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# Your 2026 Blue Cross Blue Shield of Michigan and Blue Care Network Premium Drug List

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If you have questions, call the number on the back of your member ID card to:

- Find a participating retail pharmacy by ZIP code
- Look up lower-cost medication alternatives
- Compare medication pricing and options

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# Blue Cross Blue Shield of Michigan and Blue Care Network Premium Drug List

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The Blue Cross Blue Shield of Michigan and Blue Care Network *Premium Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

We regularly update this list with medications approved by the U.S. Food and Drug Administration. Medications are chosen based on safety, clinical effectiveness and opportunity for savings.

This drug list is updated monthly.

## About this drug list

Use this list to find information about your drug coverage and medication options. It's divided by chapter into major drug classes or indications for use. Products approved for more than one use may be included in more than one chapter. Within each chapter, drugs are identified according to their tier placement. Refer to the **"Reading your drug list"** section for details.

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross and BCN respect the judgment of dispensing pharmacists and expects them to contact the prescribing healthcare professional when a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a prescription is written for a nonpreferred or excluded drug.

Coverage and applicable out-of-pocket costs for drugs on this list are based on your drug plan. Not all drugs included in the list are covered by each member's plan. Drugs that aren't listed may not be covered.

Some medications excluded by your pharmacy benefits may be covered under your medical benefits. These are medications that are generally administered in a doctor's office under the supervision of appropriate healthcare personnel and aren't normally dispensed for self-administration.

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This isn't a complete list of your covered medications. Please review your benefit plan documents for full details. Not all alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

## Excluded drugs (drugs that aren't covered)

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost.

Refer to your benefits for additional exclusions. Weight loss medications including glucagon-like peptide-agonist drugs used for weight loss, such as Saxenda®, Wegovy® and Zepbound® may not be covered by your plan. If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross or BCN member ID card.

Several drugs and drug categories are excluded altogether from coverage under this drug list and aren't shown. These include:

- Most brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Drugs used for experimental purposes
- Drugs prescribed for cosmetic purposes
- Most products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
  - Most Blue Cross and BCN members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

## What if my doctor wants me to keep taking my excluded medication?

You, your authorized representative, or your doctor can start a request for coverage by calling the number on your member ID card. Your doctor will need to submit information for the review. If approved, you may keep filling your prescription for the excluded medication, but you may pay a higher cost. If not approved, you may pay the full cost of the prescription.

## Specialty drugs

Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the **15-Day Specialty Drug Limitation Program**. Drugs included on this list are limited to a 15-day supply for all fills. Members pay half their usual out-of-pocket cost for a 15-day supply. For more details, visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

Specialty drugs may have a higher copay depending on your group's specific plan. Specialty drugs will have a "SP" listing in the "Notes" column of the drug list.

## Preventive drug coverage

Under the Affordable Care Act, also known as national healthcare reform, most healthcare plans must cover certain preventive services and prescription drugs with no out-of-pocket costs. These drugs will have a "PV" listing in the "Notes" column of the drug list.

For information specific to your prescription drug benefits, check your Blue Cross or BCN benefits-at-a-glance drug summary.

## New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to the generic tier of the drug list. After the generic drug is added, the original, brand-name version may not be covered.

## Generic drug substitution

Generic drug substitution occurs when a pharmacist dispenses a generic equivalent in place of the brand-name product. Generic substitution is required for most Blue Cross and BCN members. The brand-name drug generally isn't covered when there's an available generic.

## What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

## Brand-for-generic substitution

Select brand-name drugs may be covered at a generic copay, and the generic drug won't be covered. These brand-name drugs will be shown without the generic drug and will be listed with a generic copay.

## Prescription coverage

For details about your prescription drug benefits, please call the Customer Service phone number on the back of your Blue Cross or BCN member ID card. If you have online access, log in to your account at [bcbsm.com](http://bcbsm.com) or the Blue Cross mobile app. You can also find general information about Blue Cross and BCN prescription drug coverage at [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## Vaccines

Select vaccines are covered at pharmacies without out-of-pocket costs for most members whose pharmacies participate with Blue Cross and BCN, and are certified to administer vaccines.

## When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.
- If a medication changes tiers, you may have to pay a different amount for that medication.

# Reading your drug list

This drug list gives you options so you and your doctor can decide your best course of treatment. In this drug list, brand-name medication names are shown in UPPERCASE (for example, CLOBEX). Generic medication names are shown in lowercase (for example, clobetasol).

## Tier information

### What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Note: If you have a high-deductible health plan, the tier cost levels will apply once you meet your deductible. Your plan may have multiple or no tiers. For tiering information specific to your drug benefit, check your Blue Cross or BCN benefits-at-a-glance drug summary.

Select drugs may also be covered with no out-of-pocket costs when healthcare reform requirements are met. These drugs will have a “PV” listing in the “Notes” column of the drug list.

Drug tier	Includes	Helpful tips
1	\$ <b>Lower cost</b> generics and some brand names	Use Tier 1 drugs for the lowest out-of-pocket costs.
2	\$\$ <b>Mid-range cost</b> preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
3	\$\$\$ <b>Higher-cost</b> brand name and some generics	Many Tier 3 drugs have lower-cost options in Tier 1 or Tier 2. Ask your doctor if they could work for you.
E	⊗ <b>Excluded</b>	May not be covered or need prior authorization. Lower-cost options are available and covered.

Specialty drugs may have a higher copay depending on your group’s specific plan. Specialty drugs will have a “SP” listing in the “Notes” column of the drug list. The copay applied is based on your plan design. See examples below:

Drug tier	4-tier plan design	5-tier plan design	6-tier plan design
Tier 1	Specialty	Preferred specialty	Generic specialty
Tier 2	Specialty	Preferred specialty	Preferred specialty
Tier 3	Specialty	Nonpreferred specialty	Nonpreferred specialty

## Drug list information

In this drug list, some medications are noted with letters next to them to indicate which ones may have coverage requirements or limits. Your drug plan determines how these medications may be covered.

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<b>AL</b>	<b>Age limit</b> – Age restrictions apply.
<b>ABA</b>	<b>Authorized brand alternative</b> – Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but aren't true generic drugs. The respective brand out-of-pocket cost will apply for these medications. Some authorized brand alternatives may not be covered.
<b>OVM</b>	<b>Oncology Value Management</b> – Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your doctor is required to submit more information to determine coverage.
<b>PA</b>	<b>Prior authorization</b> – Your doctor is required to give more information to determine coverage.
<b>PV</b>	<b>Preventive</b> – Covered with no out-of-pocket cost when healthcare reform requirements are met.
<b>QL</b>	<b>Quantity limit</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty medication</b> – Specialty medications treat complex health conditions and may require special handling or administration. Specialty drugs may have a higher copay depending on your group's specific plan.
<b>ST</b>	<b>Step therapy</b> – Must try lower-cost medications before a higher-cost medication can be covered.
<b>15DS</b>	<b>15-day supply</b> – Limits the amount of certain specialty drugs to a 15-day supply to help reduce out-of-pocket costs and waste.

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## How to fill a prescription

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The type of drug you take determines which pharmacy you may use.

- **Specialty drugs**

- Local retail pharmacy
  - Walgreens is our preferred specialty pharmacy. Find a location at [walgreens.com/pharmacy/](http://walgreens.com/pharmacy/).<sup>\*◦</sup> You can use any retail pharmacy in your applicable network.
- Limited-distribution specialty drugs
  - Pharmacy options vary based on the drug.
- Home delivery
  - Walgreens Specialty Pharmacy\*\*
  - Website: [WalgreensSpecialtyRx.com](http://WalgreensSpecialtyRx.com)\*
  - Telephone: **1-866-515-1355**

- **All other drugs**

- Local retail pharmacy — More than 2,300 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your member ID card.
- Home Delivery
  - Optum Home Delivery\*\*\*
  - Telephone:
    - Blue Cross Blue Shield of Michigan members, call **1-855-811-2223**.
    - Blue Care Network members, call **1-844-642-9087**.

If you have questions about which home delivery service to use, call the Customer Service phone number on the back of your BCN member ID card or visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

\* Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

\*\* Walgreens Specialty Pharmacy® is an independent company that provides specialty pharmacy benefit management services for Blue Cross Blue Shield of Michigan and Blue Care Network.

\*\*\* Optum Rx® is an independent company providing home delivery pharmacy and other pharmacy benefit administration services for Blue Cross Blue Shield of Michigan and Blue Care Network

# How prior authorization, step therapy and quantity limits work

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## Prior authorization

Prior authorization may be necessary for coverage of certain medications. In these cases, the member must meet clinical criteria or additional information must be provided before coverage is approved.

## Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved.

For a current list of drugs requiring prior authorization or step therapy, see the **Premium Drug List Prior Authorization and Step Therapy Coverage Criteria** found at [Large Group Member Drug Lists | Members | BCBSM](#).

## Quantity limits

For certain medications, Blue Cross and BCN limit the quantity that can be dispensed per fill. Blue Cross and BCN set quantity limits based on clinical appropriateness and manufacturer-recommended dosing for select drugs.

For a current list of drugs that have limits on the quantity that can be dispensed per fill, please see the **Premium Drug List Quantity Limit Program** at [Large Group Member Drug Lists | Members | BCBSM](#).

## How to request authorization

Consult your prescription drug benefit packet for information on how to get prior authorization or request reviews for coverage of drugs that aren't included in your plan. You can also call the Customer Service number on the back of your Blue Cross or BCN member ID card for more information.

- **To request coverage of a drug:** Fill out the [Coverage Request Form online at bcbsm.com](https://www.bcbsm.com).

- **Write to:**

Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

Doctors can request authorization for you. We notify the doctor of approved requests and process the claim accordingly. If a request isn't approved, we'll notify you and the doctor in writing. The notification includes the reason for the denial, an explanation of your appeal rights and the appeals process.

Doctors can request authorization in one of four ways:

- **Electronic prior authorization:** Doctors can use their electronic health record or CoverMyMeds® to submit electronic prior authorization requests for commercial pharmacy members.

- **Call: 1-800-437-3803**

- **Fax: 1-866-601-4425**

- **Write:**

Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

**Note:** Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth.

- **Electronic prior authorization:** Submit requests through the OncoHealth OneUM™ portal, which you can access by logging in to our provider portal ([availability.com](https://availability.com)\*), clicking *Payer Spaces* and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *OncoHealth Provider Portal* tile.

- **Call: 1-888-916-2616**

- **Fax: 1-800-264-6128**

- **Write:**

OncoHealth  
7000 Central Parkway, Ste 1750  
Atlanta, GA 30328

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**This document is current at the time of publication and subject to change. Go to [bcbsm.com/pharmacy](https://bcbsm.com/pharmacy) and click on *Drug Lists* for the most up-to-date information about this drug list.**

This content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to [bcbsm.com](https://bcbsm.com) and type "**How Health Insurance Works**" in the search field.

**Send us your feedback:**

Please send your comments and suggestions about this list to:

Drug Information Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

# BCBSM Premium Drug List - July 2026

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Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
acetaminophen intravenous solution	1	
JOURNAVX	3	QL
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ARTHROTEC	E	
CALDOLOR	3	
CELEBREX	E	QL
celecoxib oral	1	QL
COMBOGESIC INTRAVENOUS	3	
COMBOGESIC ORAL	E	
COXANTO	E	
DICLOFENAC PATCH 1.3%	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diflunisal oral	1	
DUAL COMPLEX FORMULA 1 KIT	3	
ELYXYB	E	PA; QL
etodolac	1	
etodolac er	1	
FBL KIT	3	
FENOPRON	E	
FLECTOR	E	QL
flurbiprofen oral	1	
ibuprofen lysine	1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	PA; QL
indomethacin er	1	
indomethacin oral capsule	1	
indomethacin sodium	1	
K.B.G.L IN TERODERM	3	
ketoprofen oral capsule 50 mg	1	
ketorolac tromethamine +rfid	1	
ketorolac tromethamine injection	1	

Drug Name	Drug Tier	Notes
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
LICART	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
ORTHREXO	3	
OXAPROZIN ORAL CAPSULE	E	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
SPRIX	E	PA; QL
sulindac oral	1	
TOLECTIN 600	E	
TRIPLE COMPLEX FORMULA 3 KIT	3	
VP FC KIT	3	
VP GKL KIT	3	
VYSCOXA	E	PA; QL
ZIPSOR	E	
ZYNRELEF	3	
<b>Opioid Analgesics, Long-acting</b>		
BELBUCA	2	PA; QL
buprenorphine	1	PA; QL
BUTRANS	E	PA; QL
CONZIP	E	PA; QL
diskets	1	
fentanyl	1	PA; QL
hydrocodone bitartrate er	1	PA; QL
hydromorphone hcl er	1	PA; QL
methadone hcl injection	1	
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	PA
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	

Drug Name	Drug Tier	Notes
methadose oral tablet soluble	1	
mitigo	1	
morphine sulfate er	1	PA; QL
morphine sulfate er beads	1	PA; QL
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	3	
MS CONTIN	E	PA; QL
NUCYNTA ER	E	PA; QL
OXYCONTIN	2	PA; QL
oxymorphone hcl er	1	PA; QL
SYNAPRYN FUSEPAQ	3	
TAPENTADOL HCL ER	E	PA; QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
tramadol hcl er	1	PA; QL
TRAMADOL HCL ORAL SOLUTION	E	QL
XTAMPZA ER	2	PA; QL
<b>Opioid Analgesics, Short-acting</b>		
acetaminophen-codeine	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL
codeine sulfate	1	QL

Drug Name	Drug Tier	Notes
DEMEROL INJECTION SOLUTION 75 MG/ML	3	
DILAUDID ORAL	E	QL
DURAMORPH	3	
endocet	1	QL
fentanyl citrate injection solution prefilled syringe 100 mcg/2ml	1	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-%	3	
FIORICET	E	
hydrocodone-acetaminophen	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone hcl oral	1	QL
hydromorphone hcl pf	1	
hydromorphone hcl solution 0.2 mg/ml injection	1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	3	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	
hydromorphone hcl solution 1 mg/ml injection	1	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
meperidine hcl injection	1	
meperidine hcl oral	1	QL
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL
morphine sulfate (pf)	1	

Drug Name	Drug Tier	Notes
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	1	
morphine sulfate oral	1	QL
nalbuphine hcl injection	1	
NUCYNTA	E	QL
OXYCODONE HCL	E	
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	E	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxymorphone hcl	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET	E	QL
remifentanil hcl	1	
ROXICODONE	E	QL
ROXYBOND	E	QL
tapentadol hcl	1	QL
TENCON	3	
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
ARTICADENT DENTAL	3	
bupivacaine hcl (pf)	1	
bupivacaine hcl (pf)	1	
bupivacaine hcl solution 0.25 % injection	1	

Drug Name	Drug Tier	Notes
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	3	
bupivacaine hcl solution 0.5 % injection	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	3	
bupivacaine-epinephrine	1	
bupivacaine-epinephrine (pf)	1	
chloroprocaine hcl (pf)	1	
COCAINE HCL NASAL	3	
ENOVARX-LIDOCAINE HCL	3	
ethyl chloride	1	
EXPAREL	3	
glydo	1	
LETS	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl (pf)	1	
lidocaine hcl external solution	1	
lidocaine hcl injection solution 0.5 %, 2 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML	3	
lidocaine hcl solution 1 % injection	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	3	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-epinephrine (pf)	1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	1	
lidocaine-prilocaine external cream	1	
LIDOCAINE-SODIUM BICARBONATE	3	
LIDOCAN	E	PA
LIDODERM	E	PA
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.5% -1:200000	3	

Drug Name	Drug Tier	Notes
NESACAINE	3	
ORABLOC	3	
POLOCAINE	3	
POLOCAINE-MPF	3	
ropivacaine hcl injection	1	
ROPIVACAINE HCL-NAACL INJECTION SOLUTION 0.2-0.9 %	3	
SENSORCAINE	3	
SENSORCAINE/EPINEPHRINE	3	
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/EPINEPHRINE	3	
TRIDACAINE II	E	PA
TRIDACAINE III	E	PA
VENIPUNCTURE PX1 PHLEBOTOMY	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000	3	
ZTLIDO	E	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium	1	
disulfiram oral	1	
naltrexone hcl oral	1	
VIVITROL	3	SP
<b>Opioid Dependence Treatments</b>		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl injection	1	
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
lofexidine hcl	1	QL
SUBLOCADE	3	SP
SUBOXONE	E	
ZUBSOLV	2	
<b>Opioid Reversal Agents</b>		
ft naloxone hcl	1	
KLOXXADO	2	

Drug Name	Drug Tier	Notes
NALMEFENE HCL	3	
naloxone hcl injection	1	
naloxone hcl nasal	1	
NARCAN	2	
OPVEE	2	
REXTOVY	2	
ZURNAI	E	
<b>Smoking Cessation Agents</b>		
bupropion hcl er (smoking det)	1	QL
CHANTIX	E	QL
CHANTIX CONTINUING MONTH PAK	E	QL
CHANTIX STARTING MONTH PAK	E	QL
NICOTROL NS	3	QL
varenicline tartrate	1	QL
varenicline tartrate (starter)	1	QL
varenicline tartrate(continue)	1	QL
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
amikacin sulfate injection	1	
ARIKAYCE	3	PA; SP
gentamicin in saline	1	
gentamicin sulfate external	1	
gentamicin sulfate injection	1	
HUMATIN	2	
neomycin sulfate oral	1	
streptomycin sulfate intramuscular	1	
tobramycin sulfate injection	1	
ZEMDRI	3	
<b>Antibacterials, Other</b>		
aztreonam	1	
BLUJEP A	E	ST; QL
chloramphenicol sod succinate	1	
CLEOCIN PHOSPHATE INJECTION SOLUTION 9 GM/60ML	3	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	

Drug Name	Drug Tier	Notes
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
colistimethate sodium (cba)	1	
dalbavancin hcl	1	
daptomycin	1	
DAPTOMYCIN-SODIUM CHLORIDE	3	
EMBLAVEO	3	
fosfomycin tromethamine	1	
KIMYRSA	3	
LIKMEZ	E	PA
lincomycin hcl injection	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	1	QL
LUGOLS STRONG IODINE	3	
methenamine hippurate	1	
metronidazole intravenous	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
mupirocin ointment	1	
NEO-SYNALAR	3	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
ORBACTIV	3	
ORLYNVAH	E	PA; QL
polymyxin b sulfate injection	1	
SILVADENE	E	
silver sulfadiazine external	1	
SIVEXTRO INTRAVENOUS	3	QL
SOLOSEC	3	ST
ssd	1	

