-SAL 231
HYPOCYN ANTIPRURITIC 97
HYQVIA 154
HYQVIA HY COMPONENT 100
HYQVIA IG COMPONENT 153

I

ibandronate 123
IBRANCE 216, 217
IBU 187
ibuprofen 187
icatibant 183
ICLEVIA 61
ICLUSIG 217
IDARAN 77
IDELVION 142
IDHIFA 220
IDYYXIATAR 75
IFE-BIMIX 30/1 120
IHEEZO (PF) 131
ILET INFUSION KIT-INSET 23 .. 111
ILET INFUSION KIT-INSET 32 .. 111
ILET INFUSION-CONTACT DTCH 23 111
ILET INSULIN PUMP 111
ILET STARTER KIT CONTACT 111
ILET STARTER KIT-INSET 111
ILEVRO 129
ILEXOR 91
imatinib 217
IMBRUVICA 217
IMCIVREE 277
IMIOXIA 81
imipramine hcl 24
imipramine pamoate 24
imiquimod 161
IMKELDI 217
IMPAVIDO 173
IMVEXXY MAINTENANCE PACK 269
IMVEXXY STARTER PACK 269
INBRIJA 250
INCASSIA 61
INCONTROL SUPER THIN LANCETS 202
INCONTROL ULTRA THIN LANCETS 202
INCRELEX 125
indapamide 49
indomethacin 187
INFANRIX (DTAP) (PF) 158
INFASURF 237
INGREZZA 224
INGREZZA INITIATION PK(TARDIV) 224
INGREZZA SPRINKLE 224
INJECT EASE LANCETS 202
INLYTA 217
INNOSPIRE DELUXE 15
INNOSPIRE ELEGANCE 15
INNOSPIRE ESSENCE 15
INNOSPIRE GO NEBULIZER 15
INNOSPIRE MINI 15
INNOSPIRE REPLACEMENT FILTER 199

INPEN (FOR HUMALOG) BLUE 111
INPEN (FOR HUMALOG) GREY 111
INPEN (FOR HUMALOG) PINK111
INPEN (NOVOLOG OR FIASP) BLUE 111
INPEN (NOVOLOG OR FIASP) GREY 111
INPEN (NOVOLOG OR FIASP) PINK 111
INQOVI 212
INREBIC 217
INSPIRACHAMBER 15
INSPIRACHAMBER WITH MASK-LARGE 15
INSPIRACHAMBER WITH MASK-MED 15
INSPIRACHAMBER WITH MASK-SMALL 15
INSPIRATION ELITE FILTER .. 199
INSUFLON 208
insulin lispro 116
insulin lispro protamin-lispro 115
insulin u-500 syringe-needle 209
INSYTE IV CATHETER 208
INTELENCE 176
INTERLINK LEVER LOCK CANNULA 209
INVACARE LANCETS 202
INVEGA HAFYERA 29
INVEGA SUSTENNA 29
INVEGA TRINZA 29, 30
INZDEAXIATAR 75
INZDEAXIAVAR 75
INZDEOXIA 75
INZIRQO 49
IODOFLEX 78
IODOSORB 78
IOPIDINE 134
IPOL 154
I-PORT 208
I-PORT ADVANCE 6 MM INJEC PORT 208
I-PORT ADVANCE 9 MM INJEC PORT 208
ipratropium bromide 8, 226
ipratropium-albuterol 9
IQIRVO 195
irbesartan 42
irbesartan-hydrochlorothiazide ... 41
ISENTRESS 178
ISENTRESS HD 178
ISIBLOOM 61
isoflurane 231
isoniazid 170, 171
isopropyl alcohol 235
isosorbide dinitrate 56
isosorbide mononitrate 56
isosorbide-hydralazine 50
isotretinoin 72
isradipine 46
ISTURISA 122
ITHOXIA 79
ITOVEBI 217
itraconazole 169
ivabradine 55
IVENIX ADMIN SET 2INLET 2YSITE 208
IVENIX ADMIN SET 2INLET Y-SITE 208
IVENIX ADMIN SET SINGLE-INLET 208
IVENIX BLOOD PRODUCT ADMIN SET 197
ivermectin 77, 172
IWILFIN 217
IXINITY 142
J
JAIMIESS 61
JAKAFI 214
JANTOVEN 138
JANUMET 103
JANUMET XR 103
JANUVIA 105
JARDIANCE 104
JASMIEL (28) 61
JAVYGTOR 211
JAYPIRCA 217
JELMYTO 212
JENCYCLA 61
JESDUVROQ 145
JINTELI 152
JIVI 139
JOENJA 211
JOLESSA 61
JORNAY PM 35
JOURNAVX 239
JOYEAUX 62
JULEBER 62
JULIE 62
JULUCA 173
JUNEL 1.5/30 (21) 62
JUNEL 1/20 (21) 62
JUNEL FE 1.5/30 (28) 62
JUNEL FE 1/20 (28) 62
JUNEL FE 24 62
JUST RIGHT 5000 270
JUXTAPID 53
JYLAMVO 212
JYNARQUE 267
K
KAITLIB FE 62
KALLIGA 62
KALYDECO 237
KANGAROO 924 SAFETY SCREW 206
KANGAROO EPUMP SET 206
KANGAROO GRAVITY SET 206
KAPSPARGO SPRINKLE 44
KARBINAL ER 5
KARIVA (28) 62
KAZURI 161
KEFUNOVA 100
KELNOR 1/35 (28) 62
KELNOR 1/50 (28) 62
KENDALL AMD ANTIMICRB FOAM DRS 196
KENDALL DISINFECTANT CAP 209
KENGUARD FOLEY CATHETER 198
KERAGEL 196
KERASTAT 94
KERAXA 92
KERENDIA 47
KERIDA 161
KERLIX AMD 196
KESIMPTA PEN 222
ketoconazole 81, 169
KETODAN KIT 81
ketoprofen 187
ketorolac 129, 188
KEVEYIS 257
KEVZARA 186
KIMONO LUBRICATED CONDOMS 229
KIMONO MICROTHIN AQUA LUBE CON 229
KIMONO MICROTHIN CONDOMS 229
KIMONO MICROTHIN LARGE CONDOMS 229