Drug Name	Drug Tier	Notes
tinidazole oral	1	
trimethoprim oral	1	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1.75-0.9 GM/250ML-%	3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
vancomycin hcl intravenous	1	
vancomycin hcl oral	1	
VANCOMYCIN+SYRSPEND SF	3	
VANDAZOLE	3	ST
VIBATIV	3	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	E	PA
XIFAXAN ORAL TABLET 550 MG	3	PA
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ	3	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%	3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	3	
cefazolin sodium injection solution reconstituted	1	

Drug Name	Drug Tier	Notes
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	3	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefepime-dextrose	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
CEFOTAXIME SODIUM	3	
cefotetan disodium	1	
cefoxitin sodium	1	
CEFOXITIN SODIUM-DEXTROSE	3	
cefpodoxime proxetil	1	
cefprozil	1	
ceftaroline fosamil	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cefuroxime sodium	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
FETROJA	3	
tazicef injection	1	

Drug Name	Drug Tier	Notes
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1	
ZERBAXA	3	
ZEVTERA	3	
<b>Beta-lactam, Penicillins</b>		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
AUGMENTIN	3	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
dicloxacillin sodium	1	
LENTOCILIN	3	
nafcillin sodium	1	
NAFCILLIN SODIUM IN DEXTROSE	3	
oxacillin sodium	1	
OXACILLIN SODIUM IN DEXTROSE	3	
PENICILLIN G POT IN DEXTROSE	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
piperacillin sod-tazobactam sod	1	
PIPERACILLIN-TAZOBACTAM-NACL	3	
ZOSYN	3	
<b>Carbapenems</b>		
ertapenem sodium	1	
imipenem-cilastatin	1	
meropenem	1	
MEROPENEM-SODIUM CHLORIDE	3	
RECARBRIO	3	
VABOMERE	3	
<b>Macrolides</b>		
azithromycin intravenous	1	

Drug Name	Drug Tier	Notes
azithromycin oral	1	
clarithromycin er	1	
clarithromycin oral	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	E	
E.E.S. 400	3	
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin lactobionate intravenous solution reconstituted 500 mg	1	
erythromycin oral	1	
fidaxomicin	1	
<b>Quinolones</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	1	
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral	1	
moxifloxacin hcl in nacl	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
moxifloxacin hcl oral	1	
ofloxacin oral	1	
<b>Sulfonamides</b>		
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
<b>Tetracyclines</b>		
demeclocycline hcl	1	
DORYX MPC	E	
doxy 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	

Drug Name	Drug Tier	Notes
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
MINOCIN	3	
minocycline hcl oral capsule	1	
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	QL
SEYSARA	3	ST
TARGADOX	E	
tetracycline hcl oral capsule	1	
tigecycline	1	
XERAVAL	3	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
brivaracetam	1	
BRIVIACT ORAL TABLET	3	ST
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
FINTEPLA	3	PA; SP
KEPPRA ORAL	E	
KEPPRA XR	E	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE	E	
roweepra	1	
SPRITAM	E	
<b>Calcium Channel Modifying Agents</b>		
ethosuximide oral	1	
methsuximide	1	
ZONEGRAN	E	
ZONISADE	E	PA

Drug Name	Drug Tier	Notes
zonisamide oral	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DIACOMIT	3	PA; SP
diazepam rectal	1	QL
FANATREX FUSEPAQ	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	QL
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	PA
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
SABRIL	E	PA; SP
SEZABY	3	
SYMPAZAN	3	PA
tiagabine hcl	1	
valproate sodium intravenous	1	
valproic acid oral	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
vigabatrin	1	PA; SP
VIGADRONE	E	PA; SP
VIGAFYDE	3	PA; SP
XCOPRI	3	ST
ZTALMY	3	PA; SP
<b>Glutamate Reducing Agents</b>		
EPRONTIA	E	
felbamate	1	

Drug Name	Drug Tier	Notes
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
perampanel	1	
SUBVENITE ORAL SUSPENSION	3	PA
subvenite oral tablet	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate er oral capsule extended release 24 hour	1	ST
topiramate oral	1	
TROKENDI XR	E	
<b>Sodium Channel Agents</b>		
APTIOM	E	
carbamazepine er	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL CAPSULE 30 MG	3	
DILANTIN-125	E	
eslicarbazepine acetate	1	
fosphenytoin sodium	1	

Drug Name	Drug Tier	Notes
lacosamide intravenous	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
MOTPOLY XR	3	ST
oxcarbazepine	1	
oxcarbazepine er	1	ST
OXTELLAR XR	E	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
rufinamide oral suspension 40 mg/ml	1	PA
rufinamide oral tablet	1	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TRILEPTAL	E	
VIMPAT	E	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
KISUNLA	E	PA; SP; QL
LEQEMBI	E	PA; SP; QL
LEQEMBI IQLIK	E	PA; SP; QL
memantine hcl-donepezil hcl er	1	QL
NAMZARIC	E	QL
<b>Cholinesterase Inhibitors</b>		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine tartrate	1	
ZUNVEYL	E	QL
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl	1	
memantine hcl er	1	QL

Drug Name	Drug Tier	Notes
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
AUVELITY	E	QL
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
EXXUA	E	
EXXUA TITRATION PACK	E	
mirtazapine oral	1	
olanzapine-fluoxetine hcl	1	QL
perphenazine-amitriptyline	1	
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
WELLBUTRIN SR	E	QL
WELLBUTRIN XL	E	QL
ZURZUVAE	3	PA; QL
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	3	QL
MARPLAN	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	1	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
DESVENLAFAXINE ER	3	ST; QL
desvenlafaxine succinate er	1	QL
duloxetine hcl oral	1	QL
EFFEXOR XR	E	QL
ESCITALOPRAM OXALATE ORAL CAPSULE	E	
escitalopram oxalate oral solution	1	

Drug Name	Drug Tier	Notes
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
LEXAPRO	E	
nefazodone hcl	1	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL	E	
PAXIL CR	E	
PRISTIQ	E	QL
RALDESY	3	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE ER	E	QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
vilazodone hcl	1	QL
ZOLOFT	E	
<b>Tricyclics</b>		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	

Drug Name	Drug Tier	Notes
imipramine pamoate	1	
nortriptyline hcl oral	1	
protriptyline hcl	1	
trimipramine maleate oral	1	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
BARHEMSYS	3	
BONJESTA	3	PA; QL
dimenhydrinate injection	1	
doxylamine-pyridoxine	1	PA; QL
droperidol injection	1	
GIMOTI	E	
meclizine hcl oral tablet	1	
metoclopramide hcl +rfid	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	3	
scopolamine	1	
TIGAN	3	
trimethobenzamide hcl oral	1	
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO (READY-TO-USE)	3	
AKYNZEO (TO-BE-DILUTED)	3	
AKYNZEO INTRAVENOUS	3	
AKYNZEO ORAL	3	PA; OVM; QL
ANZEMET	3	QL
APONVIE	3	
aprepitant	1	QL

Drug Name	Drug Tier	Notes
CINVANTI	3	
dronabinol	1	PA; QL
EMEND ORAL	3	QL
FOCINVEZ	3	
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
ondansetron hcl +rfid	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution 4 mg/5ml	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
palonosetron hcl	1	
SANCUSO	E	QL
SUSTOL	3	QL
SYNDROS	3	PA; OVM; QL
VARUBI (180 MG DOSE)	3	QL
<b>Antifungals</b>		
amphotericin b intravenous	1	
amphotericin b liposome	1	
casprofungin acetate	1	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
econazole nitrate external cream	1	
ECONAZOLE NITRATE EXTERNAL FOAM	E	
ERAXIS	3	
EXODERM EXTERNAL LOTION	3	
fluconazole in sodium chloride	1	
fluconazole oral	1	
flucytosine oral	1	

Drug Name	Drug Tier	Notes
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GNAZOLE-1	3	
itraconazole oral	1	PA
JUBLIA	E	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
miconazole sodium	1	
MICAFUNGIN SODIUM-NACL	3	
miconazole 3 vaginal suppository	1	
NOXAFIL ORAL	3	PA
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole intravenous	1	
posaconazole oral	1	PA
tavaborole	1	PA
terbinafine hcl oral	1	QL
terconazole	1	
TOLSURA	E	PA
VIVJOA	E	PA
voriconazole intravenous	1	
voriconazole oral	1	PA
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	ST
GLOPERBA	E	PA
MITIGARE	E	

Drug Name	Drug Tier	Notes
probenecid	1	
<b>Antimigraine Agents</b>		
CAMBIA	E	
SYMBRAVO	E	QL
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	E	PA; QL
EMGALITY	2	PA; QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
<b>Ergot Alkaloids</b>		
BREKIYA	E	PA; QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	1	PA; QL
ERGOMAR	3	PA; QL
ergotamine-caffeine	1	PA; QL
MIGERGOT	3	PA; QL
TRUDHESA	E	PA; QL
<b>Serotonin (5-HT) Receptor Agonists</b>		
eletriptan hydrobromide	1	QL
IMITREX	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAX	E	QL
REYVOW	E	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL

Drug Name	Drug Tier	Notes
TOSYMRA	E	QL
TREXIMET	E	QL
ZEMBRACE SYMTOUCH	E	QL
zolmitriptan nasal solution 5 mg	1	QL
zolmitriptan oral	1	QL
ZOMIG ORAL	E	QL
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 5 MG/5ML	3	
neostigmine methylsulfate rfid intravenous solution	1	
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral	1	
REGONOL	3	
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
dapsone oral	1	
rifabutin	1	
<b>Antituberculars</b>		
cycloserine oral	1	
ethambutol hcl oral	1	
isoniazid injection	1	
isoniazid oral	1	
PRETOMANID	3	

Drug Name	Drug Tier	Notes
PRIFTIN	3	
pyrazinamide oral	1	
rifampin intravenous	1	
rifampin oral	1	
RIFAMPIN+SYRSPEND SF	3	
SIRTURO	3	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BELRAPZO	E	PA; SP
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	E	PA; SP
bendamustine hcl intravenous solution reconstituted	1	PA; SP
BENDEKA	3	PA; SP
busulfan	1	SP
carboplatin	1	SP
carmustine	1	SP
cisplatin intravenous solution	1	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
cyclophosphamide injection	1	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	3	SP
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	1	SP
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	2	
dacarbazine	1	SP
EVOMELA	3	SP
FRINDOVYX	3	SP
GRAFAPEX	3	SP
ifosfamide	1	SP
IVRA	E	SP
KYXATA	E	SP
LEUKERAN	2	SP
lomustine	1	SP

Drug Name	Drug Tier	Notes
MATULANE	2	SP
melphalan hcl	1	SP
MYLERAN	2	
oxaliplatin	1	SP
TEMODAR	2	SP
temozolomide	1	PA; SP
TEPADINA	E	SP
TEPYLUTE	E	SP
thiotepa injection	1	SP
TREANDA	E	PA; SP
VALCHLOR	3	PA; SP; OVM
VIVIMUSTA	E	PA; SP
YONDELIS	3	SP
ZEPZELCA	3	PA; SP
<b>Antiandrogens</b>		
abiraterone acetate oral tablet 250 mg	1	PA; SP
abirtega	1	PA; SP
bicalutamide	1	
ERLEADA	3	PA; SP; OVM
EULEXIN	3	PA; OVM
nilutamide	1	PA; SP; OVM
NUBEQA	3	PA; SP; OVM
ORGOVYX	3	PA; SP; OVM
XTANDI	3	PA; SP; OVM
YONSA	E	PA; SP; OVM
ZYTIGA ORAL TABLET 250 MG	E	PA; SP
ZYTIGA ORAL TABLET 500 MG	E	PA; SP; OVM
<b>Antiangiogenic Agents</b>		
lenalidomide	1	PA; SP
pomalidomide oral capsule 1 mg, 2 mg	1	PA; SP; OVM; QL
pomalidomide oral capsule 3 mg, 4 mg	1	PA; SP; OVM
THALOMID	2	PA; SP
<b>Antiestrogens/Modifiers</b>		
fulvestrant	1	SP
INLURIYO	3	PA; SP; OVM
ORSERDU	3	PA; SP; OVM
SOLTAMOX	3	

Drug Name	Drug Tier	Notes
tamoxifen citrate oral	1	
toremifene citrate	1	
<b>Antimetabolites</b>		
AVGEMSI	E	SP
AXTLE	3	SP
capecitabine	1	SP
cladribine	1	SP
clofarabine	1	SP
cytarabine	1	SP
cytarabine (pf)	1	SP
decitabine	1	SP
DROXIA	3	
FAVLYXA	3	SP
floxuridine	1	SP
fludarabine phosphate	1	SP
fluorouracil intravenous	1	SP
gemcitabine hcl	1	SP
hydroxyurea oral	1	
INLEXZO	E	PA; SP
mercaptopurine oral suspension	1	SP
mercaptopurine oral tablet	1	
NIPENT	3	SP
PEMETREXED	3	SP
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	3	SP
pemetrexed disodium intravenous solution reconstituted	1	SP
PEMFEXY	3	SP
PEMRYDI RTU	3	SP
pralatrexate	1	PA; SP
TABLOID	2	SP
XROMI	3	PA
<b>Antineoplastics, Other</b>		
adriamycin	1	SP
AKEEGA	E	PA; SP; OVM
ANKTIVA	3	PA; SP
arsenic trioxide intravenous	1	SP

Drug Name	Drug Tier	Notes
ASPARLAS	3	SP
azacitidine	1	SP
BEIZRAY	E	SP
BESREMI	3	PA; SP; OVM
bleomycin sulfate	1	SP
bortezomib	1	PA; SP
BORUZU	3	PA; SP
COPIKTRA	3	PA; SP; OVM
dactinomycin	1	SP
daunorubicin hcl	1	SP
dexrazoxane hcl	1	SP
diclofenac sodium external gel 3 %	1	QL
docetaxel	1	SP
DOCIVYX	3	SP
doxorubicin hcl	1	SP
doxorubicin hcl liposomal	1	SP
ELLEENCE	3	SP
ELREXFIO	3	PA; SP
eribulin mesylate	1	PA; SP
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
idarubicin hcl	1	SP
IMDELLTRA	3	PA; SP
INREBIC	3	PA; SP; OVM
irinotecan hcl	1	SP
IXEMPRA KIT	2	SP
KHAPZORY	3	SP
KISQALI (200 MG DOSE)	3	PA; SP; OVM
KISQALI (400 MG DOSE)	3	PA; SP; OVM
KISQALI (600 MG DOSE)	3	PA; SP; OVM
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
KOMZIFTI	3	PA; SP; OVM
KRAZATI	3	PA; SP; OVM
lederle leucovorin	1	
leucovorin calcium injection	1	

Drug Name	Drug Tier	Notes
leucovorin calcium oral	1	
levoleucovorin calcium	1	SP
levoleucovorin calcium pf	1	SP
LEVULAN KERASTICK	3	
LONSURF	3	PA; SP; OVM
LUMAKRAS	3	PA; SP; OVM
LYMPHIR	3	PA; SP
LYNOZYFIC	3	PA; SP
mitomycin intravenous	1	SP
mitoxantrone hcl	1	PA; SP
MODEYSO	3	PA; SP; OVM
nelarabine	1	SP
NINLARO	3	PA; SP; OVM
OJJAARA ORAL TABLET 100 MG	E	PA; SP; OVM; QL
OJJAARA ORAL TABLET 150 MG, 200 MG	E	PA; SP; OVM
ONCASPAR	2	SP
ONIVYDE	3	SP
ONUREG	3	PA; SP; OVM
paclitaxel	1	SP
paclitaxel protein-bound part	1	SP
PHOTOFRIN	3	SP
PIQRAY	3	PA; SP; OVM
PROLEUKIN	2	SP
REVUFORJ	3	PA; SP; OVM
romidepsin	1	PA; SP
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1600-20000 MG-UT/10ML, 2240-28000 MG-UT/14ML	3	PA; SP
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 2400-30000 MG-UT/15ML, 3520-44000 MG-UT/22ML	3	SP
RYLAZE	E	PA; SP
TALVEY	3	PA; SP
TECVAYLI	3	PA; SP
TICE BCG	2	SP
TOLAK	3	
UVADEX	3	
valrubicin	1	SP

Drug Name	Drug Tier	Notes
VERZENIO	3	PA; SP; OVM
vinblastine sulfate	1	SP
vincristine sulfate	1	SP
vinorelbine tartrate	1	SP
VONJO	3	PA; SP; OVM
VYXEOS	3	PA; SP
WELIREG	3	PA; SP; OVM
XOFIGO	2	
XPOVIO (100 MG ONCE WEEKLY)	3	PA; SP; OVM
XPOVIO (40 MG ONCE WEEKLY)	3	PA; SP; OVM
XPOVIO (40 MG TWICE WEEKLY)	3	PA; SP; OVM
XPOVIO (60 MG ONCE WEEKLY)	3	PA; SP; OVM
XPOVIO (60 MG TWICE WEEKLY)	3	PA; SP; OVM
XPOVIO (80 MG ONCE WEEKLY)	3	PA; SP; OVM
XPOVIO (80 MG TWICE WEEKLY)	3	PA; SP; OVM
ZALTRAP	2	PA; SP
ZOLINZA	2	PA; SP; OVM
ZUSDURI	3	PA; SP
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole oral	1	
ARIMIDEX	E	
exemestane	1	
letrozole oral	1	
<b>Enzyme Inhibitors</b>		
AVOPEF	3	SP
BALVERSA	3	PA; SP; OVM
ETOPOPHOS	3	SP
etoposide intravenous	1	SP
etoposide oral	1	SP
HYCAMTIN ORAL	3	SP
KYPROLIS	2	PA; SP
LYTGOBI (12 MG DAILY DOSE)	3	PA; SP; OVM
LYTGOBI (16 MG DAILY DOSE)	3	PA; SP; OVM
LYTGOBI (20 MG DAILY DOSE)	3	PA; SP; OVM
OJEMDA	3	PA; SP; OVM
PEMAZYRE	E	PA; SP; OVM; QL
RUBRACA ORAL TABLET 200 MG	E	PA; SP; QL

Drug Name	Drug Tier	Notes
RUBRACA ORAL TABLET 250 MG, 300 MG	E	PA; SP
RYTELO	3	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	E	PA; SP; OVM
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	E	PA; SP; OVM; QL
topotecan hcl	1	SP
VORANIGO ORAL TABLET 10 MG	3	PA; SP; OVM; QL
VORANIGO ORAL TABLET 40 MG	3	PA; SP; OVM
ZEJULA ORAL TABLET 100 MG	2	PA; SP; OVM; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP; OVM
<b>Molecular Target Inhibitors</b>		
AFINITOR	E	PA; SP; QL
AFINITOR DISPERZ	E	PA; SP
ALECENSA	2	PA; SP; OVM
ALUNBRIG	2	PA; SP; OVM; QL
AUGTYRO	3	PA; SP; OVM
AVMAPKI FAKZYNJA CO-PACK	3	PA; SP; OVM
AYVAKIT	3	PA; SP; OVM; QL
BELEODAQ	3	PA; SP
BOSULIF	3	PA; SP; OVM
BRAFTOVI	3	PA; SP; OVM
BRUKINSA	3	PA; SP; OVM
CABOMETYX ORAL TABLET 20 MG	2	PA; SP; OVM; QL
CABOMETYX ORAL TABLET 40 MG	2	PA; SP; OVM
CABOMETYX TABLET 60 MG ORAL	2	PA; SP
CABOMETYX TABLET 60 MG ORAL	2	PA; SP; OVM
CALQUENCE TABLET 100 MG ORAL	3	PA; SP
CALQUENCE TABLET 100 MG ORAL	3	PA; SP; OVM
CAPRELSA ORAL TABLET 100 MG	2	PA; SP; OVM; QL
CAPRELSA ORAL TABLET 300 MG	2	PA; SP; OVM
COMETRIQ	3	PA; SP; OVM
COTELLIC	3	PA; SP; OVM
DANZITEN	3	PA; SP; OVM
dasatinib	1	PA; SP; OVM
DAURISMO	3	PA; SP; OVM
ENSACOVE	2	PA; SP; OVM
ERIVEDGE	3	PA; SP; OVM

Drug Name	Drug Tier	Notes
erlotinib hcl oral tablet 100 mg, 150 mg	1	PA; SP; OVM
erlotinib hcl oral tablet 25 mg	1	PA; SP; OVM; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; SP; OVM; QL
everolimus oral tablet soluble	1	PA; SP; OVM
FOTIVDA	E	PA; SP; OVM
FRUZAQLA	3	PA; SP; OVM
FYARRO	3	PA; SP
GAVRETO	3	PA; SP; OVM
gefitinib	1	PA; SP; OVM
GILOTRIF	3	PA; SP; OVM; QL
GLEEVEC	E	PA; SP
GOMEKLI	3	PA; SP; OVM
HERNEXEOS	3	PA; SP; OVM
HYRNUO	3	PA; SP; OVM
IBRANCE	3	PA; SP; OVM
IBTROZI	E	PA; SP; OVM
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; OVM; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP; OVM
IDHIFA	3	PA; SP; OVM; QL
imatinib mesylate oral	1	PA; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; OVM; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP; OVM
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA; SP; OVM; QL
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; OVM; QL
IMKELDI	3	PA; SP; OVM
INLYTA	3	PA; SP; OVM
INQOVI	E	PA; SP; OVM
ITOVEBI ORAL TABLET 3 MG	3	PA; SP; OVM; QL
ITOVEBI ORAL TABLET 9 MG	3	PA; SP; OVM
JAKAFI ORAL TABLET 10 MG, 5 MG	2	PA; SP; OVM; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	2	PA; SP; OVM
JAYPIRCA ORAL TABLET 100 MG	3	PA; SP; OVM
JAYPIRCA ORAL TABLET 50 MG	3	PA; SP; OVM; QL
JEVTANA	2	PA; SP
KOSELUGO	3	PA; SP; OVM
lapatinib ditosylate	1	PA; SP; OVM

Drug Name	Drug Tier	Notes
LAZCLUZE ORAL TABLET 240 MG	3	PA; SP; OVM
LAZCLUZE ORAL TABLET 80 MG	3	PA; SP; OVM; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA; SP; OVM
LORBRENA	3	PA; SP; OVM
LYNPARZA TABLET 100 MG ORAL	2	PA; SP
LYNPARZA TABLET 100 MG ORAL	2	PA; SP; OVM
LYNPARZA TABLET 150 MG ORAL	2	PA; SP
LYNPARZA TABLET 150 MG ORAL	2	PA; SP; OVM
MEKINIST	3	PA; SP; OVM
MEKTOVI	3	PA; SP; OVM
NERLYNX	3	PA; SP; OVM; QL
NIKTIMVO	E	PA; SP
NILOTINIB D-TARTRATE	E	PA; SP; OVM
nilotinib hcl	1	PA; SP; OVM
ODOMZO	3	PA; SP; OVM
OGSIVEO	3	PA; SP; OVM
pazopanib hcl	1	PA; SP; OVM; QL
PHYRAGO	E	PA; SP; OVM
QINLOCK	3	PA; SP; OVM
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; SP; OVM
RETEVMO ORAL TABLET 40 MG, 80 MG	3	PA; SP; OVM; QL
REZLIDHIA	E	PA; SP; OVM
ROMVIMZA CAPSULE 14 MG ORAL	3	PA; SP
ROMVIMZA CAPSULE 14 MG ORAL	3	PA; SP; OVM
ROMVIMZA CAPSULE 20 MG ORAL	3	PA; SP
ROMVIMZA CAPSULE 20 MG ORAL	3	PA; SP; OVM
ROMVIMZA CAPSULE 30 MG ORAL	3	PA; SP
ROMVIMZA CAPSULE 30 MG ORAL	3	PA; SP; OVM
ROZLYTREK	3	PA; SP; OVM
RYDAPT	3	PA; SP; OVM
SCEMBLIX ORAL TABLET 100 MG	3	PA; SP; OVM
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; OVM; QL
sorafenib tosylate	1	PA; SP; OVM
SPRYCEL	E	PA; SP

Drug Name	Drug Tier	Notes
STIVARGA	2	PA; SP; OVM
sunitinib malate	1	PA; SP; OVM
SUTENT	E	PA; SP
TABRECTA	3	PA; SP; OVM
TAFINLAR	3	PA; SP; OVM
TAGRISSE TABLET 40 MG ORAL	3	PA; SP; QL
TAGRISSE TABLET 40 MG ORAL	3	PA; SP; OVM; QL
TAGRISSE TABLET 80 MG ORAL	3	PA; SP
TAGRISSE TABLET 80 MG ORAL	3	PA; SP; OVM
TASIGNA	E	PA; SP
TEPMETKO	3	PA; SP; OVM
TIBSOVO	3	PA; SP; OVM
torpenz	1	PA; SP; OVM; QL
TRUQAP ORAL TABLET	3	PA; SP; OVM
TRUQAP ORAL TABLET THERAPY PACK 160 MG	3	PA; SP; OVM
TRUQAP TABLET THERAPY PACK 200 MG ORAL	3	PA; SP
TRUQAP TABLET THERAPY PACK 200 MG ORAL	3	PA; SP; OVM
TUKYSA	3	PA; SP; OVM
TURALIO CAPSULE 125 MG ORAL	3	PA; SP
TURALIO CAPSULE 125 MG ORAL	3	PA; SP; OVM
VANFLYTA	3	PA; SP; OVM
VENCLEXTA	3	PA; SP; OVM
VENCLEXTA STARTING PACK	3	PA; SP; OVM
VIJOICE	3	PA; SP; QL
VITRAKVI	3	PA; SP; OVM
VIZIMPRO ORAL TABLET 15 MG	3	PA; SP; OVM; QL
VIZIMPRO ORAL TABLET 30 MG, 45 MG	3	PA; SP; OVM
XALKORI	E	PA; SP; OVM
XOSPATA	3	PA; SP; OVM
ZELBORAF	3	PA; SP; OVM
ZYDELIG	3	PA; SP; OVM
ZYKADIA	3	PA; SP; OVM
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
ADCETRIS	2	PA; SP

Drug Name	Drug Tier	Notes
ALYMSYS	E	PA; SP
AVASTIN	3	PA; SP
BAVENCIO	3	PA; SP
BESPONSA	3	PA; SP
BIZENGRI (750 MG DOSE)	3	PA; SP
BLENREP	3	PA; SP
BLINCYTO	3	PA; SP
COLUMVI	3	PA; SP
CYRAMZA	3	PA; SP
DANYELZA	3	PA; SP
DARZALEX	3	PA; SP
DARZALEX FASPRO	E	PA; SP
DATROWAY	3	PA; SP
EMPLICITI	3	PA; SP
EMRELIS	3	PA; SP
ENHERTU	3	PA; SP
EPKINLY	3	PA; SP
ERBITUX	2	PA; SP
GAZYVA	3	PA; SP
HERCEPTIN	3	PA; SP
HERCEPTIN HYLECTA	3	PA; SP
HERCESSI	E	PA; SP
HERZUMA	E	PA; SP
IMFINZI	3	PA; SP
IMJUDO	3	PA; SP
JEMPERLI	3	PA; SP
JOBEVNE	E	PA; SP
KADCYLA	3	PA; SP
KANJINTI	2	PA; SP
KEYTRUDA	3	PA; SP
KEYTRUDA QLEX	3	PA; SP
KIMMTRAK	3	PA; SP
LIBTAYO	3	PA; SP
LOQTORZI	3	PA; SP
LUNSUMIO	3	PA; SP
MARGENZA	3	PA; SP
MONJUVI	3	PA; SP

Drug Name	Drug Tier	Notes
MVASI	2	PA; SP
MYLOTARG	3	PA; SP
OGIVRI	E	PA; SP
ONTRUZANT	E	PA; SP
OPDIVO	3	PA; SP
OPDIVO QVANTIG	3	PA; SP
OPDUALAG	3	PA; SP
PADCEV	3	PA; SP
PERJETA	2	PA; SP
PHESGO	2	PA; SP
POLIVY	3	PA; SP
PORTRAZZA	3	PA; SP
POTELIGEO	3	PA; SP
RIABNI	E	PA; SP
RITUXAN	3	PA; SP
RITUXAN HYCELA	3	PA; SP
RUXIENCE	2	PA; SP
RYBREVANT	3	PA; SP
SARCLISA	3	PA; SP
TECENTRIQ	3	PA; SP
TECENTRIQ HYBREZA	3	PA; SP
TEVIMBRA	3	PA; SP
TIVDAK	3	PA; SP
TRAZIMERA	2	PA; SP
TRODELVY	3	PA; SP
TRUXIMA	E	PA; SP
UNITUXIN	3	PA; SP
UNLOXCYT	E	PA; SP
VECTIBIX	3	SP
VEGZELMA	E	PA; SP
VYLOY	3	PA; SP
YERVOY	2	PA; SP
ZEVALIN Y-90	3	SP
ZIIHERA	3	PA; SP
ZIRABEV	2	PA; SP
ZYNLONTA	3	PA; SP
ZYNYZ	3	PA; SP

Drug Name	Drug Tier	Notes
<b>Retinoids</b>		
bexarotene	1	PA; SP; OVM
PANRETIN	3	
TARGRETIN ORAL	E	PA; SP
tretinoin oral	1	SP
<b>Treatment Adjuncts</b>		
COSELA	E	PA; SP
ELITEK	3	SP
mesna	1	SP
VORAXAZE	3	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	1	PA; QL
BILTRICIDE	2	QL
EGATEN	3	
EMVERM	2	QL
ivermectin oral tablet 3 mg	1	QL
praziquantel oral	1	QL
<b>Antiprotozoals</b>		
ARAKODA	3	
ARTESUNATE	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	1	
COARTEM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
KRINTAFEL	3	
LAMPIT	3	
mefloquine hcl	1	
nitazoxanide oral	1	
pentamidine isethionate	1	
PLAQUENIL	E	
primaquine phosphate	1	
pyrimethamine oral	1	PA; SP

Drug Name	Drug Tier	Notes
quinine sulfate	1	PA
SOVUNA	E	
<b>Pediculicides/Scabicides</b>		
malathion	1	
NATROBA	E	
permethrin external	1	
PRURADIK	E	
spinosad	1	
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
<b>Antiparkinson Agents, Other</b>		
amantadine hcl oral	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
GOCOVRI	E	PA
NOURIANZ	3	PA
ONGENTYS	3	ST
tolcapone	1	
<b>Dopamine Agonists</b>		
apomorphine hcl subcutaneous	1	PA; SP; QL
bromocriptine mesylate oral	1	
INBRIJA	3	PA; SP
NEUPRO	3	
ONAPGO	3	PA; SP; QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ropinirole hcl er	1	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
carbidopa oral	1	
carbidopa-levodopa	1	
CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	E	

Drug Name	Drug Tier	Notes
carbidopa-levodopa er oral tablet extended release	1	
CREXONT	3	ST
DHIVY	E	
DUOPA	3	PA
RYTARY	E	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
rasagiline mesylate oral	1	
selegiline hcl oral	1	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
chlorpromazine hcl injection	1	
chlorpromazine hcl oral	1	
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
loxapine succinate	1	
molindone hcl	1	
pimozide	1	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
<b>2nd Generation/Atypical</b>		
ABILIFY	E	QL
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	
aripiprazole	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
asenapine maleate	1	QL
CAPLYTA	3	ST; QL
ERZOFRI	3	
FANAPT	3	ST; QL
FANAPT TITRATION PACK A	3	ST; QL

Drug Name	Drug Tier	Notes
FANAPT TITRATION PACK B	3	ST; QL
FANAPT TITRATION PACK C	3	ST; QL
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	E	QL
lurasidone hcl	1	QL
LYBALVI	3	ST; QL
NUPLAZID	3	PA
olanzapine intramuscular	1	
olanzapine oral	1	QL
OPIPZA	3	ST; QL
paliperidone er	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	QL
risperidone	1	QL
risperidone microspheres er	1	
RYKINDO	3	
SAPHRIS	E	QL
SECUADO	E	QL
SEROQUEL	E	QL
SEROQUEL XR	E	QL
UZEDY	3	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ziprasidone mesylate	1	
ZYPREXA INTRAMUSCULAR	E	
ZYPREXA ORAL	E	QL
ZYPREXA RELPREVV	3	
<b>Antipsychotics, Other</b>		
COBENFY	3	ST; QL
COBENFY STARTER PACK	3	ST; QL
<b>Treatment-Resistant</b>		
clozapine	1	QL

Drug Name	Drug Tier	Notes
VERSACLOZ	3	QL
<b>Antivirals</b>		
LAGEVRIO	3	QL; AL (Min 18 Years)
PAPZIMEOS	E	PA; SP; QL
PAXLOVID (150/100)	2	QL; AL (Min 12 Years)
PAXLOVID (300/100 & 150/100)	2	QL; AL (Max 11 Years)
PAXLOVID (300/100)	2	QL; AL (Min 12 Years)
ribavirin inhalation	1	
TEMBEXA	3	
TPOXX	3	
VEKLURY	3	QL; AL (Min 12 Years)
<b>Anti-cytomegalovirus (CMV) Agents</b>		
cidofovir intravenous	1	
foscarnet sodium	1	
ganciclovir sodium	1	
LIVTENCITY	3	PA; SP
PREVYMIS	3	SP
valganciclovir hcl	1	
<b>Anti-hepatitis B (HBV) Agents</b>		
adefovir dipivoxil	1	
BARACLUDE ORAL SOLUTION	3	QL
BARACLUDE ORAL TABLET	E	QL
entecavir	1	QL
lamivudine oral tablet 100 mg	1	
VEMLIDY	E	
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA	2	PA; SP; QL
HARVONI	2	PA; SP; QL
LEDIPASVIR-SOFOSBUVIR	E	PA; SP; QL
MAVYRET	2	PA; SP; QL
PEGASYS	2	PA; SP
ribavirin oral	1	SP
SOFOSBUVIR-VELPATASVIR	E	PA; SP; QL
SOVALDI	3	PA; SP; QL
VOSEVI	2	PA; SP; QL
ZEPATIER	3	PA; SP; QL

Drug Name	Drug Tier	Notes
<b>Antiherpetic Agents</b>		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
acyclovir sodium	1	
famciclovir oral	1	
valacyclovir hcl oral	1	QL
VALTREX	E	QL
ZOVIRAX	E	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
APRETUDE	2	
BIKTARVY	3	
CABENUVA	2	
DOVATO	2	
GENVOYA	3	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
STRIBILD	3	
TIVICAY	3	
TIVICAY PD	3	
VOCABRIA	E	PA
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO	2	
EDURANT PED	2	
efavirenz	1	
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir	1	
emtricitab-rilpivir-tenofov df	1	
etravirine	1	
INTELENCE ORAL TABLET 25 MG	2	
nevirapine	1	
nevirapine er	1	
PIFELTRO	2	
rilpivirine hcl	1	

Drug Name	Drug Tier	Notes
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA
emtricitabine	1	
emtricitabine-tenofovir df	1	
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	
ODEFSEY	3	
RETROVIR INTRAVENOUS	2	
tenofovir disoproxil fumarate	1	
TRIUMEQ	2	
TRIUMEQ PD	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	E	
TRUVADA ORAL TABLET 200-300 MG	E	PA
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
zidovudine	1	
<b>Anti-HIV Agents, Other</b>		
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SUNLENCA	3	PA; QL
TROGARZO	3	
YEZTUGO	E	PA; QL
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	2	
atazanavir sulfate	1	
darunavir	1	
EVOTAZ	2	

Drug Name	Drug Tier	Notes
fosamprenavir calcium	1	
KALETRA ORAL SOLUTION	3	
lopinavir-ritonavir	1	
NORVIR ORAL PACKET	2	
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
REYATAZ ORAL PACKET	2	
ritonavir	1	
SYMTUZA	3	
VIRACEPT	2	
<b>Anti-influenza Agents</b>		
oseltamivir phosphate oral	1	QL
RAPIVAB	3	
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
TAMIFLU	E	QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
BUCAPSOL	E	
bupirone hcl oral	1	
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
meprobamate	1	
<b>Benzodiazepines</b>		
alprazolam er	1	QL
alprazolam intensol	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
ATIVAN ORAL	E	QL
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL

Drug Name	Drug Tier	Notes
clorazepate dipotassium	1	QL
diazepam injection solution 10 mg/2ml	1	
diazepam intensol	1	
diazepam oral	1	
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
estazolam	1	QL
KLONOPIN	E	QL
lorazepam injection solution	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
LOREEV XR	E	QL
oxazepam	1	QL
quazepam	1	QL
VALIUM	E	
XANAX	E	QL
XANAX XR	E	QL
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
divalproex sodium er	1	
divalproex sodium oral	1	
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
<b>Blood Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE CONTROL	E	