KIMONO TEXTURED CONDOMS 229
KIMONO THIN LUBRICATED CONDOMS 229
KINERET 181
KINRIX (PF)..... 158
KIONEX (WITH SORBITOL) 118
KIPROFEN 188
KISQALI..... 217
KLAYESTA 81
KLISYRI (250 MG)..... 98
KLISYRI (350 MG)..... 98
KLOR-CON M10..... 119
KLOR-CON M15..... 119
KLOR-CON M20..... 119
KLOXXADO..... 33
KOATE 139
KOGENATE FS 139
KORLYM 106
KOSELUGO 214
KOVALTRY 139
KOVANAZE 189
K-PHOS NO 2 267
K-PHOS ORIGINAL..... 267
KPN 271
KRAZATI 214
KRINTAFEL..... 173
KURVELO (28) 62
KUVAN 211
KYLEENA..... 69
KYNARA..... 161
KYZATREX..... 149
L
l norgest/e.estradiol-e.estrad..... 62
L.E.T. (LIDO-EPINEPH-TETRA) 99
L.E.T.(LIDO-EPINEPH BIT-TETRA) 99
labetalol 40
lacosamide 254
lactated ringers 94
lactulose 193
LAGEVRIO (EUA) 174
LAMICTAL XR STARTER (BLUE) 254
LAMICTAL XR STARTER (GREEN) 254
LAMICTAL XR STARTER (ORANGE) 254
LAMIOFLUR 232
LAMIRA NEBULIZER(FOR ARIKAYCE)..... 15
lamivudine 177, 180
lamivudine-zidovudine.....176
lamotrigine.....254, 255
LAMPIT 173
lancets.....202
LANCETS, SUPER THIN.....202
LANCETS,THIN 202
LANCETS,ULTRA THIN 202
LANOXIN.....39
lansoprazole.....264
lanthanum.....118
lapatinib.....217
LARIN 1.5/30 (21) 62
LARIN 1/20 (21) 63
LARIN 24 FE 63
LARIN FE 1.5/30 (28).....63
LARIN FE 1/20 (28).....63
latanoprost.....134
LAYOLIS FE.....63
LAZCLUZE.....217
LC PLUS 15
LC PLUS NEBULIZER-PED MASK 15
LEENA 28.....63
leflunomide.....182
lenalidomide 215
LENVIMA.....217
LESSINA 63
letrozole.....213
leucovorin calcium.....220
LEUKERAN.....212
LEUKINE.....145
leuprolide.....122
levalbuterol hcl 8
levalbuterol tartrate 8
levamlodipine 46
levetiracetam.....255
levobunolol 134
levocarnitine 232
levocarnitine (with sugar) 232
levocetirizine.....5
levofloxacin.....132, 167
LEVONEST (28).....63
levonorgest-eth.estradiol-iron.....63
levonorgestrel.....63
levonorgestrel-ethinyl estrad.....63
levonorg-eth estrad triphasic.....63
LEVORA-28.....63
levorphanol tartrate 241
levothyroxine 127
LEVULAN.....221
LIBERVANT 251
LICART 93
LIDO BDK 226
lidocaine.....99
lidocaine hcl 99, 189
lidocaine hcl-hydrocortison ac ...97, 190
LIDOCAINE VISCOUS 189
lidocaine-hydrocortisone-aloe...190
lidocaine-prilocaine 99
lidocaine-racepinep-tetracaine....99
LIDOCAN III 99
LIDOCAN IV.....99
LIDOCAN V.....99
LIDOPIN.....99
LIDTOPIC 100
LIDTOPIC MAX.....99
LIKMEZ 172
LILETTA.....70
linezolid 166
LINZESS 191
liothyronine.....127
LIQREV.....47
liraglutide.....104
lisdexamfetamine 25
lisinopril 42
lisinopril-hydrochlorothiazide 40
LITE TOUCH-MEDIUM MASK ...15
LITEAIRE MDI CHAMBER 15
LITETOUCH-LARGE MASK.....15
LITETOUCH-SMALL MASK 15
LITFULO 94
lithium carbonate.....27
lithium citrate.....27
LITHOSTAT 191
LIVALO 52
LIVDELZI 195
LIVMARLI.....193
LIVTENCITY 174
L-MESITRAN SOFT.....102
LO LOESTRIN FE.....63
lofexidine.....249
LOFRIC.....198
LOFRIC HYDRO-KIT 198
LOFRIC ORIGO.....198
LOFRIC PRIMO NELATON CATHETER 198
LOFRIC SENSE NELATON CATHETER 198
LOJAIMIESS.....63
LOKELMA.....118

LOMAIRA 276
LONSURF 212
loperamide 192
lopinavir-ritonavir 177
lorazepam 26
LORAZEPAM INTENSOL 26
LORBRENA 217
LORYNA (28) 63
losartan 42
losartan-hydrochlorothiazide 41
LOTEMAX 129
LOTEMAX SM 129
loteprednol etabonate 129, 130
LOTREXONE 33
LOUNZDOMDIOXIATAR 75
lovastatin 52
LOW-OGESTREL (28) 64
loxapine succinate 29
LO-ZUMANDIMINE (28) 64
lubiprostone 193
LUGOLS 78, 126
luliconazole 81
LUMAKRAS 214
LUMIGAN 134
LUMRYZ 27
LUMRYZ STARTER PACK 27
LUPKYNIS 162
lurasidone 30
LURBIPR 188
LUTERA (28) 64
LYLEQ 64
LYLLANA 152
LYNPARZA 217
LYSODREN 220
LYTGOBI 217
LYUMJEV KWIKPEN U-100 INSULIN 116
LYUMJEV KWIKPEN U-200 INSULIN 116
LYUMJEV U-100 INSULIN 116
LYZA 64

M

mafenide acetate 83
MAGIC3 INTERMITTENT CATHETER 198
malathion 82
maraviroc 176
MAR-COF BP 71
MAR-COF CG 72
MARLISSA (28) 64
MARPLAN 21
MARVONA SUIK (PF) 189
MATULANE 220
MATZIM LA 46
MAVENCLAD (10 TABLET PACK) 222
MAVENCLAD (4 TABLET PACK) 222
MAVENCLAD (5 TABLET PACK) 222
MAVENCLAD (6 TABLET PACK) 222
MAVENCLAD (7 TABLET PACK) 222
MAVENCLAD (8 TABLET PACK) 222
MAVENCLAD (9 TABLET PACK) 222
MAVYRET 180
MAXIDEX 130
MAXI-TUSS AC 72
MAXI-TUSS CD 71
MAXORB EXTRA 196
MAYZENT 222
MAYZENT STARTER(FOR 1MG MAINT) 223
MAYZENT STARTER(FOR 2MG MAINT) 223
MB HYDROGEL 94
MC 300 NEBULIZER W-MOUTHPIECE 15
MC 300 NEBULIZER-UNVRSL TUBING 15
meclizine 7
meclofenamate 188
MEDIHONEY (HYDROCOLLOID-HONEY) 196
MEDISENSE THIN LANCETS 202
MEDLANCE PLUS LANCETS 202
MEDLANCE PLUS SPECIAL BLADE 202
MEDROL 184
MEDROLOAN II SUIK 184
MEDROLOAN SUIK 184
medroxyprogesterone 57, 153
MEDTRONIC EXT INFUSION SET 23 111
MEDTRONIC EXT INFUSION SET 32 111
mefenamic acid 188
mefloquine 173
megestrol 221, 226
MEKINIST 214
MEKTOVI 214
meloxicam 188
memantine 19
memantine-donepezil 20
MENOPUR 121
MENOSTAR 152
MENQUADFI (PF) 155
MENVEO A-C-Y-W-135-DIP (PF) 155
meperidine 241
meperidine (pf) 241
meprobamate 27
mercaptopurine 213
MERZEE 64
mesalamine 189, 190
mesalamine with cleansing wipe 189
mesna 220
metaxalone 258
METDRAY 95
metformin 106
methadone 241
METHADONE INTENSOL 241
METHADOSE 241
methamphetamine 26
methazolamide 133
methenamine hippurate 164
methenamine mandelate 164
methen-sod phos-meth blue-hyos 164
methimazole 126
METHITEST 149
methocarbamol 258
methotrexate sodium 213
methotrexate sodium (pf) 213
methoxsalen 101
methscopolamine 262
methsuximide 255
methyl salicylate 95
methyldopa 43
methyldopa-hydrochlorothiazide 43
methylergonovine 70
methylphenidate 36
methylphenidate hcl 35, 36
methylprednisolone 184
methyltestosterone 149
metoclopramide hcl 263
metolazone 50
metoprolol succinate 44
metoprolol ta-hydrochlorothiaz 45

metoprolol tartrate 44
metronidazole 77, 172, 268, 269
metyrosine 43
mexiletine 39
MIBELAS 24 FE 64
miconazole nitrate-zinc ox-pet 81
MICONAZOLE-3 269
MICRO THIN LANCETS 202
MICROAIR MESH NEBULIZER . 15
MICROBORE EXTENSION SET 208
MICROCHAMBER 15
MICRODOT LANCET 202
MICROGESTIN 1.5/30 (21) 64
MICROGESTIN 1/20 (21) 64
MICROGESTIN FE 1.5/30 (28) .. 64
MICROGESTIN FE 1/20 (28) 64
MICROLET LANCET 203
MICROPLEGIA MODIFIED DEL NIDO 228
microplegic solution no.1 228
microplegic solution no.1-cp2d . 228
MICROSPACER 15
midazolam 34, 231
midazolam (pf) 231
midodrine 55
MIEBO (PF) 136
MIFEPREX 226
mifepristone 106, 226
miglitol 105
miglustat 231
MILI 64
MIMVEY 152
MINI PLUS NEBULIZER 15
MINI PRENATAL 271
MINI WRIGHT PEAK FLOW METER 15
MINIMED 630G INSULIN PUMP 111
MINIMED 770G INSULIN PUMP 111
MINIMED 780G INSULIN PUMP 111
MINIMED MIO ADVANCE INF SET23 111
MINIMED MIO ADVANCE INF SET43 111
MINIMED QUICK SET 18 111
MINIMED QUICK SET 23 111
MINIMED QUICK SET 32 112
MINIMED QUICK SET 43 112
MINIMED SILHOUETTE 18 112
MINIMED SILHOUETTE 23 112
MINIMED SILHOUETTE 32 112
MINIMED SILHOUETTE 43 112
MINIMED SURE T 18 112
MINIMED SURE T 23 112
MINIMED SURE T 32 112
minocycline 168
minoxidil 43
MINZOYA 64
MIPLYFFA 224
MIRCERA 142
MIRENA 70
MIRO3D 235
MIRO3D FIBERS 235
MIRODERM FENESTRATED ... 235
MIRODERM FENESTRATED PLUS 235
MIRODRY WOUND MATRIX 235
MIROTRACT 235
mirtazapine 21
misoprostol 262
mitomycin (pf) in water 136
MITOSOL 136
MIUDELLA 70
M-M-R II (PF) 158
M-NATAL PLUS 272
MOBILE LANCETS 203
modafinil 33
MODERNA COVID 24-25(6M-11Y)PF 154
moexipril 42
molindone 31, 32
mometasone 6, 91
MONDOXYNE NL 169
MONO-FLO DRAINAGE BAG .. 198
MONOJECT LUER ADAPTER . 208
MONOLET LANCETS 203
MONOLET THIN LANCETS 203
MONO-LINYAH 64
MONSEL'S 148
montelukast 11
morphine 241, 242
morphine (pf) 241
morphine concentrate 241
morphine in 0.9 % sodium chlor 241
MOUNJARO 105
MOVANTIK 194
MOXATAG 167
moxifloxacin 132, 167
MRESVIA (PF) 160
MULPLETA 147
MULTAQ 39
mupirocin 79
mupirocin calcium 79
MURI-LUBE 235
MUSCUSOLICE 102
MY CHOICE 64
MY WAY 64
MYALEPT 125
MYCAPSSA 236
mycophenolate mofetil 162
mycophenolate sodium 162
MYDCOMBI 136
MYFEMBREE 125
MYGLUCOHEALTH LANCETS 203
MYHIBBIN 162
MYLERAN 212
MYNATAL 272
MYNATAL ADVANCE 272
MYNATAL PLUS 272
MYNATAL-Z 272
MYNATE 90 PLUS 272
MYRBETRIQ 266
MYTESI 192