Drug Name	Drug Tier	Notes
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK SMARTVIEW CONTROL	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCUTREND GLUCOSE	E	QL
ACCUTREND GLUCOSE CONTROL	E	
ADVANCE INTUITION CONTROL	E	
ADVANCE INTUITION METER	E	
ADVANCE INTUITION MONITOR	E	
ADVANCE INTUITION TEST	E	QL
ADVANCE MICRO-DRAW CONTROL	E	
ADVANCE MICRO-DRAW METER	E	
ADVANCE MICRO-DRAW NORMAL	E	
ADVANCE MICRO-DRAW TEST	E	QL
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE BLOOD GLUCOSE MONITOR	E	
ADVOCATE BLOOD GLUCOSE SYSTEM	E	
ADVOCATE CONTROL SOLUTION	E	
ADVOCATE REDI-CODE	E	
ADVOCATE REDI-CODE IN VITRO	E	QL
ADVOCATE REDI-CODE+	E	
ADVOCATE REDI-CODE+ CONTROL	E	
ADVOCATE REDI-CODE+ TEST	E	QL
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 28G	2	
ADVOCATE TEST	E	QL
AGAMATRIX AMP TEST	E	QL
AGAMATRIX CONTROL	E	
AGAMATRIX CONTROL LEVEL 2	E	
AGAMATRIX CONTROL LEVEL 4	E	
AGAMATRIX CONTROL NORMAL/HIGH	E	
AGAMATRIX JAZZ TEST	E	QL
AGAMATRIX JAZZ WIRELESS 2	E	
AGAMATRIX PRESTO	E	
AGAMATRIX PRESTO TEST	E	QL

Drug Name	Drug Tier	Notes
ASSURE 3 CONTROL	E	
ASSURE 3 TEST	E	QL
ASSURE 4 CONTROL LEVEL 1 & 2	E	
ASSURE 4 METER	E	
ASSURE 4 TEST	E	QL
ASSURE CONTROL SOLUTION 2/3	E	
ASSURE DOSE CONTROL	E	
ASSURE DOSE NORM/HIGH CONTROL	E	
ASSURE II	E	QL
ASSURE II CHECK	E	QL
ASSURE II CONTROL	E	
ASSURE II CONTROL LEVEL 1 & 2	E	
ASSURE PLATINUM	E	QL
ASSURE PLATINUM METER	E	
ASSURE PRISM CONTROL LEVEL 1	E	
ASSURE PRISM MULTI METER	E	
ASSURE PRISM MULTI TEST	E	QL
ASSURE PRO BLOOD GLUCOSE METER	E	
ASSURE PRO CONTROL LEVEL 1 & 2	E	
ASSURE PRO TEST	E	QL
ASSURE TITANIUM	E	QL
ASSURE TITANIUM BLOOD GLUCOSE	E	
AUTOLET II CLINISAFE	3	
AUTOLET LANCING DEVICE	3	
AUTOLET LITE LANCING DEVICE	3	
BD LATITUDE DIABETES	E	
BD LOGIC BLOOD GLUCOSE MONITOR	E	
BIGFOOT UNITY PROGRAM	E	PA; QL
BIOTEL CARE BLOOD GLUCOSE	E	
BIOTEL CARE BLOOD GLUCOSE SYST	E	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE MONITOR SYSTEM	E	
BLOOD GLUCOSE MONITORING 333	E	
BLOOD GLUCOSE TEST	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
BLULINK CONTROL HIGH & LOW	E	
BLULINK GLUCOSE MONITORING SYS	E	

Drug Name	Drug Tier	Notes
BLULINK GLUCOSE TEST	E	QL
CARESENS CONTROL A	E	
CARESENS CONTROL SOLUTION A/B	E	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ	E	
CARESENS N FELIZ BT	E	
CARESENS N GLUCOSE SYSTEM	E	
CARESENS N GLUCOSE TEST	E	QL
CARESENS N PLUS BT	E	
CARESENS N VOICE SYSTEM	E	
CARESENS S CONTROL SOLN A/B	E	
CARESENS S FIT BLOOD GLUC MON	E	
CARESENS S FIT BT BLOOD GLUC	E	
CARESENS S GLUCOSE TEST	E	QL
CARETOUCH CONTROL SOL LEVEL 2	E	
CARETOUCH LANCING/EJECTOR	3	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHEK AUTO-CODE SYSTEM	E	
CLEVER CHEK AUTO-CODE TEST	E	QL
CLEVER CHEK AUTO-CODE VOICE	E	
CLEVER CHEK AUTO-CODE VOICE IN VITRO	E	QL
CLEVER CHEK SYSTEM	E	
CLEVER CHEK TEST	E	QL
CLEVER CHOICE AUTO-CODE SYSTEM	E	
CLEVER CHOICE AUTO-CODE TEST	E	QL
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE GLUCOSE CONTROL	E	
CLEVER CHOICE MICRO SYSTEM	E	
CLEVER CHOICE MICRO TEST	E	QL
CLEVER CHOICE MINI SYSTEM	E	

Drug Name	Drug Tier	Notes
CLEVER CHOICE NO CODING	E	QL
CLEVER CHOICE TALK SYSTEM	E	
CLEVER CHOICE TALK SYSTEM IN VITRO	E	QL
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR PLUS CONTROL SOLUTION	3	
CONTOUR PLUS TEST STRIP	2	QL
CONTOUR TEST STRIPS	2	QL
COOL BLOOD GLUCOSE TEST STRIPS	E	QL
COOL CONTROL A	E	
COOL CONTROL B	E	
COOL MONITOR	E	
COOL MONITOR KIT	E	
CVS ADVANCED GLUCOSE TEST	E	QL
CVS BLOOD GLUCOSE METER	E	
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 15 DAY SENSOR	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
DIABETES CARE	E	PA; QL
DIASTIX REAGENT	2	
DIATHRIVE BLOOD GLUCOSE METER	E	
DIATHRIVE BLOOD GLUCOSE TEST	E	QL
DIATHRIVE GLUCOSE CONTROL SOLN	E	
DIATHRIVE GLUCOSE TEST	E	QL
DIATHRIVE LANCING DEVICE	3	
DIATHRIVE+ GLUCOSE MONITOR	E	
DIATHRIVE+ GLUCOSE TEST	E	QL
DROPLET GENTEEL LANCING DEVICE	3	

Drug Name	Drug Tier	Notes
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE MEDLANCE LANCET 30G	2	
DUO-CARE CONTROL SOLUTION	E	
DUO-CARE TEST	E	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY PLUS II CONTROL	E	
EASY PLUS II GLUCOSE SYSTEM	E	
EASY PLUS II GLUCOSE TEST	E	QL
EASY STEP CONTROL	E	
EASY STEP GLUCOSE MONITOR	E	
EASY STEP TEST	E	QL
EASY TALK BLOOD GLUCOSE SYSTEM	E	
EASY TALK BLOOD GLUCOSE TEST	E	QL
EASY TALK CONTROL	E	
EASY TALK PLUS II CONTROL	E	
EASY TALK PLUS II TEST STRIPS	E	QL
EASY TOUCH CONTROL HIGH & LOW	E	
EASY TOUCH GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	E	QL
EASY TOUCH HEALTHPRO HIGH/LOW	E	
EASY TOUCH LANCING DEVICE	3	
EASY TOUCH TEST	E	QL
EASY TRAK BLOOD GLUCOSE SYSTEM	E	
EASY TRAK BLOOD GLUCOSE TEST	E	QL
EASY TRAK CONTROL	E	
EASY TRAK II BLOOD GLUCOSE SYS	E	
EASY TRAK II CONTROL	E	
EASY TRAK II GLUCOSE TEST	E	QL
EASYGLUCO	E	QL
EASYMAX 15 LEVEL 2 CONTROL	E	
EASYMAX 15 LEVEL 2-3 CONTROL	E	
EASYMAX 15 TEST	E	QL
EASYMAX CONTROL	E	
GLUCOSE CONTROL SOLUTIONS	E	

Drug Name	Drug Tier	Notes
EASYMAX NG BLOOD GLUCOSE	E	
BLOOD GLUCOSE TEST STRIPS	E	QL
EASYMAX V BLOOD GLUCOSE	E	
EASYPRO BLOOD GLUCOSE MONITOR	E	
EASYPRO BLOOD GLUCOSE TEST	E	QL
EASYPRO PLUS	E	
EASYPRO PLUS IN VITRO	E	QL
ELEMENT AUTOCODE SYSTEM	E	
ELEMENT COMPACT CONTROL 2	E	
ELEMENT COMPACT CONTROL 3	E	
ELEMENT COMPACT GLUCOSE SYSTEM	E	
ELEMENT COMPACT TEST	E	QL
ELEMENT COMPACT V GLUCOSE SYS	E	
ELEMENT CONTROL	E	
ELEMENT PLUS	E	
ELEMENT TEST	E	QL
EMBRACE BLOOD GLUCOSE MONITOR	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE CONTROL	E	
EMBRACE EVO BLOOD GLUCOSE TEST	E	QL
EMBRACE EVO CONTROL LEVEL 1	E	
EMBRACE EVO GLUCOSE MONITORING	E	
EMBRACE GLUCOSE CONTROL	E	
EMBRACE LANCING DEVICE/EJECTOR	3	
EMBRACE PRO GLUCOSE CONTROL	E	
EMBRACE PRO GLUCOSE METER	E	
EMBRACE PRO GLUCOSE TEST	E	QL
EMBRACE TALK BLOOD GLUCOSE	E	
EMBRACE TALK GLUCOSE CONTROL	E	
EMBRACE TALK GLUCOSE TEST	E	QL
EMBRACE TALK MONITORING SYSTEM	E	
EMBRACE WAVE BLOOD GLUCOSE	E	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
EMBRACE WAVE GLUCOSE CONTROL	E	
EMBRACE WAVE GLUCOSE METER	E	
ENLITE GLUCOSE SENSOR	3	PA

Drug Name	Drug Tier	Notes
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
EVOLUTION AUTOCODE	E	
EVOLUTION AUTOCODE IN VITRO	E	QL
EVOLUTION CONTROL	E	
FIFTY50 GLUCOSE METER 2.0	E	
FIFTY50 GLUCOSE TEST 2.0	E	QL
FONDCIRCLE BLOOD GLUCOSE MONIT	E	
FONDCIRCLE BLOOD GLUCOSE TEST	E	QL
FONDCIRCLE CONTROL SOLUTION	E	
FONDCIRCLE LANCING DEVICE	3	
FONDCIRCLE SINGLE USE LANCETS	2	
FORA 6 CONNECT	E	QL
FORA 6 CONNECT/GTEL TEST	E	QL
FORA CONTROL	E	
FORA D40/G31 BLOOD GLUCOSE	E	QL
FORA G20 BLOOD GLUCOSE SYSTEM	E	
FORA G20 BLOOD GLUCOSE TEST	E	QL
FORA G30A BLOOD GLUCOSE SYSTEM	E	
FORA GD20 BLOOD GLUCOSE SYSTEM	E	
FORA GD20 TEST	E	QL
FORA GD50 BLOOD GLUCOSE SYSTEM	E	
FORA GD50 BLOOD GLUCOSE TEST	E	QL
FORA GTEL BLOOD GLUCOSE SYSTEM	E	
FORA GTEL BLOOD GLUCOSE TEST	E	QL
FORA PREMIUM V10 BLE SYSTEM	E	
FORA TEST N' GO MONITOR	E	
FORA TN'G ADVANCE PRO IN VITRO	E	QL
FORA TN'G VOICE	E	
FORA TN'G/TN'G VOICE	E	QL
FORA V10 BLOOD GLUCOSE TEST	E	QL
FORA V12 BLOOD GLUCOSE SYSTEM	E	
FORA V30A BLOOD GLUCOSE TEST	E	QL
FORACARE GD40 MONITOR	E	

Drug Name	Drug Tier	Notes
FORACARE GD40 TEST	E	QL
FORACARE GDH CONTROL	E	
FORACARE PREMIUM V10	E	
FORACARE PREMIUM V10 TEST	E	QL
FORACARE TEST N GO MONITOR	E	
FORACARE TEST N GO TEST	E	QL
FREESTYLE CONTROL SOLUTION	E	
FREESTYLE FREEDOM LITE KIT W/DEVICE	E	
FREESTYLE INSULINX TEST STRIPS	E	QL
FREESTYLE LIBRE 14 DAY READER	E	PA
FREESTYLE LIBRE 14 DAY SENSOR	E	PA
FREESTYLE LIBRE 2 PLUS SENSOR	E	PA
FREESTYLE LIBRE 2 READER	E	PA
FREESTYLE LIBRE 2 SENSOR	E	PA
FREESTYLE LIBRE 3 PLUS SENSOR	E	PA
FREESTYLE LIBRE 3 READER	E	PA
FREESTYLE LIBRE 3 SENSOR	E	PA
FREESTYLE LIBRE READER	E	PA
FREESTYLE LITE	E	
FREESTYLE LITE TEST STRIPS	E	QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST STRIPS	E	QL
FREESTYLE TEST STRIPS	E	QL
GE100 BLOOD GLUCOSE SYSTEM	E	
GE100 BLOOD GLUCOSE TEST	E	QL
GE100 CONTROL	E	
GENTEEL LANCING KIT (BLUE)	3	
GENULTIMATE TEST	E	QL
GHT BLOOD GLUCOSE MONITOR	E	
GHT TEST	E	QL
GLUCO PERFECT 3 METER	E	
GLUCO PERFECT 3 TEST	E	QL
GLUCOCARD 01 BLOOD GLUCOSE	E	
GLUCOCARD 01 CONTROL	E	
GLUCOCARD 01 SENSOR PLUS	E	QL
GLUCOCARD 01 TEST IN VITRO STRIP	E	QL
GLUCOCARD 01-MINI GLUCOSE	E	

Drug Name	Drug Tier	Notes
GLUCOCARD EXPRESSION CONTROL	E	
GLUCOCARD EXPRESSION MONITOR	E	
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE	E	
GLUCOCARD SHINE CONNEX	E	
GLUCOCARD SHINE CONTROL	E	
GLUCOCARD SHINE EXPRESS	E	
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD SHINE XL	E	
GLUCOCARD VITAL MONITOR	E	
GLUCOCARD VITAL TEST	E	QL
GLUCOCARD X-METER	E	
GLUCOCARD X-SENSOR	E	QL
GLUCOCARD X-SENSOR CONTROL	E	
GLUCOCOM BLOOD GLUCOSE MONITOR	E	
GLUCOCOM CONTROL	E	
GLUCOCOM MONITOR	E	
GLUCOCOM TEST	E	QL
GLUCONAVII BLOOD GLUCOSE SYS	E	
GLUCONAVII BLOOD GLUCOSE TEST	E	QL
GLUCOSE METER TEST	E	QL
GNP EASY TOUCH CONT HIGH/LOW	E	
GNP EASY TOUCH GLUCOSE METER	E	
GNP EASY TOUCH GLUCOSE TEST	E	QL
GNP TRUE METRIX AIR METER	E	
GNP TRUE METRIX GLUCOSE METER	E	
GNP TRUE METRIX GLUCOSE STRIPS	E	QL
GNP TRUETRACK SMART SYSTEM	E	QL
GNP TRUETRACK TEST STRIPS	E	QL
GOJJI BLOOD GLUCOSE TEST	E	QL
GOJJI CONTROL	E	
GOJJI LANCING DEVICE/CLEAR CAP	3	
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	3	
GUARDIAN REAL-TIME TEST PLUG	3	
GUARDIAN SENSOR 3	3	PA

Drug Name	Drug Tier	Notes
HEALTHPRO BLOOD GLUCOSE MONITO	E	
HM EMBRACE TALK SYSTEM	E	
HW EMBRACE PRO GLUCOSE METER	E	
HW EMBRACE PRO GLUCOSE TEST	E	QL
HW EMBRACE TALK BLOOD GLUCOSE	E	
HW EMBRACE TALK GLUCOSE TEST	E	QL
IGLUCOSE MONITORING SYSTEM	E	
IGLUCOSE TEST STRIPS	E	QL
IHEALTH BLOOD GLUCOSE TEST STR	E	QL
IHEALTH CONTROL SOLUTION	E	
IHEALTH GLUCO+ KIT 10	E	PA; QL
IHEALTH GLUCO+ KIT 100	E	PA; QL
IHEALTH LANCING DEVICE	3	
IN TOUCH	E	
IN TOUCH BLOOD GLUCOSE TEST	E	QL
IN TOUCH GLUCOSE CONTROL	E	
INFINITY BLOOD GLUCOSE SYSTEM	E	
INFINITY BLOOD GLUCOSE TEST	E	QL
INFINITY CONTROL	E	
INFINITY VOICE	E	
INFINITY VOICE IN VITRO LIQUID	E	
INFINITY VOICE IN VITRO STRIP	E	QL
INSUL-TOTE ULTIMATE	3	
KETO-DIASTIX	3	
KETONE CARE	3	
KETOSTIX	3	
KROGER HEALTHPRO CONTROL HI/LO	E	
KROGER HEALTHPRO GLUCOSE TEST	E	QL
KT TAPE CGM PATCH	3	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS IN VITRO STRIP	E	QL
LANCETS SUPER THIN	2	
MEDISENSE GLUCOSE KETONE CONTR	E	
MEDISENSE HI/MID/LOW CONTROL	E	
MEIJER TRUE2GO BLOOD GLUCOSE	E	
MEIJER TRUERESULT GLUCOSE SYS	E	