N

nabumetone 188
nadolol 44
naftifine 81, 82
nalbuphine 242
naloxone 33
NALTREX 33
naltrexone 33
NAMENDA XR 19
NAMZARIC 20
NANO 2ND GEN PEN NEEDLE 234
NANO PEN NEEDLE 234
NANRAN 79
naproxen 188
naproxen sodium 188
naratriptan 245
NATACYN 132
NATAVI PNV 272
NATAVI PRIMA 275
NATAZIA 64
nateglinide 105
NAYZILAM 252
nebivolol 44
nebulizer and compressor 16
NEBUSAL 231
NECON 0.5/35 (28) 64

nefazodone 22
NEFFY 210
NENDRUX 95
neomycin 170
neomycin-bacitracin-poly-hc 128
neomycin-bacitracin-polymyxin 132
neomycin-polymyxin b gu 94
neomycin-polymyxin b-dexameth 128
neomycin-polymyxin-gramicidin 132
neomycin-polymyxin-hc 117, 128
NEONATAL PLUS VITAMIN 272
NEO-POLYCIN 132
NEO-POLYCIN HC 128
NEORAL 162
NEO-SYNALAR 84
NEO-SYNALAR KIT 84
NEO-VITAL RX 272
NERLYNX 217
NEUAC 76
NEUPRO 250
NEURAPTINE 102
nevirapine 176, 177
NEW DAY 64
NEXAVIR 210
NEXIVA 208
NEXLETOL 50
NEXLIZET 53
NEXOBRID 100
NEXOBRID POWDER COMPONENT 100
NEXPLANON 57
NEXTSTELLIS 65
niacin 54, 55
NIACOR 54
nicardipine 46
nicotine 259
nicotine (polacrilex) 258, 259
NICOTROL NS 259
nifedipine 46
NIKKI (28) 65
nilotinib hcl 218
nilutamide 212
nimodipine 46
NINJACOF-XG 72
NINLARO 218
nisoldipine 46
nitazoxanide 173
nitisinone 230
NITRO-BID 56
NITRO-DUR 56
nitrofurantoin 166
nitrofurantoin macrocrystal 165, 166
nitrofurantoin monohyd/m-cryst .166
nitroglycerin 56, 191
NITROMIST 57
NITRO-TIME 57
NITYR 230
NIVESTYM 145
nizatidine 263
NOBELA 100
NOCDURNA (MEN) 122
NOCDURNA (WOMEN) 122
NOLIRA 100
NORA-BE 65
NORDITROPIN FLEXPRO 125
norelgestromin-ethin.estradiol 69
noreth-ethinyl estradiol-iron 65
norethindrone (contraceptive) 65
norethindrone acetate 153
norethindrone ac-eth estradiol ...65, 152
norethindrone-e.estradiol-iron 65
norgestimate-ethinyl estradiol 65
NORMAL SALINE FLUSH 120
NORMLGEL AG 78
NORPACE CR 39
NORTREL 0.5/35 (28) 65
NORTREL 1/35 (21) 65
NORTREL 1/35 (28) 66
NORTREL 7/7/7 (28) 66
nortriptyline 24
NORVIR 178
NOSE CLIP 199
NOVA SAFETY LANCETS 203
NOVA SUREFLEX LANCETS .. 203
NOVAREL 121
NOVAVAX COVID 2024-25(PF)(EUA) 154
NOVOEIGHT 139
NOVOPEN ECHO 112
NOVOSEVEN RT 140
NOXAFIL 169
NP THYROID 127
NUBEQA 212
NUCALA 11, 12
NUCORT 91
NUCYNTA 242
NUCYNTA ER 242
NUEDEXTA 225
NUJO 103
NUJU 103
NULIBRY 224
NUMBONEX 100
NUMBRINO 226
NUMOISYN 234
NUPLAZID 34
NURTEC ODT 245
NUVESSA 269
NUWIQ 140
NUZYRA 169
NYAMYC 82
NYLIA 1/35 (28) 66
NYLIA 7/7/7 (28) 66
NYMALIZE 46
NYNUTEY 100
nystatin 82, 170
nystatin-triamcinolone 82
NYSTOP 82

O

OASIS WOUND MATRIX FENESTRATED 196
OASIS WOUND MATRIX MESHED 196
OBIZUR 140
OBSTETRIX DHA 272
OBSTETRIX DHA PRENATAL DUO 272
OBSTETRIX EC 272
OCALIVA 192
OCELLA 66
octreotide acetate 236
ODACTRA 3
ODEFSEY 179
ODOMZO 214
OFEV 238
ofloxacin 117, 132, 167
OGSIVEO 218
OHTUVAYRE 12
OJEMDA 213, 214
OJJAARA 218
olanzapine 30
olanzapine-fluoxetine 34
olmesartan 43
olmesartan-amlodipin-hcthiazid .. 41
olmesartan-hydrochlorothiazide .. 41
olopatadine 5, 128
OLPRUVA 191
OLUMIANT 186
OMBRA COMPRESSOR SYSTEM 16
OMECLAMOX-PAK 262
omega-3 acid ethyl esters 55

omeprazole 264
omeprazole-sodium bicarbonate 264, 265
OMEZA 102
OMNIFLEX DIAPHRAGM 69
OMNIPOD 5 (G6/LIBRE 2 PLUS) 112
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 112
OMNIPOD 5 G6-G7 PODS (GEN 5) 112
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) 112
OMNIPOD CLASSIC PODS (GEN 3) 112
OMNIPOD DASH INTRO KIT (GEN 4) 112
OMNIPOD DASH PDM KIT (GEN 4) 112
OMNIPOD DASH PODS (GEN 4) 112
OMNIPOD GO PODS..... 113
OMNIPOD GO PODS 10 UNITS/DAY 112
OMNIPOD GO PODS 15 UNITS/DAY 112
OMNIPOD GO PODS 20 UNITS/DAY 112
OMNIPOD GO PODS 25 UNITS/DAY 112
OMNIPOD GO PODS 30 UNITS/DAY 113
OMNIPOD GO PODS 40 UNITS/DAY 113
OMNITROPE..... 125
OMVOH 102
OMVOH PEN..... 102
ON CALL LANCET 203
ONAPGO..... 250
ondansetron..... 7
ondansetron hcl..... 7
ONE DAILY PRENATAL 272
ONE-A-DAY PRENATAL 275
ONE-A-DAY PRENATAL-1 272
ONETOUCH DELICA PLUS LANCET 203
ONETOUCH DELICA SAFETY LANCET 203
ONETOUCH ULTRA TEST..... 108
ONETOUCH ULTRASOFT 2 LANCET 203
ONETOUCH VERIO TEST STRIPS 108
ONEXTON.....76
ONGENTYS 250
ON-THE-GO LANCETS 203
ONUREG.....213
ONYDA XR.....35
ONZDEAXIADEMTAR 76
ONZDEAXIADEMVAR 76
ONZDEAXIATAR 76
ONZDEAXIAVAR 76
ONZDEAXIAZAR 76
ONZDEOXIA 76
OPCICON ONE-STEP 66
OPFOLDA 231
OPILL 66
OPIPZA 28
opium tincture.....192
OPSUMIT.....48
OPSYNVI 49
OPTICHAMBER ADULT MASK-LARGE.....16
OPTICHAMBER DIAMOND LG MASK.....16
OPTICHAMBER DIAMOND VHC 16
OPTICHAMBER DIAMOND-MED MSK 16
OPTICHAMBER DIAMOND-SML MASK.....16
OPTION-2 66
OPVEE 33
OPZELURA.....93
ORACIT.....267
ORALAIR.....3
ORALONE.....225
ORAMAGICRX.....234
ORAQIX 189
ORAVIG 169
ORENCIA.....183
ORENCIA CLICKJECT 183
ORENITRAM.....48
ORENITRAM MONTH 1 TITRATION KT 48
ORENITRAM MONTH 2 TITRATION KT 48
ORENITRAM MONTH 3 TITRATION KT 48
ORFADIN 230, 231
ORGOVYX 215
ORIAHNN.....126
ORILISSA 126
ORKAMBI 237
ORLADEYO 188
orlistat 277
ORMALVI.....257
orphenadrine citrate.....258
orphenadrine-asa-caffeine.....258
ORSERDU 221
OSCIMIN.....262
OSCIMIN SL 262
oseltamivir.....174
OTEZLA 183
OTEZLA STARTER 183
OTREXUP (PF).....181
OVACE PLUS 93
OVACE PLUS SHAMPOO 93
OVIDREL 121
oxaprozin 188
oxazepam 26
oxcarbazepine.....255
OXERVATE 133
OXIAICE 83
OXIANUJO.....103
OXIANUJO (WITH HYALURONATE) 103
OXIATAR 76
OXIAVARRY 76
OXIAVARY.....76
OXIAZAR 76
oxiconazole 82
OXISTAT.....82
oxybutynin chloride 268
oxycodone.....242, 243
oxycodone-acetaminophen.....248
OXYCONTIN.....243
oxymorphone 243
OXYTROL.....268
OZEMPIC.....104

P

PACERONE.....39
PACNEX HP 95
PACNEX LP.....95
PALFORZIA (LEVEL 0) 3
PALFORZIA (LEVEL 1) 3
PALFORZIA (LEVEL 2) 3
PALFORZIA (LEVEL 3) 3
PALFORZIA (LEVEL 4) 3
PALFORZIA (LEVEL 5) 3
PALFORZIA (LEVEL 6) 3
PALFORZIA (LEVEL 7) 3
PALFORZIA (LEVEL 8) 3

PALFORZIA (LEVEL 9) 4
PALFORZIA (LEVEL 10) 4
PALFORZIA (LEVEL 11 UP-DOSE) 4
PALFORZIA INITIAL (1-3 YRS) ... 4
PALFORZIA INITIAL (4-17 YRS) . 4
PALFORZIA LEVEL 11 MAINTENANCE 4
paliperidone 30
PALYNZIQ 211
PANDEL 91
PANRETIN 98
pantoprazole 265
papaverine 57
PARADIGM RESERVOIR 209
PARAGARD T 380A 70
PARAGARD T380A (SINGLE HAND) 70
PARI BABY CONV KIT - SIZE 1 199
PARI BABY CONV KIT - SIZE 2 199
PARI BABY CONV KIT - SIZE 3 199
PARI LC SPRINT NEBULIZER SET 16
PARI LC SPRINT SINUS 16
PARI SINUS AEROSOL SYSTEM 16
PARI TREK S COMBO PACK 16
PARI TREK S COMPACT COMPRESSOR 16
PARI TREK S PORTABLE PWR KIT 199
paricalcitol 125
paroxetine hcl 22
paroxetine mesylate(menop.sym) 152
PASER 171
PAXLOVID 174
pazopanib 218
PCCA ACCUPEN-15 207
PEDIARIX (PF) 160
PEDIATRIC BEAR NEBULIZER 16
PEDIATRIC COMP-AIR COMPRES NEB 16
PEDIATRIC DINOSAUR NEBULIZER 16
PEDIATRIC DOG NEBULIZER .. 16
PEDIATRIC FROG NEBULIZER 16
PEDVAX HIB (PF) 158
peg 3350-electrolytes 193
peg3350-sod sul-nacl-kcl-asb-c 194
PEGASYS 180
peg-electrolyte soln 194
PEMAZYRE 218
PENBRAYA (PF) 155
penicillamine 181
penicillin v potassium 167
PENTACEL (PF) 158
pentamidine 173
PENTASA 190
pentazocine-naloxone 243
pentoxifylline 143
PERCOCET 248
PERFECT POINT SAFETY LANCETS 203
perindopril erbumine 42
PERIO MED 270
PERIOGARD 225
permethrin 82
perphenazine 32
perphenazine-amitriptyline 24
PERSERIS 30
PETROLEUM GAUZE 196
PFIZER COVID 2024-25(5Y-11Y)PF 154
PFIZER COVID 2024-25(6MO-4Y)PF 154
PFLEX INSPIRATORY TRAINER 16
PHARMABASE BARRIER 97
PHASEAL ASSEMBLY FIXTURE 208
PHASEAL CONNECTOR LUER LOCK 208
PHASEAL INFUSION ADAPTER 208
PHASEAL INFUSION CLAMP .. 208
PHASEAL INJECTOR LUER 208
PHASEAL INJECTOR LUER LOCK 209
PHASEAL SECONDARY SET .. 209
PHASEAL Y-SITE 209
PHEBURANE 192
PHEDRAX 82
phenazopyridine 267
phendimetrazine tartrate 276
phenelzine 21
phenobarbital 32
phenoxybenzamine 41
phentermine 276
phentermine-topiramate 276
phenylephrine hcl 131
phenyleph-tropicamide in water 136
PHENYTEK 255
phenytoin 255
phenytoin sodium extended 255
PHEODOYO 80
PHEOXIA 82
PHEXXI 57
PHEYO 80
PHILITH 66
PHOS-FLUR 271
PHOSPHOLINE IODIDE 134
PHOTREXA CROSS-LINKING KIT 136
PHYSIOLYTE 94
PHYSIOSOL IRRIGATION 94
phytonadione (vitamin k1) 149
PILLOW MASK CHILD 199
pilocarpine hcl 134, 210
pimecrolimus 103
pimozide 27
PIMTREA (28) 66
pindolol 44
pioglitazone 106
pioglitazone-glimepiride 106
pioglitazone-metformin 107
PIP LANCET 203
PIQRAY 218
pirfenidone 236, 237
piroxicam 188
PIVOT SILVER ALGINATE 196
PIVYA 167
PLANTAGO-HOMACCORD 232
PLEGRIDY 223
PLENURA 103
PLENVU 194
PLEXION NS 93
PNEUMOVAX-23 155
pnv cmb#95-ferrous fumarate-fa 272
PNV-DHA + DOCUSATE 272
PNV-SELECT 272
POCKET CHAMBER 16
PODOCON 95
podofilox 95
POLYCIN 132
polymyxin b sulf-trimethoprim ... 132
POLY-TUSSIN AC 71
POMALYST 215
POPULUS COMPOSITUM 232