Drug Name	Drug Tier	Notes
MEIJER TRUETEST TEST	E	QL
MEIJER TRUETRACK GLUCOSE SYS	E	
MEIJER TRUETRACK TEST	E	QL
MICRODOT BLOOD GLUCOSE SYSTEM	E	
MICRODOT CONTROL HIGH/LOW	E	
MICRODOT TEST	E	QL
MICROLET NEXT LANCETS	2	
MICROLET NEXT LANCING DEVICE	3	
MINIMED INSTINCT GLUC SENSOR	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE MONIT SYS	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MOBILE LANCETS 30G	2	
MYGLUCOHEALTH BLOOD GLUCOSE	E	
MYGLUCOHEALTH CONTROL	E	
MYGLUCOHEALTH TEST	E	QL
NEUTEK 2TEK CONTROL	E	
NEUTEK 2TEK TEST	E	QL
NOVA MAX BLOOD GLUCOSE SYSTEM	E	
NOVA MAX GLUCOSE TEST	E	QL
NOVA MAX PLUS GLU/KET CONTROL	E	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONE DROP BLOOD GLUCOSE MONITOR	E	
ONE DROP TEST	E	QL
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	QL
ONETOUCH ULTRA CONTROL	E	
ONETOUCH ULTRA IN VITRO LIQUID	E	
ONETOUCH ULTRA IN VITRO STRIP	E	QL
ONETOUCH ULTRA TEST STRIPS	E	QL
ONETOUCH VERIO FLEX SYSTEM	E	

Drug Name	Drug Tier	Notes
ONETOUCH VERIO IN VITRO LIQUID	E	
ONETOUCH VERIO TEST STRIPS	E	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
OPTIUMEZ TEST	E	QL
PERFECT POINT SAFETY LANCETS	2	
PHARMACIST CHOICE AUTOCODE	E	QL
PHARMACIST CHOICE AUTOCODE SYS	E	
PHARMACIST CHOICE MINI SYSTEM	E	
PHARMACIST CHOICE NO CODING	E	QL
PIP BLOOD GLUCOSE MONITORING	E	
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PIP GLUCOSE CONTROL SOLUTION	E	
POCKETCHEM EZ CONTROL	E	
POCKETCHEM EZ SYSTEM	E	
POCKETCHEM EZ TEST	E	QL
POGO AUTOMATIC BLOOD GLUCOSE	E	
POGO AUTOMATIC TEST CARTRIDGES	E	QL
PRECISION GLUCOSE KETONE CONTR	E	
PRECISION XTRA BLOOD GLUCOSE STRIPS	E	QL
PRO VOICE V8/V9 GLUCOSE	E	QL
PRO VOICE V9 GLUCOSE SYSTEM	E	
PRODIGY AUTOCODE BLOOD GLUCOSE	E	
PRODIGY CONTROL SOLUTION	E	
PRODIGY NO CODING BLOOD GLUC	E	
PRODIGY NO CODING BLOOD GLUC IN VITRO	E	QL
PRODIGY POCKET BLOOD GLUCOSE	E	
PRODIGY VOICE BLOOD GLUCOSE	E	
PTS PANELS EGLU TEST	E	QL
PURE COMFORT SAFETY LANCET 30G	2	
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUICKTEK CONTROL SOLUTION	E	
QUICKTEK TEST	E	QL
QUICKTEK/METER	E	
QUINTET AC BLOOD GLUCOSE	E	
QUINTET AC BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Notes
QUINTET BLOOD GLUCOSE SYSTEM	E	
QUINTET BLOOD GLUCOSE TEST	E	QL
QUINTET CONTROL HIGH/NORMAL	E	
REFUAH PLUS BLOOD GLUCOSE TEST	E	QL
REFUAH PLUS GLUCOSE CONTROL	E	
REFUAH PLUS MONITORING SYSTEM	E	
RELION ALL-IN-ONE	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION CONFIRM GLUCOSE MONITOR	E	
RELION CONFIRM/MICRO TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION MICRO	E	
RELION PREMIER BLU MONITOR	E	
RELION PREMIER CLASSIC	E	
RELION PREMIER COMPACT SYSTEM	E	
RELION PREMIER TEST	E	QL
RELION PREMIER VOICE MONITOR	E	
RELION PRIME MONITOR	E	
RELION PRIME TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE	E	
RIGHTEST GC300 CONTROL	E	
RIGHTEST GM100 BLOOD GLUCOSE	E	
RIGHTEST GM300 BLOOD GLUCOSE	E	
RIGHTEST GM550 BLOOD GLUCOSE	E	
RIGHTEST GS100 BLOOD GLUCOSE	E	QL
RIGHTEST GS300 BLOOD GLUCOSE	E	QL
RIGHTEST GS550 BLOOD GLUCOSE	E	QL
RIGHTEST GT333 BLOOD GLUCOSE	E	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SENSILANCE SAFETY LANCETS 21G	2	

Drug Name	Drug Tier	Notes
SENSILANCE SAFETY LANCETS 26G	2	
SENSILANCE SAFETY LANCETS 28G	2	
SIMPLERA SENSOR	3	PA
SIMPLERA SYNC SENSOR	3	PA
SIMPLERA SYSTEM	3	PA
SMARTEST BLOOD GLUCOSE TEST	E	QL
SMARTEST CONTROL MEDIUM	E	
SMARTEST EJECT	E	
SMARTEST EJECT STARTER	E	
SMARTEST PERSONA STARTER	E	
SMARTEST PRONTO STARTER	E	
SMARTEST PROTEGE	E	
SMARTEST PROTEGE STARTER	E	
SOLUS V2 BLOOD GLUCOSE SYSTEM	E	
SOLUS V2 CONTROL	E	
SOLUS V2 TEST	E	QL
SUPREME II HIGH/LOW CONTROL	E	
SUPREME TEST	E	QL
TAI DOC CONTROL	E	
TECHLITE LANCETS 26G	2	
TEMPO SMART BUTTON	E	
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
TRUE FOCUS BLOOD GLUCOSE METER	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX LEVEL 1	E	
TRUE METRIX LEVEL 2	E	
TRUE METRIX LEVEL 3	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUERESULT BLOOD GLUCOSE	E	
TRUETEST TEST	E	QL
TRUETRACK BLOOD GLUCOSE	E	
TRUETRACK SMART SYSTEM	E	

Drug Name	Drug Tier	Notes
TRUETRACK TEST	E	QL
UNISTRIP CONTROL	E	
UNISTRIP1 GENERIC	E	QL
VERASENS BLOOD GLUCOSE METER	E	
VERASENS BLOOD GLUCOSE SYSTEM	E	
VERASENS BLOOD GLUCOSE TEST	E	QL
VERASENS GLUCOSE CONTROL	E	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VIVAGUARD INO CONTROL SOLUTION	E	
VIVAGUARD INO GLUCOSE METER	E	
VIVAGUARD INO SMART GLUC METER	E	
VIVAGUARD INO TEST STRIPS	E	QL
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
acarbose oral	1	
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BEXAGLIFLOZIN	E	
BRENZAVVY	E	
BRYNOVIN	E	
CYCLOSET	3	ST
dapaglifloz base-metformin er	1	
dapagliflozin oral tablet 10 mg, 5 mg	1	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	E	
dapagliflozin tablet 10 mg oral	1	
DAPAGLIFLOZIN TABLET 10 MG ORAL	E	
dapagliflozin tablet 5 mg oral	1	
DAPAGLIFLOZIN TABLET 5 MG ORAL	E	

Drug Name	Drug Tier	Notes
DAPAGLIFLOZIN-SAXAGLIPTIN	E	
EXENATIDE	E	PA; QL
FARXIGA	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	1	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
liraglutide	1	PA; QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
miglitol	1	
MOUNJARO	2	PA; QL
nateglinide	1	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	PA; QL
saxagliptin hcl	1	

Drug Name	Drug Tier	Notes
saxagliptin-metformin er	1	
SEGLUROMET	E	
SITAGLIPT BASE-METFORM HCL ER	E	
SITAGLIPTIN	E	
SITAGLIPTIN BASE-METFORMIN HCL	E	
SOLIQUA	2	
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
TZIELD	E	PA
VICTOZA	E	PA; QL
XIGDUO XR	2	
XULTOPHY	3	
ZITUVIMET	E	
ZITUVIMET XR	E	
ZITUVIO	E	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<b>Insulins</b>		
ADMELOG	1	
ADMELOG SOLOSTAR	1	
AFREZZA	3	PA
APIDRA SOLOSTAR	1	
APIDRA VIAL	1	

Drug Name	Drug Tier	Notes
BASAGLAR KWIKPEN	1	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
FIASP PUMPCART	1	
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R VIAL	1	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN GLARGINE-YFGN	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	1	
INSULIN LISPRO JUNIOR KWIKPEN	1	
INSULIN LISPRO PROT & LISPRO	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	1	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
MERILOG	1	
MERILOG SOLOSTAR	1	
MYXREDLIN	3	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	1	

Drug Name	Drug Tier	Notes
NOVOLIN N FLEXPEN	1	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	1	
NOVOLIN R FLEXPEN	1	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	
REZVOGLAR KWIKPEN	1	
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
<b>Blood Products and Modifiers</b>		
BKEMV	3	PA; SP
EMPAVELI	3	PA; SP
EPYSQLI	3	PA; SP
FABHALTA	3	PA; SP; QL
SOLIRIS	E	PA; SP
VOYDEYA	3	PA; SP; QL
<b>Anticoagulants</b>		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANTICOAGULANT SODIUM CITRATE	3	
bivalirudin trifluoroacetate intravenous solution reconstituted	1	
dabigatran etexilate mesylate	1	QL

Drug Name	Drug Tier	Notes
DEFENCATH	3	
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
fondaparinux sodium	1	
FRAGMIN	3	
heparin (porcine) in nacl intravenous solution	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin sod (porcine) in d5w	1	
heparin sodium (porcine)	1	
heparin sodium (porcine) +rfid	1	
heparin sodium (porcine) pf	1	
jantoven	1	
PRADAXA ORAL PACKET	3	QL
rivaroxaban	1	QL
SAVAYSA	3	QL
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	3	
TRICITRASOL	3	
warfarin sodium oral	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL
XARELTO STARTER PACK	2	QL
ZONTIVITY	3	
<b>Blood Formation Modifiers</b>		
ADAKVEO	3	PA; SP
ALVAIZ	3	PA; SP
anagrelide hcl	1	
APHEXDA	3	SP

Drug Name	Drug Tier	Notes
AQVESME	3	PA; SP; QL
ARANESP (ALBUMIN FREE)	2	PA; SP
DOPTELET	3	PA; SP
DOPTELET SPRINKLE	3	PA; SP; QL
eltrombopag olamine	1	PA; SP
EPOGEN	E	PA; SP; OVM
FULPHILA	E	PA; SP; OVM
FYLNETRA	E	PA; SP; OVM
GRANIX	E	PA; SP
LEUKINE	3	PA; SP
MIRCERA	3	PA; SP
MULPLETA	3	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	PA; SP
NIVESTYM	2	PA; SP
NPLATE	3	PA; SP
NYPOZI	E	PA; SP
NYVEPRIA	E	PA; SP; OVM
plerixafor	1	SP
PROCRIT	2	PA; SP
PROMACTA	E	PA; SP
PYRUKYND	3	PA; SP; QL
PYRUKYND TAPER PACK	3	PA; SP; QL
REBLOZYL	3	PA; SP
RELEUKO	E	PA; SP
RETACRIT	2	PA; SP
ROLVEDON	E	PA; SP; OVM
RYZNEUTA	E	PA; SP
STIMUFEND	E	PA; SP; OVM
TAVALISSE	3	PA; SP
UDENYCA	3	PA; SP; OVM
UDENYCA ONBODY	3	PA; SP
VAFSEO	E	PA; QL
WAYRILZ	E	PA; SP; QL
XOLREMDI	3	PA; SP; QL
ZARXIO	2	PA; SP

Drug Name	Drug Tier	Notes
ZIEXTENZO	E	PA; SP
<b>Hemostasis Agents</b>		
ADVATE	2	
ADYNOVATE	3	
AFSTYLA	3	
ALHEMO	3	
ALPHANATE	2	
ALPHANINE SD	2	
ALPROLIX	3	
ALTUVIIIO	3	
aminocaproic acid intravenous	1	
aminocaproic acid oral	1	
BALFAXAR	3	
BENEFIX	2	
COAGADEX	3	
CORIFACT	2	
ELOCTATE	3	
ESPEROCT	3	
FEIBA	2	
FIBRYGA	2	
HEMLIBRA	3	
HEMOFIL M	3	
HUMATE-P	2	
HYMPAVZI	3	
IDELVION	3	
IXINITY	3	
JIVI	3	
KCENTRA	3	
KOATE	2	
KOATE-DVI	2	
KOVALTRY	2	
NOVOEIGHT	2	
NOVOSEVEN RT	3	
NUWIQ	2	
OBIZUR	3	
PROFILNINE	2	
protamine sulfate intravenous	1	

Drug Name	Drug Tier	Notes
QFITLIA	3	PA
REBINYN	3	
RECOMBINATE	2	
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RIASTAP	2	
RIXUBIS	3	
SEVENFACT	E	
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
tranexamic acid intravenous	1	
tranexamic acid oral	1	
tranexamic acid-nacl	1	
TRETTEN	3	
VONVENDI	3	
WILATE	2	
XYNTHA	2	
XYNTHA SOLOFUSE	2	
<b>Platelet Modifying Agents</b>		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
aspirin-dipyridamole er	1	
BRILINTA	E	
CABLIVI	3	PA; SP; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
eptifibatide	1	
KENGREAL	3	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	
tirofiban hcl in nacl	1	
YOSPRALA	E	QL

Drug Name	Drug Tier	Notes
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
guanfacine hcl	1	
IMMPHENTIV	3	
JAVADIN	3	PA
methyldopa	1	
midodrine hcl	1	
phenylephrine hcl (pressors) intravenous solution	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/10ML, 1 MG/10ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 20-0.9 MG/50ML-%	3	
<b>Alpha-adrenergic Blocking Agents</b>		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	1	PA
phentolamine mesylate injection	1	
prazosin hcl oral	1	
<b>Angiotensin II Receptor Antagonists</b>		
ARBLI	3	PA
ATACAND	E	
AVAPRO	E	
BENICAR	E	
COZAAR	E	

Drug Name	Drug Tier	Notes
DIOVAN	E	
EDARBI	3	ST
irbesartan	1	
losartan potassium oral	1	
MICARDIS	E	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral tablet	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral tablet	1	
enalaprilat	1	
fosinopril sodium	1	
lisinopril oral	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
ZESTRIL	E	
<b>Antiarrhythmics</b>		
adenosine intravenous	1	
amiodarone hcl	1	
disopyramide phosphate	1	
dofetilide	1	
flecainide acetate	1	
ibutilide fumarate	1	
lidocaine hcl (cardiac) pf	1	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
mexiletine hcl oral	1	
MULTAQ	3	
NEXTERONE	3	
NORPACE CR	2	
procainamide hcl injection	1	

Drug Name	Drug Tier	Notes
propafenone hcl	1	
propafenone hcl er	1	
quinidine gluconate er	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	
TIKOSYN	E	
<b>Beta-adrenergic Blocking Agents</b>		
acebutolol hcl oral	1	
atenolol oral	1	
ATENOLOL+SYRSPEND SF	3	
betaxolol hcl oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BYSTOLIC	E	
carvedilol	1	
COREG	E	
COREG CR	E	
esmolol hcl intravenous solution 100 mg/10ml	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride	1	
HEMANGEOL	3	PA
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
KAPSPARGO SPRINKLE	E	
labetalol hcl intravenous solution	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral	1	
LOPRESSOR ORAL SOLUTION	3	PA
LOPRESSOR ORAL TABLET 12.5 MG	3	
metoprolol succinate er	1	
metoprolol tartrate intravenous	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Notes
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3	
nadolol oral	1	
nebivolol hcl	1	
pindolol	1	
propranolol hcl er	1	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
TENORMIN	E	
timolol maleate oral	1	
TOPROL XL	E	
<b>Calcium Channel Blocking Agents</b>		
AMLODIPINE BES+SYRSPEND SF	3	
amlodipine besylate oral	1	
CARDAMYST	3	PA; QL
CARDIZEM LA	E	
cartia xt	1	
CLEVIPREX	3	
CONJUPRI	E	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%	3	
dilt-xr	1	
felodipine er	1	
isradipine	1	
KATERZIA	E	
LEVAMLODIPINE MALEATE	E	

Drug Name	Drug Tier	Notes
nicardipine hcl in nacl intravenous solution	1	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
nicardipine hcl intravenous	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral capsule	1	
NIMODIPINE ORAL SOLUTION	3	
NORLIQVA	3	PA
NORVASC	E	
NYMALIZE	3	
tiadylt er	1	
verapamil hcl er	1	
verapamil hcl intravenous	1	
verapamil hcl oral	1	
<b>Cardiovascular Agents, Other</b>		
aliskiren fumarate	1	
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
ASCLERA	3	
atenolol-chlorthalidone	1	
ATTRUBY	E	PA; SP; QL
AZOR	E	
benazepril-hydrochlorothiazide	1	
BENICAR HCT	E	
bisoprolol-hydrochlorothiazide	1	
CAMZYOS	E	PA; SP; QL
captopril-hydrochlorothiazide	1	
CORLANOR ORAL SOLUTION	3	QL
digoxin injection	1	
digoxin oral	1	
DIOVAN HCT	E	

Drug Name	Drug Tier	Notes
dobutamine hcl	1	
dobutamine-dextrose	1	
dopamine hcl intravenous	1	
dopamine-dextrose	1	
EDARBYCLOR	3	ST
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ENTRESTO ORAL TABLET	E	QL
ephedrine sulf (pressors)+rfd intravenous solution prefilled syringe 25 mg/5ml	1	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	3	
EPHEDRINE SULFATE-NACL	3	
EPINEPHRINE HCL-DEXTROSE	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	1	
epinephrine pf	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
ETHAMOLIN	3	
EXFORGE	E	
EXFORGE HCT	E	
fosinopril sodium-hctz	1	
HYZAAR	E	
INPEFA	E	
irbesartan-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
isosorb dinitrate-hydralazine	1	
ivabradine hcl	1	QL
KORSUVA	3	PA; SP
LANOXIN PEDIATRIC	3	
lisinopril-hydrochlorothiazide	1	
LODOCO	E	PA
losartan potassium-hctz	1	
LOTREL ORAL CAPSULE 10-40 MG, 5-10 MG	E	
mannitol intravenous	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	PA; QL
MICARDIS HCT	E	
milrinone lactate	1	
milrinone lactate in dextrose	1	
norepinephrine bitartrate intravenous	1	
norepinephrine-dextrose intravenous solution 16-5 mg/250ml-%	1	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML- %, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
OSMITROL INTRAVENOUS SOLUTION 10 %	3	
pentoxifylline er	1	
PRESTALIA	3	
quinapril-hydrochlorothiazide	1	
ranolazine er	1	
sacubitril-valsartan	1	QL
spironolactone-hctz	1	
telmisartan-amlodipine	1	
trandolapril-verapamil hcl er	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRYVIO	3	PA; QL
valsartan-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
VARITHENA	3	
VECAMYL	3	
VERQUVO	3	PA; QL
VYNDAMAX	3	PA; SP; QL
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide er	1	
acetazolamide oral	1	
acetazolamide sodium	1	
dichlorphenamide	1	PA; SP; QL
methazolamide oral	1	
<b>Diuretics, Loop</b>		
bumetanide	1	
ENBUMYST	E	PA
ethacrynate sodium	1	
ethacrynic acid	1	
FUROSCIX	E	PA
FUROSEMIDE IN SODIUM CHLORIDE	3	
furosemide injection	1	
furosemide oral	1	
LASIX	E	
LASIX ONYU	E	PA
SOANZ	E	PA
torseamide	1	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl oral	1	
eplerenone	1	
spironolactone oral tablet	1	
<b>Diuretics, Thiazide</b>		
chlorothiazide sodium	1	
chlorthalidone	1	
DIURIL	3	
HEMICLOR	E	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	E	
metolazone	1	
THALITONE	E	

Drug Name	Drug Tier	Notes
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
gemfibrozil oral	1	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ATORVALIQ	E	PA
atorvastatin calcium oral	1	
CRESTOR	E	
LESCOL XL	E	
LIPITOR	E	
LIVALO	E	
lovastatin oral	1	
pravastatin sodium	1	
rosuvastatin calcium oral	1	
simvastatin oral	1	
ZOCOR	E	
ZYPITAMAG	E	
<b>Dyslipidemics, Other</b>		
cholestyramine light	1	
cholestyramine oral	1	
colesevelam hcl oral tablet	1	
COLESTID	E	
colestipol hcl	1	
EVKEEZA	3	PA; SP
ezetimibe	1	
ezetimibe-simvastatin	1	
icosapent ethyl	1	PA
JUXTAPID	3	PA; SP; QL
LEQVIO	E	PA; QL
LOVAZA	E	PA
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL

Drug Name	Drug Tier	Notes
niacin er (antihyperlipidemic)	1	
omega-3-acid ethyl esters	1	
PRALUENT	E	PA; QL
prevalite	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
REDEMPLO	3	PA; SP; QL
REPATHA	2	QL
REPATHA SURECLICK	2	QL
TRYNGOLZA	3	PA; SP; QL
VYTORIN	E	
WELCHOL	E	
ZETIA	E	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	3	
nitroglycerin in d5w	1	
nitroglycerin intravenous	1	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	
nitroprusside sodium	1	
NITROSTAT	E	
sodium nitroprusside intravenous solution 25 mg/ml	1	
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl injection	1	
hydralazine hcl oral	1	
minoxidil oral	1	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
ADDERALL	E	QL

Drug Name	Drug Tier	Notes
ADDERALL XR	E	QL
ADZENYS XR-ODT	E	QL
amphetamine er	1	QL
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
dextroamphetamine sulfate	1	QL
dextroamphetamine sulfate er	1	QL
DYANAVEL XR	E	QL
EVEKEO	E	QL
lisdexamfetamine dimesylate	1	QL
MYDAYIS	E	QL
VYVANSE	3	ST; QL
XELSTRYM	E	QL
ZENZEDI	E	QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er	1	
CONCERTA	3	ST; QL
COTEMPLA XR-ODT	E	QL
DAYTRANA	E	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
FOCALIN	E	QL
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
METADATE CD	E	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL

Drug Name	Drug Tier	Notes
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er(diffus)	1	QL
methylphenidate hcl oral	1	QL
ONYDA XR	3	ST; QL
QELBREE	E	QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RITALIN	E	QL
RITALIN LA	E	QL
<b>Central Nervous System, Other</b>		
ADDYI	3	PA; QL
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
benzphetamine hcl	1	
caffeine citrate	1	
CAFFEINE-SODIUM BENZOATE	3	
CONTRAVE	E	PA
DAYBUE	E	PA; SP; QL
diethylpropion hcl er	1	
diethylpropion hcl oral	1	
DOPRAM	3	
edaravone	1	PA; SP
gabapentin (once-daily)	1	ST; QL
HORIZANT	3	PA; QL
INGREZZA	3	PA; SP; QL
LOMAIRA	3	PA
NUDEXTA	3	PA
phendimetrazine tartrate	1	
phendimetrazine tartrate er	1	
phentermine hcl oral capsule	1	
phentermine hcl oral tablet 37.5 mg	1	
phentermine-topiramate er	1	PA
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
riluzole	1	
SKYCLARYS	3	PA; SP; QL

Drug Name	Drug Tier	Notes
TEGLUTIK	2	ST; QL
tetrabenazine	1	PA; SP
TIGLUTIK	2	ST; QL
VYLEESI	3	PA; QL
<b>Fibromyalgia Agents</b>		
LYRICA	E	QL
LYRICA CR	E	QL
milnacipran hcl	1	QL
pregabalin oral	1	QL
TONMYA	3	QL
<b>Multiple Sclerosis Agents</b>		
AMPYRA	E	PA; SP; QL
AUBAGIO	E	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
BRIUMVI	3	PA; SP
cladribine (10 tabs)	1	PA; SP; QL
cladribine (4 tabs)	1	PA; SP; QL
cladribine (5 tabs)	1	PA; SP; QL
cladribine (6 tabs)	1	PA; SP; QL
cladribine (7 tabs)	1	PA; SP; QL
cladribine (8 tabs)	1	PA; SP; QL
cladribine (9 tabs)	1	PA; SP; QL
COPAXONE	E	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
dimethyl fumarate starter pack	1	PA; SP; QL
fingolimod hcl	1	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	3	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	E	PA; SP; QL
glatiramer acetate	1	PA; SP; QL
glatopa	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
LEMTRADA	3	PA; SP; QL
MAVENCLAD	3	PA; SP; QL

Drug Name	Drug Tier	Notes
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
OCREVUS	3	PA; SP
OCREVUS ZUNOVO	3	PA; SP; QL
PLEGRIDY	E	PA; SP; QL
PLEGRIDY STARTER PACK	E	PA; SP; QL
PONVORY	E	PA; SP; QL
PONVORY STARTER PACK	E	PA; SP; QL
REBIF	E	PA; SP; QL
REBIF REBIDOSE	E	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	E	PA; SP; QL
REBIF TITRATION PACK	E	PA; SP; QL
TASCENSO ODT	E	PA; SP; QL
TECFIDERA	E	PA; SP; QL
teriflunomide	1	PA; SP; QL
TYRUKO	3	PA; SP; QL
TYSABRI	3	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
<b>Cholestatic Pruritus Agent</b>		
<b>Ileal Bile Acid Transporter Inhibitor</b>		
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
LIVMARLI	E	PA; SP; QL
<b>Dental and Oral Agents</b>		
AQUORAL	3	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
FIRST-MOUTHWASH BLM	3	
KEPIVANCE	3	SP
MI PASTE	3	
MI PASTE PLUS	3	
periogard	1	
pilocarpine hcl oral	1	

Drug Name	Drug Tier	Notes
REMESENSE	3	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents</b>		
ABSORICA	E	PA
ABSORICA LD	3	PA
ACANYA	E	
acutane	1	
acitretin	1	
ACZONE	E	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ammonium lactate external	1	
amnesteem	1	
AMZEEQ	3	
ANZUPGO	E	PA; QL
ARAZLO	E	PA
ATRAPRO DERMAL SPRAY	3	
azelaic acid external	1	
BENZAMYCIN	E	
benzoyl peroxide-erythromycin	1	
BIMZELX	3	PA; SP; QL
brimonidine tartrate external	1	
CABTREGO	E	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	E	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external suspension	1	QL
calcitriol external	1	
CIBINQO	2	PA; SP; QL
CIPOTREX	3	
claravis	1	
clindacin etz	1	
clindacin-p	1	
CLINDAGEL	E	

Drug Name	Drug Tier	Notes
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	E	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINOIN	3	
coal tar external	1	
COSENTYX (300 MG DOSE)	E	PA; SP; QL
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML	E	PA; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	E	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	E	PA; SP; QL
COSENTYX SENSOREADY PEN	E	PA; SP; QL
COSENTYX UNOREADY	E	PA; SP; QL
DIFFERIN EXTERNAL CREAM	E	PA
DIFFERIN EXTERNAL GEL 0.3 %	E	PA
doxycycline	E	
DRYSOL	3	
DUOBRII	E	PA
DUPIXENT	2	PA; SP; QL
EBGLYSS	2	PA; SP; QL
EMROSI	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIFOAM	3	
EPSOLAY	E	
ERY PAD 2%	3	
erythromycin external	1	
EUCRISA	2	ST
FILSUVEZ	3	PA; SP; QL
FINACEA EXTERNAL FOAM	3	
GORDOFILM	3	
HYFTOR	E	PA

Drug Name	Drug Tier	Notes
ILUMYA	3	PA; SP; QL
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	
JUVAZIN	3	
KERALYT EXTERNAL SHAMPOO	3	
lactic acid e	1	
LEQSELVI	3	PA; SP; QL
LITFULO	3	PA; SP; QL
methoxsalen rapid	1	
METROGEL	E	
metronidazole external	1	
MICROCYN EXTERNAL LIQUID	3	
NEMLUVIO	2	PA; SP; QL
neuac	1	
NORITATE	E	
OPZELURA	2	ST; QL
ORACEA	E	
pimecrolimus	1	ST; QL
PODOCON-25	3	
podofilox external	1	
PYROGALLIC ACID	3	
QBREXZA	3	QL
RECEDO	3	
RETIN-A	E	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	PA
RHOFADE	E	
SANTYL	3	QL
SCENESSE	3	PA; SP
selenium sulfide external lotion	1	
SILIQ	3	PA; SP; QL
SKYRIZI INTRAVENOUS	2	PA; SP

Drug Name	Drug Tier	Notes
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; SP; QL
SOFDRA	3	QL
SORILUX	E	
SOTYKTU	2	PA; SP; QL
SPEVIGO	3	PA; SP; QL
sulfacetamide sodium (acne)	1	
tacrolimus external	1	QL
TALTZ	2	PA; SP; QL
tazarotene external cream	1	PA
TAZAROTENE EXTERNAL FOAM	E	PA
tazarotene external gel 0.05 %	1	PA
TAZORAC	E	PA
tretinoin microsphere external gel 0.08 %	1	
tretinoin microsphere pump external gel 0.08 %	1	
TWYNEO	E	
urea external cream 20 %, 40 %	1	
VECTICAL	E	
VTAMA	2	ST
WINLEVI	E	PA
WYNZORA	3	QL
XALIX	3	
XERAC AC	3	
YCANTH	3	PA
ZELSUVMI	3	PA
zenatane	1	
ZEVASKYN BATCH UP TO 12 SHEETS	E	PA; SP
ZIANA	E	
ZILXI	3	ST
ZORYVE	2	ST
ZYCLARA PUMP	E	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
ACCRUFER	E	
AMINO ACID	3	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	3	

Drug Name	Drug Tier	Notes
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
CALCIFOL	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
calcium chloride solution 10 % intravenous	1	
calcium gluconate intravenous solution	1	
calcium gluconate-nacl intravenous solution 1- 0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%	1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
carglumic acid	1	PA; SP
CARNITOR ORAL	E	
CARNITOR SF	E	
chromic chloride intravenous	1	
CLINIMIX E/DEXTROSE (2.75/5)	3	
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	
CLINIMIX/DEXTROSE (5/15)	3	
CLINIMIX/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (6/5)	3	
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
CLINISOL SF	3	
CLINOLIPID	3	
cupric chloride	1	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	1	

Drug Name	Drug Tier	Notes
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
dextrose solution 250 mg/ml intravenous	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
dextrose solution 50 % intravenous	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
FEONYX	E	
ferumoxytol	1	ST
GALZIN	3	
GLYCOPHOS	3	
HEMATINIC/FOLIC ACID	3	
INFED	3	
INJECTAFER	3	ST
INTRALIPID	3	
iodine strong	1	
iron sucrose	1	
KABIVEN	3	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS	3	
LEVOCARNITINE INJECTION	3	
levocarnitine intravenous	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
magnesium chloride injection	1	
magnesium sulfate in d5w	1	
magnesium sulfate injection	1	
magnesium sulfate intravenous	1	
MAGNESIUM SULFATE-NACL	3	
MONOFERRIC	3	ST
MULTRYS	3	

Drug Name	Drug Tier	Notes
na ferric gluc cplx in sucrose	1	
NUTRILIPID	3	
PERIKABIVEN	3	
phosphorous	1	
phospho-trin 250 neutral	1	
PHOSPHO-TRIN K500	3	
PLENAMINE	3	
POKONZA	E	
potassium acetate intravenous	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride intravenous solution	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
potassium phosphates	1	
potassium phosphates (66 meq k)	1	
PREMASOL	3	
PROSOL	3	
SMOFLIPID	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium acetate intravenous	1	
sodium bicarbonate intravenous solution 4.2 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous	1	
sodium citrate-citric acid	1	
sodium phosphates	1	
TRALEMENT	3	
TRAVASOL	3	
tromethamine intravenous	1	
TROPHAMINE	3	
zinc chloride intravenous	1	

Drug Name	Drug Tier	Notes
zinc sulfate intravenous	1	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	3	
CUVRIOR	E	PA; SP
deferasirox	1	PA
deferasirox granules	1	PA
EDETATE DISODIUM INTRAVENOUS	3	
FERRIPROX ORAL SOLUTION	3	PA
KIONEX	3	
LOKELMA	3	
sodium polystyrene sulfonate	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
SYPRINE	E	PA; SP
tolvaptan	E	PA; SP; QL
tolvaptan (hyponatremia)	1	PA; SP; QL
trientine hcl	1	PA; SP
VELTASSA	3	
<b>Phosphate Binders</b>		
AURYXIA	E	
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FERRIC CITRATE	E	
FOSRENOL ORAL PACKET	3	ST
sevelamer carbonate	1	
sevelamer hcl	1	
VELPHORO	E	
<b>Vitamins</b>		
AFLORA	E	
AMLADDEX	E	
AQUASOL A	3	
AZESCO	E	
CITRANATAL 90 DHA	E	
CITRANATAL ASSURE	E	
COBALEFOL	E	
COREVIA	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	

Drug Name	Drug Tier	Notes
DAVIMET-FLUORIDE	E	
DAVIMET-M	E	
DAYAVITE	E	
DEPLINPRO MOOD HEALTH	E	
DERMACINRX DAVIMET	E	
DERMACINRX MULTITAM	E	
DERMACINRX MULTIVITAMIN	E	
DERMACINRX PRETRATE	E	
DERMACINRX RIBOTIN-E	E	
DERMACINRX ZINTREXYL-C	E	
DEXATRAN	E	
DEXIFOL	E	
DIATROL	E	
EMBRIVA	E	
ENBRACE HR	E	
ENLYTE GUMMY+	E	
ergocalciferol oral capsule	1	
EVERVITA	E	
FINAZOL	E	
FLORAVITA MINI	E	
FLORRAXYL	E	
FLOTREX	E	
FOLA-B COMPLEX	E	
FOLACHEW	E	
FOLAGENT DHA	E	
FOLAMAX	E	
FOLAMED DHA	E	
FOLAPRIME	E	
FOLAREX	E	
FOLASYNC DHA	E	
FOLATEN	E	
FOLATEXCEL	E	
FOLAWISE	E	
FOLCYTEINE	E	
FOLETRA	E	
folic acid injection	1	
folic acid oral tablet 1 mg	1	

Drug Name	Drug Tier	Notes
FOLICORE B COMPLEX	E	
FOLIFLEX	E	
FOLIKA-BC	E	
FOLITIN-Z	E	
FOLIXIA	E	
FOLTREXYL	E	
FOLVITA COMPLEX	E	
GESTYRA	E	
GLP-DLAX	E	
hydroxocobalamin acetate	1	
HYLAVITE	E	
HYLAZINC	E	
JENLIVA PRENATAL/POSTNATAL	E	
KEYLOSA	E	
LIVITA ADULTS	E	
LIVITA CHILDREN	E	
LUMAVEX	E	
LUMIVANCE	E	
LUNAVIRA	E	
MATERNACEL	E	
MATERVIA	E	
MATRONEX	E	
MEDI TAB	E	
MENATROL	E	
METAVEX	E	
METAVITE	E	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
MICRONEX	E	
MI-VITE RX	E	
MULTIPRO	E	
MULTITOL-M	E	
multivitamin/fluoride oral suspension	E	
NATAL PNV	E	
NATALCHEW	E	
NEEVO DHA	E	
NEOMATERNA	E	

Drug Name	Drug Tier	Notes
NEO-VITAL RX	E	
NESTABS DHA	E	
NESTABS ONE	E	
NEWWITE	E	
NICADAN	E	
NICAZEL	E	
NICAZEL FORTE	E	
NICOMIDE	E	
NOVITE	E	
NUTRALYN	E	
NUTRA-Z+	E	
OB COMPLETE ONE	E	
OB COMPLETE PETITE	E	
OB COMPLETE PREMIER	E	
PAXLYTE	E	
phytonadione injection	1	
phytonadione oral	1	
PNV TABS 20-1	E	
POLY-VI-FLOR	E	
POLY-VI-FLOR/IRON	E	
PREGEN DHA	E	
PREGENNA	E	
PRENATE	E	
PRENATE DHA	E	
PRENATE ELITE	E	
PRENATE ENHANCE	E	
PRENATE ESSENTIAL	E	
PRENATE MINI	E	
PRENATE PIXIE	E	
PRENATE RESTORE	E	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREV-RX	E	
PROFOLA	E	
PUREVITA SUPER B-COMPLEX	E	
pyridoxine hcl solution 100 mg/ml injection	1	

Drug Name	Drug Tier	Notes
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
RELEVIA	E	
REMEDIENT	E	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG	E	
SELECT-OB+DHA	E	
SOLIVITE	E	
SYNVERA	E	
TERAVAX	E	
TM-DAILY VITE	E	
TRISTART DHA	E	
TRI-VITAMIN WITH FLUORIDE	E	
TRONVITE	E	
TRUE DAILY VITE	E	
TRUE MULTIVITAMIN	E	
VENEXA	E	
VENEXA FE	E	
VENTRIXYL	E	
VENTRIXYL FE	E	
VIREXA	E	
VITACORE	E	
VITAFOL FE+	E	
VITAFOL GUMMIES	E	
VITAFOL ULTRA	E	
VITAFOL-OB	E	
VITAFOL-OB+DHA	E	
VITAFOL-ONE	E	
VITALARA	E	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin k1 injection	1	
VITA-PAC	E	
VITARA	E	
VITASCRIPT	E	
VITASURE	E	
VITATHELY WITH GINGER	E	