PORTABLE NEBULIZER SYSTEM 16
PORTIA 28 66
posaconazole 169
potassium chloride 119
potassium citrate 267
potassium iodide 126
povidone-iodine 94
PR BENZOYL PEROXIDE 95
PR CREAM 97
PR NATAL 400 273
PR NATAL 400 EC 273
PR NATAL 430 273
PR NATAL 430 EC 273
PRADAXA 147
PRAKETAMIDE 100
pralidoxime 228
pramipexole 250
PRAMOSONE 98
prasugrel hcl 146
pravastatin 52
praziquantel 172
prazosin 41
PRECISION XTRA TEST 108
PRED-G S.O.P. 128
prednicarbate 91
prednisoln sp-moxiflox-bromfen 128
prednisolone 184
prednisolone acetate 130
prednisolone sod ph-bromf (pf) 130
prednisolone sod ph-bromfenac 130
prednisolone sodium phosphate 130, 185
prednisolon-moxiflox-bromf(pf) . 128
prednisolon-moxiflox-ketorolac . 128
prednisone 185
PREDNISONE INTENSOL 185
pregabalin 224, 225, 255
PREGNYL 121
PREMARIN 152, 269
PREMPHASE 152
PREMPRO 152
PRENATA 273
PRENATABS FA 273
PRENATABS RX 273
PRENATAL 274, 276
PRENATAL + DHA 273
PRENATAL 19 273
PRENATAL 19 (WITH DOCUSATE) 273
PRENATAL COMPLETE 273
PRENATAL ESSENTIALS 273
PRENATAL FORMULA 273
PRENATAL FORMULA-DHA 273
PRENATAL GUMMIES 275
PRENATAL GUMMIES(ZINC CHELATE) 276
PRENATAL MULTI 273
PRENATAL MULTI-DHA (ALGAL OIL) 273
PRENATAL MULTI-DHA(WITH VIT K) 274
PRENATAL MULTIVITAMINS .. 274
PRENATAL ONE DAILY 274
PRENATAL PLUS 274
PRENATAL PLUS (CALCIUM CARB) 274
PRENATAL PLUS DHA 274
PRENATAL PLUS VITAMIN-MINERAL 274
PRENATAL TABLET 274
prenatal vit no.179-iron-folic 274
PRENATAL VITAMIN 274
PRENATAL VITAMIN PLUS LOW IRON 274
PRENATAL VITAMIN WITH MINERALS 274
prenatal vit-iron fum-folic ac 274
PRENATAL WITH DHA-FOLIC ACID 274
PREPIDIL 70
PRESERA 94
PRESSURE ACTIVATED LANCETS 203
pretomanid 171
PREVALITE 54
PREVNAR 20 (PF) 155
PREVYMIS 174
PREZISTA 175
PRIFTIN 171
primaquine 173
PRIMEAIRE 16
primidone 255, 256
PRIMSOL 164
PRIORIX (PF) 158
PRO COMFORT LANCET 203
PRO COMFORT SAFETY LANCET 203
PRO COMFORT TENS ELECTRODE 199
PRO COMFORT TENS UNIT ... 199
probenecid 137
probenecid-colchicine 137
PROCARE COMPRESSOR NEBULIZER 17
PROCARE PEDIATRIC NEBULIZER 17
PROCARE SPACER WITH ADULT MASK 17
PROCARE SPACER WITH CHILD MASK 17
PRO-CEPTION 199
PROCHAMBER 17
prochlorperazine 7
prochlorperazine maleate 7
PROCORT 190
PROCTOFOAM HC 190
PROCTO-MED HC 91
PROCTOSOL HC 91
PROCTOZONE-HC 91
PROCYSBI 266
PRODIGY LANCETS 203
PRODIGY MINI-MIST NEBULIZER 17
PRODIGY TWIST TOP LANCET 203
PROFILNINE 141
progesterone 153
progesterone micronized 153
PROGRAF 162
PROLASTIN-C 211
PROMACTA 147
promethazine 5, 7
promethazine-codeine 71
promethazine-dm 72
promethazine-phenylephrine 70
PROMETHEGAN 7
PRONAL 95
PRONEB MAX COMPRESSOR-LC PLUS 17
PRONEB MAX COMPRESSR-LC SPRINT 17
PRONEB ULTRA II FILTER ASSEM 199
propafenone 39
proparacaine 131
propranolol 44
propranolol-hydrochlorothiazid ... 45
propylthiouracil 126
PROQUAD (PF) 158
protriptyline 24
PROVATE PELVIC ORGAN SUPPORT 207

PROVENT 17
PROVENT STARTER 17
PROVIDA OB 274
prucalopride 263
PSORINOHEEL 232
PTS COLLECT CAPILLARY TUBE 199
PULMO-AIDE COMPRESSOR .. 17
PULMONEB LT COMPRESSOR NEBUL 17
PULMOZYME 237
PURACOL PLUS AG 196
PURAZIL 101
PURE COMFORT LANCETS ... 203
PURE COMFORT SAFETY LANCETS 203
PUREAIR MINI NEBULIZER 17
PURIXAN 213
PUSH BUTTON SAFETY LANCETS 203
pyrazinamide 171
pyridostigmine bromide 20
pyrimethamine 173
PYRUKYND 146

Q

QBRELIS 42
QBREXZA 211
Q-CARE RX Q2 225
Q-CARE RX Q4 225
QELBREE 38
QFITLIA 143
QFITLIA PEN 143
QINLOCK 218
QLOSI 134
QNASL 6
QUADRACEL (PF) 158
QUAKE VIBRATORY PEP 17
quazepam 34
quetiapine 30
QUIDROXZAR 161
QUIHOXAXIA 161
QUIHOXVAR 161
QUILLICHEW ER 36
QUILLIVANT XR 37
quinapril 42
quinapril-hydrochlorothiazide 40
quinidine gluconate 39
quinidine sulfate 39
quinine sulfate 173
QUIT 2 259
QUIT 4 260
QULIPTA 245
QUTENZA 95

R

rabeprazole 265
RADIAGEL 234
RADICAVA ORS 223
RADICAVA ORS STARTER KIT SUSP 223
RADIOGARDASE 233
RAGWITEK 4
RALDESY 22
raloxifene 123
ramelteon 33
ramipril 42
ranolazine 55
RAPPORT VACUUM THERAPY 234
rasagiline 250
RATE FLOW REGULATOR IV SET 209
RAVICTI 192
RAYALDEE 125
REBIF (WITH ALBUMIN) 223
REBIF REBIDOSE 223
REBIF TITRATION PACK 223
REBINYN 142
REBYOTA 165
RECEDO 97
RECLIPSEN (28) 66
RECOMBINATE 140
RECOMBIVAX HB (PF) 160
RECORLEV 122
RECOTHROM 148
RECOTHROM SPRAY KIT 148
REGENECARE 100
REGIOCIT (EUA) 140
REGRANEX 114
RELAGARD 269
RELENZA DISKHALER 174
RELIAMED LANCET 203, 204
RELIAMED SAFETY SEAL LANCETS 204
RELIAMED TWIST AND CAP LANCET 204
RELISTOR 195
RELIZORB 206
REMODULIN 48
REMYDA 77
RENACIDIN 267
RENEEL 232
RENOVAR 97
repaglinide 105
REPATHA PUSHTRONEX 53
REPATHA SURECLICK 53
REPATHA SYRINGE 53
RESPA-AR 70
RESTASIS 133
RESTASIS MULTIDOSE 132
RESTIMO 77
RESTORE 196
RESTORE CALCIUM ALGINATE 196
RETACRIT 142
RETEVMO 218
REUSABLE NEBULIZER KIT ... 199
REVCOVI 233
REVLIMID 215
REVUFORJ 218
REXULTI 28
REYATAZ 178
REYVOW 245
REZDIFFRA 211
REZLIDHIA 220
REZUROCK 163
RHOPRESSA 134
ribavirin 174, 180
RIDAURA 185
rifabutin 171
rifampin 171
RIGHTEST GL300 LANCETS .. 204
riluzole 223
rimantadine 175
ringer's 94
RINVOQ 186
RINVOQ LQ 186
risedronate 123, 124
risperidone 30
RITEFLO AEROCHAMBER 17
ritonavir 178
rivaroxaban 141
rivastigmine 20
rivastigmine tartrate 20
RIVELSA 66
RIVFLOZA 266
RIXUBIS 142
rizatriptan 245, 246
ROAOXIA 93
ROBINSON CLEAR VINYL CATHETER 198
ROCKLATAN 135
roflumilast 12
ROMVIMZA 218

ropinirole 250
ROSADAN 77
ROSITARA 77
ROSULA 83
rosuvastatin 52, 53
ROSYRAH 66
ROTARIX 154
ROTATEQ VACCINE 155
ROVIS 77
ROXYBOND 243
ROZLYTREK 218
RUBBER MOUTHPIECE 199
RUBRACA 218
RUCONEST 183
rufinamide 256
RUKOBIA 176
RUMILO 76
RYBELSUS 104
RYDAPT 218
RYDEX 71
RYLAZE 220
RYPLAZIM 145
RYTARY 251
RYZUMVI 133
S
SABAL-HOMACCORD 232
SABRIL 256
SAFETY LANCETS 204
SAFETY SEAL LANCETS 204
SAFETY-LET LANCETS 204
SAJAZIR 183
salicylic acid 95, 96
SALIMEZ FORTE 96
salsalate 239
SALVAX 96
SALVAX DUO PLUS 96
SAMI THE SEAL 17
SAMI THE SEAL MASK 199
SANCUSO 7
SANDIMMUNE 162
SANTYL 100
sapropterin 211
SAROXIA 76
SAXENDA 277
SCALACORT DK 91
SCEMBLIX 218
SCLEROSOL INTRAPLEURAL 221
scopolamine base 8
SECUADO 30
SELARSDI 186
selegiline hcl 251
selenium sulfide 93
SELF-CATHETER, FEMALE 198
SELZENTRY 176
SEMGLEE(INSULIN GLARGINE-YFGN) 116
SEMGLEE(INSULIN GLARG-YFGN)PEN 116
SE-NATAL 19 275
SE-NATAL 19 CHEWABLE 274
SEREVENT DISKUS 9
SERNIVO 92
SEROQUEL XR 31
SEROSTIM 125
sertraline 22
SETLAKIN 66
sevelamer carbonate 118
sevelamer hcl 118
SEVENFACT 140
sevoflurane 231
SF 271
SF 5000 PLUS 271
SHAROBEL 66
SHINGRIX (PF) 160
SIDESTREAM 17
SIDESTREAM MASK 199
SIDESTREAM NEBULIZER 17
SIDESTREAM PLUS 17
SIGNIFOR 236
SIKLOS 147
SILASTIC FOLEY CATHETER 198
sildenafil 120
sildenafil (pulm.hypertension) 48
SILICONE MASK 199
SILICONE MASK - INFANT 17
SILIGENTLE AG 196
SILINOIN 197
silodosin 265
SILVASORB 78
silver nitrate 78, 96
silver nitrate applicators 96
silver sulfadiazine 83
SIMBRINZA 135
SIMILAC PRENATAL 275
SIMLANDI(CF) 182
SIMLANDI(CF) AUTOINJECTOR 182
SIMLIYA (28) 66
SIMPESSE 66
SIMPONI 182
simvastatin 53
SINGLE-LET 204
SINUSTAR NEBULIZER 17
sirolimus 162
SIRTURO 171
SIRVANA 76
SIVEXTRO 166
SKYCLARYS 225
SKYLA 70
SKYRIZI 101, 102
SKYTROFA 125
SLYND 67
SMART SENSE LANCETS 204
SMARTEST LANCET 204
SMARTNEB COMPRESSOR NEBULIZER 17
sodium chlor 0.9% bacteriostat 120
sodium chloride 94, 100, 120, 231
sodium chloride 0.45 % 120
sodium chloride 0.9 % 120
sodium chloride 0.9 % (flush) 120
sodium citrate 141
sodium citrate in 0.9 % nacl 141
sodium citrate-citric acid 267
SODIUM FLUORIDE 5000 DRY MOUTH 271
SODIUM FLUORIDE 5000 PLUS 271
sodium fluoride-pot nitrate 271
sodium oxybate 27
sodium phenylbutyrate 192
sodium polystyrene sulfonate 118
sodium,potassium,mag sulfates 194
SOGROYA 125
SOHONOS 257
solifenacin 267
SOLIQUA 100/33 106
SOLOSEC 172
SOLTAMOX 221
SOLU-CORTEF ACT-O-VIAL (PF) 185
SOLUS V2 LANCETS 204
SOMAVERT 124
SOOTHENEB COMPRESSOR NEBULIZER 17
SOOTHENEB MESH NEBULIZER 17
sorafenib 218
sorbitol 94
sorbitol-mannitol 94
SORIXIA 76
sotalol 44
SOTALOL AF 44

SOTYKTU 101
SOTYLIZE 44
SOVALDI 180
SOVUNA 173
SPACE CHAMBER 18
SPACE CHAMBER WITH LARGE MASK 18
SPACE CHAMBER WITH MEDIUM MASK 18
SPACE CHAMBER WITH SMALL MASK 18
SPECTRAGEL 197
SPEEDICATH (FEMALE)..... 198
SPEVIGO 101
SPIKEVAX 2024-2025(12Y UP)(PF) 154
spinosad 82
SPIRIVA RESPIMAT 8
SPIRIVA WITH HANDIHALER..... 8
spironolactone 47
spironolacton-hydrochlorothiaz .. 47
SPRAVATO 21
SPRAY AND STRETCH..... 100
SPRINTEC (28) 67
SPS (WITH SORBITOL) 118
SRONYX 67
SSD 83
SSKI 127
ST JOSEPH ASPIRIN 146
ST. JOSEPH ASPIRIN 146
stavudine 177
STELARA 186
STERILANCE TL..... 204
STERILE HYDROGEL FOR JELMYTO..... 230
sterile talc 221
STERITALC..... 221
STIOLTO RESPIMAT..... 9
STIVARGA 218
STOP SMOKING AID..... 260
STRATACTX 197
STRATAGRT..... 197
STRATAXRT 197
STRAVIX 235
STRENSIQ 233
STRIBILD 179
STRIVE PEAK FLOW METER... 18
STRIVERDI RESPIMAT 9
STRONG IODINE..... 78, 127
STUART ONE 275
SUCRAID 260
sucralfate.....262
SUFLAVE.....194
sulconazole 82
sulfacetamide sodium 93, 131
sulfacetamide sodium (acne) 76
sulfacetamide sodium-sulfur 83
sulfacetamide sod-sulfur-urea.....83
sulfacetamide-prednisolone 131
sulfadiazine 163
sulfamethoxazole-trimethoprim .163
SULFAMYLON.....83
sulfasalazine 190
SULFATRIM.....163
sulindac 188
SUMADAN XLT.....83
sumatriptan.....246
sumatriptan succinate 246
sunitinib malate 218
SUNLENCA.....173
SUNOSI.....33
SUNRISE COMPRESSOR-NEBULIZER.....18
SUPER THIN LANCETS.....204
SUPRANE.....231
SUPRAX.....164
SURE COMFORT LANCETS ...204
SURE-LANCE 204
SURE-LANCE ULTRA THIN.....204
SURE-TOUCH LANCET 204
SURVANTA.....237
SUTAB 194
SYEDA 67
SYMAX DUOTAB.....262
SYMDEKO 237
SYMPROIC 195
SYMTUZA 173
SYNALAR CREAM KIT.....92
SYNALAR OINTMENT KIT.....92
SYNALAR TS.....92
SYNAREL.....126
SYNDROS.....6
SYNJARDY 107
SYNJARDY XR 107
SYNVISC.....183
SYNVISC-ONE 183
SYRINGE AVITENE.....148
SYZYGIUM COMPOSITUM.....232
T
T
FLEX 113
SLIM X2 113
SLIM X2 BASAL-IQ INSULIN PMP 113
SLIM X2 CONTROL-IQ ... 113
T.E.D. ANTI-EMBOLISM STOCKING.....236
T.E.D. KNEE LENGTH-M-LONG 236
T.E.D. KNEE LENGTH-S-REGULAR 236
T.R.U.E. TEST ALLERGEN.....231
TABLOID.....213
TABRECTA.....218
TACHOSIL 148
tacrolimus.....103, 162
tadalafil.....120
tadalafil (pulm. hypertension).....48
TAFINLAR.....214
tafluprost (pf).....135
TAGRISSO 218
TAKE ACTION 67
TAKHZYRO 189
TALICIA 263
TALTZ AUTOINJECTOR.....101
TALTZ AUTOINJECTOR (2 PACK) 101
TALTZ AUTOINJECTOR (3 PACK) 101
TALTZ SYRINGE.....101
TALZENNA 219
tamoxifen 221
tamsulosin.....265
TANDEM MOBI AUTOSOFT 30 KT 23.....113
TANDEM MOBI AUTOSOFT XC KIT 5 113
TANDEM MOBI AUTOSOFT XC KT 23 113
TANDEM MOBI CARTRIDGE ..113
TANDEM MOBI SYSTEM.....113
TANDEM MOBI TRUSTEEL KIT 23 113
TARDEOXIA 76
TARDIMAXIA.....76
TARINA 24 FE 67
TARINA FE 1/20 (28).....67
TARINA FE 1-20 EQ (28) 67
TAROXIA 76
TARPEYO.....185
tasimelteon.....33
tavaborole 82