Drug Name	Drug Tier	Notes
VITRAMYN	E	
VITRANOL	E	
VITRANOL FE	E	
VITRAX	E	
VITREXATE	E	
VITREXATE FE	E	
VITREXYL	E	
VITREXYL + IRON	E	
WELLFOLA	E	
WESTGEL DHA	E	
ZALVIT	E	
ZELDANA	E	
ZENVITA	E	
ZIPHEX	E	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
atropine sulfate injection	1	
atropine sulfate intravenous solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML, 1.2 MG/3ML	3	
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
glycopyrrolate +rfid injection solution	1	
glycopyrrolate injection solution	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF +RFID INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	

Drug Name	Drug Tier	Notes
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	1	
OSCIMIN	3	
<b>Gastrointestinal Agents, Other</b>		
alvimopan	1	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
cromolyn sodium oral	1	
CTEXLI	3	PA; SP
DEXPANTHENOL INJECTION	3	
diphenoxylate-atropine	1	
GATTEX	3	PA; SP
IQIRVO	3	PA; SP; QL
LIVDELZI	3	PA; SP; QL
loperamide hcl oral capsule	1	
MOTOFEN	E	
MOVANTIK	E	QL
MYTESI	3	QL
prucalopride succinate	1	ST; QL
REBYOTA	3	PA; SP
RELISTOR	E	QL
RELTONE	E	
RESTORA RX	3	
REZDIFFRA	E	PA; QL
SEROSTIM	3	PA; SP
SYMPROIC	2	ST; QL
TALICIA	2	
TRULANCE	E	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	

Drug Name	Drug Tier	Notes
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
URSODIOL+SYRSPEND SF	3	
VOQUEZNA	E	PA; QL
VOWST	E	PA; SP; QL
XERMELO	3	PA; SP; OVM; QL
<b>Histamine2 (H2) Receptor Antagonists</b>		
famotidine oral suspension reconstituted	1	
<b>Irritable Bowel Syndrome Agents</b>		
alosetron hcl	1	PA
AMITIZA	E	QL
IBSRELA	E	PA; QL
LINZESS	2	ST; QL
lubiprostone	1	QL
VIBERZI	3	PA; QL
<b>Laxatives</b>		
CLENPIQ	3	
constulose	1	
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n with flavor pack	1	
generlac	1	
GOLYTELY	E	
lactulose encephalopathy	1	
lactulose oral solution	1	
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PEG-PREP	3	
PLENVU	E	
SUFLAVE	3	
SUTAB	3	

Drug Name	Drug Tier	Notes
<b>Protectants</b>		
CARAFATE	E	
misoprostol oral	1	
sucralfate oral tablet	1	
<b>Proton Pump Inhibitors</b>		
ACIPHEX	E	QL
DEXILANT	E	QL
esomeprazole magnesium oral packet	1	QL
KONVOMEF	E	QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	QL
pantoprazole sodium intravenous	1	
pantoprazole sodium oral tablet delayed release	1	QL
PANTOPRAZOLE SODIUM-NACL	3	
PREVACID	E	ST; QL
PREVACID SOLUTAB	E	QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADZYNMA	3	PA; SP
ALDURAZYME	2	PA; SP
AMONDYS 45	E	PA; SP
AMVUTTRA	3	PA; SP; QL
ARALAST NP	3	PA; SP
betaine	1	SP
BUPHENYL	E	PA; SP
CERDELGA	3	PA; SP
CEREZYME	3	PA; SP
CHOLBAM	3	PA; SP
CREON	2	
CRYSVITA	3	PA; SP
CYSTAGON	3	SP

Drug Name	Drug Tier	Notes
DUVYZAT	E	PA; SP; QL
ELAPRASE	2	PA; SP
ELELYSO	3	PA; SP
ELEVIDYS	E	PA; SP
ELFABRIO	E	PA; SP
EVRYSDI	3	PA; SP; QL
EXONDYS 51	E	PA; SP
FABRAZYME	2	PA; SP
FORZINITY	3	PA; SP; QL
GALAFOLD	3	PA; SP; QL
GLASSIA	3	PA; SP
HARLIKU	E	PA; SP; QL
IMCIVREE	E	PA; SP; QL
JAVYGTOR	E	PA; SP
KANUMA	3	PA; SP
KUVAN	E	PA; SP
LUMIZYME	3	PA; SP
MEPSEVII	3	PA; SP
miglustat	1	PA; SP
MYALEPT	3	PA; SP
NAGLAZYME	2	PA; SP
NEXVIAZYME	3	PA; SP
nitisinone	1	PA; SP
NITYR	3	PA; SP
NULIBRY	3	PA; SP
OLPRUVA (2 GM DOSE)	E	PA; SP
OLPRUVA (3 GM DOSE)	E	PA; SP
OLPRUVA (4 GM DOSE)	E	PA; SP
OLPRUVA (5 GM DOSE)	E	PA; SP
OLPRUVA (6 GM DOSE)	E	PA; SP
OLPRUVA (6.67 GM DOSE)	E	PA; SP
ONPATTRO	3	PA; SP
OPFOLDA	3	PA; SP; QL
ORFADIN ORAL SUSPENSION	3	PA; SP
PALYNZIQ	E	PA; SP; QL
PANCREAZE	E	
PERTZYE	E	

Drug Name	Drug Tier	Notes
PHEBURANE	3	PA; SP
POMBILITI	3	PA; SP
PROLASTIN-C	3	PA; SP
RAVICTI	E	PA; SP
REVCOVI	3	PA; SP
sapropterin dihydrochloride	1	PA; SP
SEPHIENCE	E	PA; SP
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	1	PA; SP
STRENSIQ	2	PA; SP
SUCRAID	3	PA; SP
VILTEPSO	E	PA; SP
VIMIZIM	3	PA; SP
VIOKACE	E	
VOXZOGO	3	PA; SP; QL
VPRIV	3	PA; SP
VYONDYS 53	E	PA; SP
WAINUA	3	PA; SP; QL
XURIDEN	3	PA; SP; QL
yargesa	1	PA; SP
zelvysia	1	PA; SP
ZEMAIRA	3	PA; SP
ZENPEP	2	

## Genitourinary Agents

### Antispasmodics, Urinary

darifenacin hydrobromide er	1	
flavoxate hcl	1	
GEMTESA	E	
mirabegron er	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
OXYTROL	3	ST; QL
solifenacin succinate	1	
tolterodine tartrate	1	

Drug Name	Drug Tier	Notes
tolterodine tartrate er	1	
TOVIAZ	E	
tropium chloride	1	
tropium chloride er	1	
VESICARE	E	
<b>Benign Prostatic Hypertrophy Agents</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
JALYN	E	
PROPECIA	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	E	PA
<b>Genitourinary Agents, Other</b>		
acetic acid irrigation	1	
ARGYLE STERILE SALINE	3	
avanafil	1	QL
bethanechol chloride oral	1	
CIALIS	E	QL
CUPRIMINE	E	PA; SP
CURITY STERILE SALINE	3	
ELMIRON	E	PA
FILSPARI	3	PA; SP; QL
glycine irrigation	1	
glycine urologic	1	
LITHOSTAT	3	
neomycin-polymyxin b gu	1	
OXLUMO	3	PA; SP
penicillamine oral capsule	E	PA; SP
penicillamine oral tablet	1	PA; SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENACIDIN	3	
RIMSO-50	3	

Drug Name	Drug Tier	Notes
RIVFLOZA	3	PA; SP; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
sodium chloride irrigation	1	
SORBITOL IRRIGATION	3	
sorbitol-mannitol	1	
STENDRA	E	QL
tadalafil oral	1	QL
tiopronin	1	SP
VANRAFIA	3	PA; SP; QL
VENXXIVA	E	SP
VIAGRA	E	QL
VOYXACT	3	PA; SP; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
AGAMREE	3	PA; SP
ALA SCALP	E	
ala-cort	1	
alclometasone dipropionate	1	
ALKINDI SPRINKLE	E	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	3	
betamethasone valerate external	1	
BLT-25	3	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	

Drug Name	Drug Tier	Notes
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan	1	
CORDRAN	E	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
dexameth sod phos (pf) +rfid	1	
DEXAMETHASONE (LA)	3	
dexamethasone intensol	1	
dexamethasone oral	1	
dexamethasone sod phos (pf)	1	
dexamethasone sod phos +rfid	1	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXONTO 0.4%	3	
EMFLAZA	E	PA; SP
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	

Drug Name	Drug Tier	Notes
fluocinonide emulsified base	1	
fluocinonide external	1	
fluticasone propionate external	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	E	
HEMADY	E	
HEXATRIONE	3	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	E	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION	E	
hydrocortisone oral	1	
hydrocortisone sod suc (pf)	1	
hydrocortisone valerate	1	
IMPOYZ	E	
KENALOG-10	E	
KENALOG-40	E	
KENALOG-80	3	
KHINDIVI	E	
LEXETTE	E	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
methylprednisolone oral	1	
methylprednisolone sodium succ	1	
METHYLPREDNISOLONE-BUPIVACAINE	3	
MICORT HC	E	
mometasone furoate external	1	
prednisolone oral solution	1	

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral solution	1	
prednisone oral tablet	1	
PREDNISON ORAL TABLET DELAYED RELEASE	E	
prednisone oral tablet therapy pack	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	3	
SOLU-MEDROL (PF)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	3	
TOPICORT SPRAY	E	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	
triderm	1	
ULTRAVATE	E	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
ACTHAR	2	PA; SP
ACTHAR GEL	2	PA; SP
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	PA; SP
CORTROPHIN	2	PA; SP
CORTROPHIN GEL	2	PA; SP
CRENESSITY	3	PA; SP; QL
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	

Drug Name	Drug Tier	Notes
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
EGRIFTA SV	3	PA; SP; QL
EGRIFTA WR	3	PA; SP; QL
FOLLISTIM AQ	2	PA; SP
GENOTROPIN	E	PA; SP
GENOTROPIN MINIQUICK	E	PA; SP
GONAL-F	E	PA; SP
GONAL-F RFF REDIJECT	E	PA; SP
HUMATROPE	E	PA; SP
INCRELEX	2	PA; SP
ISTURISA	E	PA; SP
MENOPUR	3	PA; SP
NGENLA	3	PA; SP
NORDITROPIN FLEXPPO	2	PA; SP
NOVAREL	3	PA; SP
NUTROPIN AQ NUSPIN 10	3	PA; SP
OMNITROPE	2	PA; SP
OVIDREL	3	PA; SP
oxytocin +rfid	1	
oxytocin injection	1	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML- %, 30-0.9 UT/500ML-%	3	
PREGNYL	3	PA; SP
RECORLEV	E	PA; SP; QL
SKYTROFA	3	PA; SP
SOGROYA	3	PA; SP
vasopressin	1	
vasopressin +rfid	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	3	
ZOMACTON	E	PA; SP

Drug Name	Drug Tier	Notes
<b>Selective Estrogen Receptor Modifying Agents</b>		
clomid	1	
clomiphene citrate oral	1	
milophene	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
carboprost tromethamine intramuscular solution	1	
CERVIDIL	3	
mifepristone oral tablet 200 mg	1	
mifepristone oral tablet 300 mg	1	PA; SP; QL
PREPIDIL	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
ANDROGEL PUMP	E	PA; QL
AVEED	E	PA; QL
AZMIRO	E	PA; QL
danazol oral	1	
DEPO-TESTOSTERONE	E	PA; QL
EC-RX TESTOSTERONE	3	
INTRAROSA	3	ST
JATENZO	E	PA; QL
METHITEST	3	PA; QL
NATESTO	E	PA; QL
TESTIM	E	PA; QL
TESTOPEL	E	PA
testosterone cypionate intramuscular	1	PA; QL
testosterone enanthate intramuscular	1	PA; QL
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA; QL
testosterone transdermal solution	1	PA; QL
TLANDO	E	PA; QL
VOGELXO	E	PA; QL

Drug Name	Drug Tier	Notes
VOGELXO PUMP	E	PA; QL
XYOSTED	E	PA; QL
<b>Estrogens</b>		
abigale	1	
abigale lo	1	
afirmelle	1	
ALORA	3	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	
aranelle	1	
ashlyna	1	QL
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
AVERI	3	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	QL
camrese lo	1	QL
charlotte 24 fe	1	
chateal eq	1	

Drug Name	Drug Tier	Notes
CLIMARA	3	
CLIMARA PRO	2	
COMBIPATCH	3	
cryselle	1	
cyred eq	1	
dasetta 1/35 (28)	1	
dasetta 7/7/7	1	
daysee	1	QL
DELESTROGEN	E	
delyla	1	
DEPO-ESTRADIOL	3	
desogestrel-ethinyl estradiol	1	
dolishale	1	
dotti	1	
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
EC-RX ESTRADIOL	3	
ELESTRIN	3	
elinest	1	
eluryng	1	
enilloring	1	
enskyce	1	
estarylla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	E	
estrogens conjugated	1	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
EVAMIST	3	
falmina	1	

Drug Name	Drug Tier	Notes
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV	3	ST
FEMRING	3	ST; QL
finzala	1	
fyavolv	1	
galbriela	1	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
iclevia	1	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
introvale	1	QL
isibloom	1	
jaimiess	1	QL
jasmiel	1	
jinteli	1	
jolessa	1	QL
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	

Drug Name	Drug Tier	Notes
larin fe 1/20	1	
lessina	1	
levonest	1	
levonorgest-eth est & eth est	1	QL
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1	QL
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levonorg-eth estrad triphasic	1	
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	QL
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutra	1	
lyllana	1	
marlissa	1	
MENOSTAR	3	ST
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	1	
MINIVELLE	3	
minzoya	1	
mono-linyah	1	
MYFEMBREE	2	PA; QL
NATAZIA	2	
necon 0.5/35 (28)	1	

Drug Name	Drug Tier	Notes
NEXTSTELLIS	E	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
NUVARING	E	
nylia 1/35	1	
nylia 7/7/7	1	
ORIAHNN	2	PA; QL
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN INJECTION	3	
PREMARIN ORAL	E	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
reclipsen	1	
rivelsa	1	QL
rosyrah	1	QL
SAFYRAL	E	
setlakin	1	QL
simliya	1	
simpesse	1	QL
sprintec 28	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	

Drug Name	Drug Tier	Notes
taysofy	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	E	
TYBLUME	3	
tydemy	1	
VAGIFEM	E	
valtya 1/35	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
YASMIN 28	E	
YAZ	E	
yuvafem	1	
zafemy	1	

Drug Name	Drug Tier	Notes
zovia 1/35 (28)	1	
zumandimine	1	
<b>Progestins</b>		
camila	1	
CRINONE	3	QL
deblitane	1	
DEPO-SUBQ PROVERA 104	3	QL
EC-RX PROGESTERONE	3	
ELLA	3	
emzahh	1	
errin	1	
gallifrey	1	
heather	1	
incassia	1	
jencycla	1	
KYLEENA	3	
LILETTA (52 MG)	3	
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
meleya	1	
MIRENA (52 MG)	3	
NEXPLANON	3	
nora-be	1	
norethindrone acetate oral	1	
norethindrone oral	1	
norlyroc	1	
orquidea	1	
progesterone intramuscular	1	
PROGESTERONE MICRONIZED TRANSDERMAL	3	
progesterone oral	1	
progesterone vaginal	1	
PROMETRIUM	E	
sharobel	1	

Drug Name	Drug Tier	Notes
SKYLA	3	
SLYND	E	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
CYTOMEL	E	
EVEXITHROID	E	
levo-t	1	
levothyroxine sodium intravenous	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
RENTHYROID	E	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
BYNFEZIA PEN	E	PA; SP
cetorelix acetate	1	PA; SP
CETROTIDE	E	PA; SP
ELIGARD	3	PA; SP; QL
FENSOLVI (6 MONTH)	3	PA; SP; QL
FIRMAGON	3	PA; SP; QL
FIRMAGON (240 MG DOSE)	3	PA; SP; QL
ganirelix acetate	1	PA; SP

Drug Name	Drug Tier	Notes
lanreotide acetate	1	PA; SP
leuprolide acetate injection	1	PA; SP
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	3	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	3	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
LUPRON DEPOT-PED (1-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (6-MONTH)	2	PA; SP; QL
LUTRATE DEPOT	E	PA; SP; QL
MYCAPSSA	E	PA; SP
octreotide acetate injection	1	PA; SP
octreotide acetate subcutaneous	1	PA; SP
ORILISSA	2	PA; QL
PALSONIFY	E	PA; SP; QL
SANDOSTATIN	E	PA; SP
SIGNIFOR	E	PA; SP; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 60 MG	3	PA; SP; QL
SOMATULINE DEPOT	3	PA; SP
SOMAVERT	3	PA; SP
SUPPRELIN LA	3	PA; SP; QL
SYNAREL	2	
TEPEZZA	3	PA; SP
TRELSTAR MIXJECT	3	PA; SP; QL
TRIPTODUR	2	PA; SP; QL
VABRINTY	E	PA; SP; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	SP; QL

Drug Name	Drug Tier	Notes
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	2	SP; QL
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
methimazole oral	1	
propylthiouracil oral	1	
SODIUM IODIDE I-131	3	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
ANDEMBRY	3	PA; SP; QL
BERINERT	3	PA; SP; QL
CINRYZE	E	PA; SP; QL
DAWNZERA	3	PA; SP; QL
EKTERLY	E	PA; SP; QL
FIRAZYR	E	PA; SP; QL
HAEGARDA	3	PA; SP; QL
icatibant acetate	1	PA; SP; QL
KALBITOR	3	PA; SP; QL
ORLADEYO	3	PA; SP; QL
RUCONEST	3	PA; SP; QL
SAJAZIR	E	PA; SP; QL
TAKHZYRO	3	PA; SP; QL
<b>Immune Suppressants</b>		
ABRILADA (1 PEN)	E	PA; SP; QL
ABRILADA (2 PEN)	E	PA; SP; QL
ABRILADA (2 SYRINGE)	E	PA; SP; QL
ADALIMUMAB-AACF (2 PEN)	E	PA; SP; QL
ADALIMUMAB-AACF (2 SYRINGE)	E	PA; SP; QL
ADALIMUMAB-AACF (CD/UC/HS STRT)	E	PA; SP; QL
ADALIMUMAB-AACF (PS/UV STARTER)	E	PA; SP; QL
ADALIMUMAB-AATY (1 PEN)	E	PA; SP; QL
ADALIMUMAB-AATY (2 PEN)	E	PA; SP; QL
ADALIMUMAB-AATY (2 SYRINGE)	E	PA; SP; QL
ADALIMUMAB-AATY CD/UC/HS START	E	PA; SP; QL
ADALIMUMAB-ADAZ	E	PA; SP; QL
ADALIMUMAB-ADB (2 PEN)	E	PA; SP; QL
ADALIMUMAB-ADB (2 SYRINGE)	E	PA; SP; QL