TAVALISSE 147
TAVNEOS 145
tazarotene 101
TAZVERIK 215
TDVAX 159
TECHLITE LANCETS 204
TEGLUTIK 223
TEGRETOL 256
TEGRETOL XR 256
TELCARE LANCETS 204
TELIORA 92
telmisartan 43
telmisartan-amlodipine 41
telmisartan-hydrochlorothiazid ... 41
temazepam 34
TEMBEXA 175
temozolomide 212
TEMPO REFILL KIT WITH GAUZE 204
TEMPO SMART BUTTON 113
TEMPO WELCOME KIT 113
TENCON 238
TENDERA-OB 275
TENIVAC (PF) 159
tenofovir disoproxil fumarate 177
TENS 502 199
TENS 504 199
TENSCARE ITOUCH SURE 207
TEPMETKO 219
terazosin 41
terbinafine hcl 169
terbutaline 8
terconazole 269
teriflunomide 223
teriparatide 123
TERRELL 231
TERSI FOAM 93
testosterone 149, 150
testosterone cypionate 149
testosterone enanthate 149
TETOXIA 92
tetrabenazine 224
tetracaine hcl 131
tetracaine hcl (pf) 131
tetracycline 169
TEXACORT 92
TEZRULY 41
TEZSPIRE 18
THALITONE 50
THALOMID 170
THEO-24 19
theophylline 19
THERAHONEY 197
THERANATAL 275
THERANATAL COMPLETE 275
THERANATAL ONE 275
THERANATAL PLUS 275
THIN LANCETS 204
THIOLA EC 266
thioridazine 32
thiothixene 31
THRESHOLD IMT TRAINER 18
THRESHOLD PEP DEVICE 18
THRIVITE RX 275
THROMBI-GEL 148
THROMBIN-JMI 148
THROMBI-PAD 148
THYQUIDITY 127
thyroid (pork) 127
TIADYLT ER 46
tiagabine 256
TIBSOVO 220
ticagrelor 146
TIGLUTIK 224
TILIA FE 67
timolol 135
timolol maleate 45, 135
timolol maleate (pf) 135
tinidazole 172
tiopronin 266
TIROSINT 127
TIROSINT-SOL 127
TISSEEL VHSD (APROTININ, SYN) 236
TIS-U-SOL PENTALYTE 94
TIVICAY 179
TIVICAY PD 179
tizanidine 258
TLANDO 150
TOBI PODHALER 170
TOBRADEX 128
tobramycin 132, 170
tobramycin in 0.225 % nacl 170
tobramycin with nebulizer 170
tobramycin-dexamethasone 128
TOBREX 132
TOLAK 98
tolcapone 251
tolmetin 188
tolterodine 268
TOPCARE UNIVERSAL1 LANCET 204
topiramate 256
toremifene 221
TORONOVA II SUIK 188
TORONOVA SUIK 188
TORPENZ 215
torsemide 47
TOUCH-TROL 198
TOUJEO MAX U-300 SOLOSTAR 116
TOUJEO SOLOSTAR U-300 INSULIN 116
TPOXX (NATIONAL STOCKPILE) 175
TRACLEER 48
tramadol 243, 244
tramadol-acetaminophen 248
trandolapril 42
trandolapril-verapamil 40
tranexamic acid 138
TRANSFER SET 209
TRANSFER SET 1 D 207
TRANSFER SET 2 D-X 207
TRANSFER SET 4 D-X 207
TRANSFER SET 6 D 207
tranylcypromine 21
TRANZAREL 100
travoprost 135
trazodone 22
TRECATOR 171
TRELEGY ELLIPTA 10
TREMFYA 102
TREMFYA PEN 102
TREMFYA PEN INDUCTION PK-CROHN 102
treprostinil sodium 48
TRESIBA FLEXTOUCH U-100 . 116
TRESIBA FLEXTOUCH U-200 . 116
TRESIBA U-100 INSULIN 116
tretinoin 78
tretinoin (antineoplastic) 220
tretinoin microspheres 78
TRETTEN 142
TREXALL 213
triamcinolone acetonide 92, 225
triamterene 47
triamterene-hydrochlorothiazid ... 47
triazolam 34
TRICARE 275
TRIDERM 92
trientine 233
TRI-ESTARYLLA 67

TRIFERIC 271
trifluoperazine 32
trifluridine 130
trihexyphenidyl 249
TRIJARDY XR 107
TRIKAFTA 237
TRI-LEGEST FE 67
TRI-LINYAH 67
TRILOAN II SUIK 185
TRILOAN SUIK 185
TRI-LO-ESTARYLLA 67
TRI-LO-MARZIA 67
TRI-LO-MILI 67
TRI-LO-SPRINTEC 67
trimethobenzamide 8
trimethoprim 164
TRI-MILI 67
trimipramine 24
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) 121
TRIMO-SAN JELLY 269
TRINATAL RX 1 275
TRINATE 275
TRINTELLIX 23
TRI-SPRINTEC (28) 67
TRIUMEQ 179
TRIUMEQ PD 179
TRIVORA (28) 67
TRI-VYLIBRA 68
TRI-VYLIBRA LO 67
TROJAN BARESKIN 229
TROJAN EXTENDED PLEASURE 229
TROJAN PLEASURE PACK 229
TROJAN ULTRA RIBBED CONDOM 229
TROJAN ULTRA THIN 229
tropicamide 136
trospium 268
TRUDHESA 246
TRUE COMFORT LANCET 205
TRUE COVER CONDOM 230
TRUEPLUS LANCETS 205
TRULANCE 191
TRULICITY 104
TRUMENBA 155
TRUNEB NEBULIZER 18
TRUQAP 219
TRUSKIN 235
TRUSTEEL INFUSION SET 23 113
TRUSTEEL INFUSION SET 32 113
TRUSTEX LATEX CONDOM 230
TRUSTEX LUBRICATED CONDOMS 230
TRUSTEX NON-LUB CONDOMS 230
TRUSTEX-RIA LUB/SPERMICIDE 230
TRUSTEX-RIA LUBRICATED CONDOMS 230
TRUSTEX-RIA NON-LUB CONDOMS 230
TRUZONE PEAK FLOW METER 18
TRYNGOLZA 50
TRYVIO 43
TUKYSA 219
TULANA 68
TURALIO 219
TURQOZ (28) 68
TUXARIN ER 71
TWIN TRANSFER SET 1 D 207
TWIN TRANSFER SET 1 D-X 207
TWIN TRANSFER SET 2 D 207
TWIN TRANSFER SET 2 D-X 207
TWIN TRANSFER SET 9 D 207
TWINRIX (PF) 160
TWIRLA 69
TWIST LANCETS 205
TYBLUME 68
TYBOST 179
TYDEMY 68
TYENNE 186
TYENNE AUTOINJECTOR 186
TYMBION 117
TYMLOS 123
TYRVAYA 131
TYVASO 49
TYVASO DPI 48
TYVASO INSTITUTIONAL START KIT 49
TYVASO REFILL KIT 49
TYVASO STARTER KIT 49
U
UBRELVY 246
UDENYCA ONBODY 145
ULESFIA 82
ULTILET BASIC LANCETS 205
ULTILET CLASSIC LANCETS 205
ULTILET LANCETS 205
ULTILET SAFETY LANCETS 205
ULTRA FINE LANCETS 205
ULTRA THIN II LANCETS 205
ULTRA THIN LANCETS 205
ULTRA THIN PLUS LANCETS 205
ULTRA TLC LANCETS 205
ULTRA-CARE LANCETS 205
ULTRA-FINE INS SYR (HALF UNIT) 209
ULTRA-FINE INSULIN SYRINGE 210
ULTRA-FINE PEN NEEDLE 234
ULTRAFOAM 148
ULTRALANCE LANCETS 205
ULTRASAL-ER 96
ULTRA-THIN II LANCETS 205
UNILET COMFORTOUCH LANCET 205
UNILET GP LANCET 205
UNILET LANCET 205
UNILET LANCETS 205
UNILET SUPER THIN LANCETS 205
UNISTIK 2 EXTRA LANCET 113
UNISTIK 2 NORMAL LANCET 113
UNISTIK 3 COMFORT LANCET 113
UNISTIK 3 EXTRA LANCET 205
UNISTIK 3 GENTLE 205
UNISTIK 3 NORMAL LANCET 205
UNISTIK COMFORT LANCETS 206
UNISTIK CZT LANCET 206
UNISTIK EXTRA LANCETS 206
UNISTIK NORMAL LANCETS 206
UNISTIK PRO LANCET 206
UNISTIK SAFETY 206
UNISTIK TOUCH LANCETS 206
UNIVERSAL 1 LANCETS 206
UNZDOMDIOXIAZAR 76
UPNEEQ (PF) 131
UPTRAVI 49
URAMAXIN 96
URAMAXIN GT 96
urea 96, 102
UREA NAIL STICK 96
URELLE 164
URETRON D-S 164
URIBEL TABS 164
URIMAR-T 164
UROGESIC-BLUE 164
URO-MP 164
UROQID-ACID NO.2 267

ursodiol 192
UZEDY 31
V
VAGINAL CONTRACEPTIVE FILM 57
valacyclovir 175
VALCHLOR 98
valganciclovir 175
valproic acid 256
valproic acid (as sodium salt) ... 256
valsartan 43
valsartan-hydrochlorothiazide 41
VALTOCO 252
VALTYA 68
vancomycin 171
vancomycin in 0.9 % sodium chl 132
VANFLYTA 219
VANOXIDE-HC 77
VANRAFIA 43
VAPRO PLUS INTERMITT CATHETER 198
VAQTA (PF) 161
VARDIMAXIA 76
varenicline tartrate 260
VARISOFT INFUSION SET 23 113
VARISOFT INFUSION SET 32 113
VARISOFT INFUSION SET 43 113
VARITHENA ADMINISTRATION PACK 207
VARIVAX (PF) 161
VAROXIA 77
VARUBI 8
VASCEPA 55
VASELINE WHITE PETROLEUM 97
VASHE 95
VAXCHORA BUFFER COMPONENT 117
VAXELIS (PF) 159
VAXNEUVANCE (PF) 156
VCF CONTRACEPTIVE FILM ... 57
VCF CONTRACEPTIVE GEL 58
VECAMYL 43
VELIVET TRIPHASIC REGIMEN (28) 68
VELPHORO 118
VELTASSA 118
VEMLIDY 180
VENCLEXTA 219
VENCLEXTA STARTING PACK 219
venlafaxine 23
VENTAVIS 49
VENXXIVA 266
VEOZAH 153
verapamil 46
VERIFINE SAFETY LANCET MINI 206
VERIFINE UNIVERSAL LANCET 206
VERKAZIA 133
VERQUVO 56
VERSACLOZ 31
VERTIGOHEEL 232
VERZENIO 219
VESTURA (28) 68
VEVEN 103
V-GO 20 114
V-GO 30 114
V-GO 40 114
VIBERZI 190
VIBRANT 207
VIBRANT STARTER KIT 207
VIENVA 68
vigabatrin 256
VIGADRONE 256
VIGAFYDE 256
VIGPODER 257
VIJOICE 211
vilazodone 23
VIMPAT 257
VIOKACE 261
VIORELE (28) 68
VIOS AEROSOL DELIVERY SYSTEM 18
VIRACEPT 178
VIREAD 177
VISTASEAL-FIBRIN SEALANT 149
VISTOGARD 220
VITAMIN K 149
VITAMIN K1 149
VITRAKVI 219
VIVAGUARD LANCET 206
VIVAGUARD SAFETY LANCET 206
VIVJOA 169
VIXONE NEBULIZER 18
VIXONE NEBULIZER-ADULT MASK 18
VIXONE NEBULIZER-PEDIATRIC MSK 18
VIZIMPRO 219
VOCABRIA 179
VOLNEA (28) 68
VONJO 219
VONVENDI 140
VOQUEZNA 263
VOQUEZNA DUAL PAK 263
VOQUEZNA TRIPLE PAK 263
VORANIGO 220
voriconazole 170
VORTEX HOLDING CHAMBER. 18
VORTEX VHC FROG MASK-CHILD 18
VORTEX VHC LADYBUG MASK-TODDLR 18
VORTEX VHC PEDIATRIC MASK 18
VOSEVI 179
VOWST 165
VOXZOGO 126
VOYDEYA 145
VRAYLAR 27
VUITY 135
VUMERITY 223
VYALEV 251
VYFEMLA (28) 68
VYKAT XR 276
VYLEESI 32
VYLIBRA 68
VYNDAMAX 56
VYNDAQEL 56
VYVGART HYTRULO 20
VYZULTA 135
W
WAINUA 210
WAKIX 33
warfarin 138
water for irrigation, sterile 95
WAYZEN 96
WEGOVY 277
WELERIS 96
WELIREG 220
WERA (28) 68
WESNATAL DHA COMPLETE. 275
WESTAB PLUS 275
WIDE-SEAL DIAPHRAGM 60 69
WIDE-SEAL DIAPHRAGM 65 69
WIDE-SEAL DIAPHRAGM 70 69
WIDE-SEAL DIAPHRAGM 75 69
WIDE-SEAL DIAPHRAGM 80 69
WIDE-SEAL DIAPHRAGM 85 69

WIDE-SEAL DIAPHRAGM 90.... 69
WIDE-SEAL DIAPHRAGM 95.... 69
WILATE 140
WILLIS THE WHALE COMPRESSR NEB..... 18
WILZIN 233
WINLEVI..... 77
WINREVAIR 48
WINTERGREEN OIL..... 95
WIXELA INHUB..... 10
WOMEN'S PRENATAL PLUS DHA 275
WOUNDGELHA MATRIX..... 97
WYMZYA FE 68
WYNZORA 103
X
XADAGO 251
XALIX 97
XALKORI 219
XARAH FE..... 68
XARELTO..... 141
XARELTO DVT-PE TREAT 30D START..... 141
XATMEP..... 213
XCLAIR..... 94
XCOPRI..... 257
XCOPRI MAINTENANCE PACK 257
XCOPRI TITRATION PACK..... 257
XDEMVY 131
XELJANZ..... 186
XELJANZ XR..... 186
XELPROS..... 135
XELRIA FE 68
XEMBIFY..... 154
XENLETA 167
XENOVIEW EMPTY DELIVERY BAG..... 207
XEPI 79
XERMELO 192
XEROFORM PETROLATUM DRESSING 197
XHANCE 6
XIFAXAN.....171
XIGDUO XR 107
XIIDRA 133
XIRUN 97
XOFLUZA.....175
XOLAIR 11
XOLREMDI.....210
XOSPATA 219
XPHOZAH.....119
XPOVIO.....220
XROMI.....147
XTAMPZA ER 244
XTANDI 212
XULANE.....69
XULTOPHY 100/3.6.....106
XURIDEN 137
XYNTHA.....140
XYNTHA SOLOFUSE 140
XYOSTED 150
XYWAV 27
Y
YARGESA.....231
YCANTH.....95
YESINTEK.....186
YONI FIT BLADDER SUPPORT 207
YONSA.....212
YORVIPATH.....126
YUVAFEM.....269
Z
ZAFEMY.....69
zafirlukast 11
zaleplon 34
ZARAH 68
ZAVZPRET.....246
ZEGALOGUE AUTOINJECTOR 114
ZEGALOGUE SYRINGE 114
ZEJULA.....219
ZELAPAR.....251
ZELBORAF 214
ZEMAIRA 211
ZENATANE.....72
ZENPEP.....261
ZENPHOR 197
ZENZEDI.....26
ZEPBOUND 276
ZEPOSIA 225
ZEPOSIA STARTER KIT (28-DAY) 225
ZEPOSIA STARTER PACK (7-DAY) 225
zidovudine 177
ZIEXTENZO.....145
ZILBRYSQ 145
ZIMHI 33
zinc oxide 97
ziprasidone hcl 31
ZITHRANOL.....101
ZOKINVY 211
ZOLINZA.....219
zolmitriptan.....246, 247
zolpidem.....34
ZOMIG 247
ZONISADE.....257
zonisamide 257
ZONTIVITY 146
ZOVIA 1-35 (28).....68
ZTALMY.....257
ZUBSOLV 248, 249
ZUMANDIMINE (28) 69
ZUNVEYL 20
ZURZUVAE.....21
ZYDELIG.....219
ZYKADIA.....219
ZYPRAM 190