Drug Name	Drug Tier	Notes
ADALIMUMAB-BWWD	E	PA; SP; QL
ADALIMUMAB-FKJP (2 PEN)	E	PA; SP; QL
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA; SP; QL
ADALIMUMAB-RYVK (1 PEN)	E	PA; SP; QL
ADALIMUMAB-RYVK (2 PEN)	E	PA; SP; QL
ADALIMUMAB-RYVK (2 SYRINGE)	E	PA; SP; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	2	PA; SP; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	E	PA; SP; QL
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	2	PA; SP; QL
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	E	PA; SP; QL
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	2	PA; SP; QL
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	E	PA; SP; QL
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA; SP; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	2	PA; SP; QL
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	2	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	E	PA; SP; QL
ASTAGRAF XL	3	
AVSOLA	2	PA; SP
azathioprine oral	1	
azathioprine sodium	1	
CIMZIA	2	PA; SP; QL
CIMZIA (1 SYRINGE)	2	PA; SP; QL
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA-STARTER	2	PA; SP; QL
cyclosporine modified	1	

Drug Name	Drug Tier	Notes
cyclosporine oral	1	
CYLTEZO (2 PEN)	E	PA; SP; QL
CYLTEZO (2 SYRINGE)	E	PA; SP; QL
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
ENVARUSUS XR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
engraf	1	
HADLIMA	E	PA; SP; QL
HADLIMA PUSHTOUCH	E	PA; SP; QL
HULIO (2 PEN)	E	PA; SP; QL
HULIO (2 SYRINGE)	E	PA; SP; QL
HUMIRA (1 PEN)	E	PA; SP; QL
HUMIRA (2 PEN)	E	PA; SP; QL
HUMIRA (2 SYRINGE)	E	PA; SP; QL
HUMIRA-CD/UC/HS STARTER	E	PA; SP; QL
HUMIRA-PSORIASIS/UEIT STARTER	E	PA; SP; QL
HYRIMOZ	E	PA; SP; QL
HYRIMOZ-CROHNS/UC STARTER	E	PA; SP; QL
HYRIMOZ-PED<40KG CROHN STARTER	E	PA; SP; QL
HYRIMOZ-PED>/=40KG CROHN START	E	PA; SP; QL
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA; SP; QL
HYRIMOZ-PLAQUE PSORIASIS START	E	PA; SP; QL
INFLECTRA	2	PA; SP
INFLIXIMAB	E	PA; SP
JYLAMVO	3	PA
KINERET	3	PA; SP
LUPKYNIS	E	PA; SP; QL
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil hcl	1	
mycophenolate mofetil intravenous	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	

Drug Name	Drug Tier	Notes
MYHIBBIN	3	
NULOJIX	3	
OLUMIANT	3	PA; SP; QL
OMVOH	2	PA; SP; QL
OMVOH (300 MG DOSE)	2	PA; SP; QL
ORENCIA CLICKJECT	3	PA; SP; QL
ORENCIA INTRAVENOUS	3	PA; SP
ORENCIA SUBCUTANEOUS	3	PA; SP; QL
PROGRAF ORAL PACKET	3	
RASUVO	2	PA; QL
REMICADE	E	PA; SP
RENFLEXIS	E	PA; SP
REZUROCK	E	PA; SP; OVM; QL
RHAPSIDO	2	PA; SP; QL
SANDIMMUNE INTRAVENOUS	2	
SIMLANDI (1 PEN)	E	PA; SP; QL
SIMLANDI (2 PEN)	E	PA; SP; QL
SIMLANDI (2 SYRINGE)	E	PA; SP; QL
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP
sirolimus oral	1	
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
tacrolimus intravenous	1	
tacrolimus oral	1	
temsirolimus	1	SP
TREXALL	3	
WEZLANA INTRAVENOUS	2	PA; SP
XATMEP	3	PA
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
YUFLYMA (1 PEN)	E	PA; SP; QL
YUFLYMA (2 PEN)	E	PA; SP; QL
YUFLYMA (2 SYRINGE)	E	PA; SP; QL
YUFLYMA-CD/UC/HS STARTER	E	PA; SP; QL
YUSIMRY	E	PA; SP; QL

Drug Name	Drug Tier	Notes
ZYMFENTRA (1 PEN)	E	PA; SP; QL
ZYMFENTRA (2 PEN)	E	PA; SP; QL
ZYMFENTRA (2 SYRINGE)	E	PA; SP; QL
<b>Immunoglobulins</b>		
ALYGLO	E	PA; SP
ASCENIV	E	PA; SP
BIVIGAM	3	PA; SP
CNJ-016	3	
CUTAQUIG	3	PA; SP
CUVITRU	3	PA; SP
FLEBOGAMMA DIF	3	PA; SP
GAMASTAN	2	PA; SP
GAMMAGARD	3	PA; SP
GAMMAGARD S/D LESS IGA	3	PA; SP
GAMMAKED	3	PA; SP
GAMMAPLEX	3	PA; SP
GAMUNEX-C	3	PA; SP
HIZENTRA	3	PA; SP
HYPERRHO	2	
HYPERRHO MINI-DOSE	2	
HYQVIA	3	PA; SP
OCTAGAM	3	PA; SP
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
RHOGAM ULTRA-FILTERED PLUS	2	
RHOPHYLAC	2	
THYMOGLOBULIN	3	
WINRHO SDF	2	
XEMBIFY	3	PA; SP
YIMMUGO	E	PA; SP
<b>Immunomodulators</b>		
ACTEMRA ACTPEN	3	PA; SP; QL
ACTEMRA INTRAVENOUS	3	PA; SP
ACTEMRA SUBCUTANEOUS	3	PA; SP; QL
ACTIMMUNE	2	PA; SP
ARCALYST	3	PA; SP
AURANOFIN	3	SP

Drug Name	Drug Tier	Notes
AVTOZMA INTRAVENOUS	3	PA; SP
AVTOZMA SUBCUTANEOUS	3	PA; SP; QL
BENLYSTA	3	PA; SP
BEYFORTUS	2	QL; AL (Max 24 Months)
ENFLONIA	2	QL
ENJAYMO	3	PA; SP
ENSPRYNG	3	PA; SP
ENTYVIO	3	PA; SP
ENTYVIO PEN	3	PA; SP; QL
GAMIFANT	3	PA; SP
ILARIS	2	PA; SP; QL
IMAAVY	E	PA; SP
KEVZARA	3	PA; SP; QL
leflunomide oral	1	
OTEZLA	2	PA; SP; QL
OTEZLA XR	2	PA; SP; QL
OTEZLA/OTEZLA XR INITIATION PK	2	PA; SP; QL
PEMGARDA	3	QL
PIASKY	E	PA; SP
RIDAURA	3	SP
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
SAPHNELO	3	PA; SP
SIMULECT	3	
SYLVANT	3	PA; SP
TOFIDENCE	E	PA; SP
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA ONE-PRESS	2	PA; SP; QL
TREMFYA PEN	2	PA; SP; QL
TREMFYA SUBCUTANEOUS	2	PA; SP; QL
TREMFYA-CD/UC INDUCTION	2	PA; SP; QL
TYENNE INTRAVENOUS	E	PA; SP
TYENNE SUBCUTANEOUS	E	PA; SP; QL
ULTOMIRIS	3	PA; SP
UPLIZNA	3	PA; SP
VELSIPITY	2	PA; SP; QL
VEOPOZ	3	PA; SP

Drug Name	Drug Tier	Notes
WEZLANA SUBCUTANEOUS	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
ZINPLAVA	3	PA
<b>Immunosuppressants</b>		
JOENJA	E	PA; SP; QL
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
balsalazide disodium	1	
CANASA	E	
DIPENTUM	E	
LIALDA	E	
mesalamine er oral capsule 500 mg	1	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
PENTASA	E	
<b>Glucocorticoids</b>		
budesonide oral	1	
budesonide rectal	1	
CORTIFOAM	3	
EOHILIA	3	PA; QL
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
PROCTOFOAM HC	2	
procto-med hc	1	
TARPEYO	E	PA; SP; QL
UCERIS ORAL	E	
<b>Sulfonamides</b>		
sulfasalazine oral	1	

Drug Name	Drug Tier	Notes
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BOMYNTRA	E	PA; SP
BONSITY	2	PA; SP
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	1	PA
CONEXXENCE	E	PA; SP; QL
doxercalciferol intravenous	1	
EVENITY	3	PA; SP; QL
FORTEO	E	PA; SP
ibandronate sodium	1	QL
JUBBONTI	E	PA; SP; QL
OSENVELT	2	PA; SP
pamidronate disodium	1	SP
paricalcitol	1	
PARSABIV	3	SP
PROLIA	E	PA; SP; QL
RAYALDEE	3	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	1	QL
SENSIPAR	E	PA
STOBOCLO	2	PA; SP; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	PA; SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	2	PA; SP
TYMLOS	2	PA; SP
WYOST	E	PA; SP
XGEVA	E	PA; SP
zoledronic acid	1	SP

Drug Name	Drug Tier	Notes
<b>Miscellaneous Therapeutic Agents</b>		
A.A.G.C. KIT IN TERODERM	3	
ACCU-CHEK ULTRAFLEX INF SET	3	
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER2GO ANTI-STATIC	2	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
ALPHA-LIPOIC ACID INJECTION	3	
AMD FOAM DRESSING	3	
AMD FOAM DRESSING TOPSHEET	3	
AMPHADASE	3	
ANTICHOLIUM	3	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
AQNEURSA	3	PA; SP; QL
AQUACEL AG BURN	3	
ARGININE HCL INJECTION	3	
argyle sterile water	1	
ARTISS	3	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
ASTRINGYN	3	
AUM ALCOHOL PREP PADS	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM MINI INSULIN PEN NEEDLE	2	

Drug Name	Drug Tier	Notes
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
B & C	3	
BACTERIOSTATIC WATER(BENZ ALC)	3	
balsam peru-castor oil	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD VEO INSULIN SYR ULTRAFINE	2	
benzalkonium chloride external solution	1	
BIGFOOT UNITY PEN CAP/ADMELOG	E	
BIGFOOT UNITY PEN CAP/APIDRA	E	
BIGFOOT UNITY PEN CAP/ASPART	E	
BIGFOOT UNITY PEN CAP/BASAGLAR	E	
BIGFOOT UNITY PEN CAP/FIASP	E	
BIGFOOT UNITY PEN CAP/HUMALOG	E	
BIGFOOT UNITY PEN CAP/LANTUS	E	
BIGFOOT UNITY PEN CAP/LISPRO	E	
BIGFOOT UNITY PEN CAP/LYUMJEV	E	
BIGFOOT UNITY PEN CAP/NOVOLOG	E	
BIGFOOT UNITY PEN CAP/TOUJEO	E	
BIGFOOT UNITY PEN CAP/TOUJEO M	E	
BIGFOOT UNITY PEN CAP/TRESIBA	E	
BOTOX	3	PA
BPCO	3	
BREATHE COMFORT CHAMBER/ADULT	2	

Drug Name	Drug Tier	Notes
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	3	
CAYA	3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	
CURITY AMD ANTIMICROBIAL STRIP	3	
CURITY IODOFORM PACKING STRIP	3	
CYANOKIT	3	
CYTOTINE ORAL POWDER	3	
DAXXIFY	3	PA
deferoxamine mesylate	1	
dexmedetomidine hcl	1	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	

Drug Name	Drug Tier	Notes
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIGIFAB	3	
diluent for treprostinil	1	
DOJOLVI	E	PA
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
DROPSAFE AUTOPROTECT DUO	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DUROLANE	2	PA; QL
DYSPORT	2	PA
EASIVENT	2	
EC-RX DHEA	3	
EDETATE CALCIUM DISODIUM INJECTION	3	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
ENOVARX-TRAMADOL	3	
EUA PATIENT ASSESSMENT	3	
EUFLEXXA	2	PA; QL

Drug Name	Drug Tier	Notes
EXCILON AMD DRAIN SPONGES	3	
EXTENDED INFUSION SET 23"/6MM	3	
EXTENDED INFUSION SET 23"/9MM	3	
EXTENDED INFUSION SET 32"/6MM	3	
EXTENDED INFUSION SET 32"/9MM	3	
EXTENDED INFUSION SET 43"/6MM	3	
EXTENDED INFUSION SET 43"/9MM	3	
EXTENDED RESERVOIR 3ML	3	
FEMCAP	3	
FIRDAPSE	E	PA; SP
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
flumazenil intravenous	1	
fomepizole	1	
FORA D40G GLUCOSE/PRESSURE	3	
formaldehyde	1	
GEL-ONE	E	PA; QL
GELSYN-3	2	PA; QL
GENVISC 850	E	PA; QL
glutaraldehyde external	1	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GOHIBIC	3	
GOODSENSE ALCOHOL SWABS	3	
GRASTEK	3	PA; QL
hetastarch-nacl	1	
HEXTEND	3	
HYALGAN	E	PA; QL
hydrogen peroxide	1	
HYLENEX	3	
HYMOVIS	E	PA; QL
HYMOVIS ONE	E	PA; QL
HYPOCYN ANTIPRURITIC	3	

Drug Name	Drug Tier	Notes
IGALMI	3	PA
ILET CONTACT DETACH 23" 6MM	3	
ILET INFUSION-FLEX 23" 6MM	3	
ILET INFUSION-INSET 23" 6MM	3	
ILET INFUSION-INSET 32" 6MM	3	
ILET INSULIN PUMP	3	
ILET STARTER - CONTACT DETACH	3	
ILET STARTER KIT - INSET 23"	3	
ILET STARTER KIT - INSET 32"	3	
INCONTROL ULTICARE PEN NEEDLES	2	
INSPIREASE RESERVOIR BAGS	2	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
INSUPEN32G EXTR3ME	2	
IWILFIN	3	PA; SP; OVM
KERENDIA	3	PA; QL
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
lactated ringers irrigation	1	
LASIX ONYU REUSABLE UNIT/CHARG	E	
l-glutamine oral packet	1	PA
LIPO	3	
LIPO-C	3	
liraglutide -weight management	1	PA; QL
LMD IN D5W	3	

Drug Name	Drug Tier	Notes
LMD IN NAACL	3	
L-MESITRAN SOFT WOUND	3	
LUXAMEND	3	
LYNKUET	3	PA; QL
LYSINE HCL INJECTION	3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	3	
METANXPRO NERVE HEALTH	E	
methylene blue intravenous solution	1	
methylergonovine maleate injection	1	
methylergonovine maleate oral	1	QL
MICROCHAMBER DEVICE	2	
MINIMED 780G INSULIN PUMP	3	
MINIMED MIO ADVANCE INFUSE SET	3	
MINIMED PUMP RESERVOIR 3ML	3	
MINIMED QUICK SET INF SET 18"	3	
MINIMED QUICK SET INF SET 23"	3	
MINIMED QUICK SET INF SET 32"	3	
MINIMED QUICK SET INF SET 43"	3	
MINIMED SILHOUETTE INF SET 32"	3	
MINIMED SILHOUETTE INF SET 43"	3	
MIPLYFFA	3	PA; SP; QL
MIUDELLA INTRAUTERINE COPPER	3	
MODD1 PATIENT WELCOME KIT	3	
MODD1 SUPPLY KIT	3	
MONOVISC	E	PA; QL
MYOBLOC	2	PA
NEOKE ALCAR	3	
NEOKE RA LIPOIC	3	
NEURAPTINE	3	
NEXAVIR	3	
NITHIODOTE	3	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ODACTRA	3	PA; QL
OMNIPOD 5 DEXCOM INTRO KIT	2	
OMNIPOD 5 DEXCOM PODS	2	

Drug Name	Drug Tier	Notes
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	
OMNIPOD 5 LIBRE PODS	2	
OMNIPOD DASH INTRO KIT	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS	2	
OMNIPOD POD PALS	3	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
ORLISTAT ORAL	3	PA
ORTHOVISC	E	PA; QL
PALFORZIA	E	PA
PALFORZIA (1 MG DAILY DOSE)	E	PA
PALFORZIA INITIAL DOSE 1-3YRS	E	PA
PALFORZIA INITIAL DOSE 4-17YRS	E	PA
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER	3	
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	
PEDMARK	3	PA
PEN NEEDLE/5-BEVEL TIP	2	
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	
PETROLEUM GAUZE NON-WOVEN 3X9"	3	
PHEXX	E	PA; QL
PHYSIOLYTE	3	
PIP PEN NEEDLES 32G X 4MM	2	
POCKET SPACER	2	
PREVDUO	3	
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	

Drug Name	Drug Tier	Notes
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	
PRISMASOL BK 0/0/1.2	3	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PROTOPAM CHLORIDE	3	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RADIAPLEXRX	3	
RADIOGARDASE	3	
RAGWITEK	3	PA; QL
RAPPORT RLS	3	
RAPPORT VTD	3	
RAYA SURE PEN NEEDLE	2	
REGENECARE	3	
ringers irrigation	1	
RYSTIGGO	3	PA; SP; QL
SAFETY PEN NEEDLES	2	
saline bacteriostatic	1	
SALINE-PHENOL	3	
SILHOUETTE 23" INFUSION SET	3	
SILHOUETTE 43" INFUSION SET	3	
SILHOUETTE INFUSION SET 18"	3	
sodium chloride bacteriostatic	1	
sodium nitrite intravenous	1	
sodium saccharin powder	1	
sodium thiosulfate intravenous	1	
SOHONOS	3	PA; SP; QL
STERILE DILUENT FOR REMODULIN	3	
sterile water for injection	1	

Drug Name	Drug Tier	Notes
sterile water for irrigation	1	
SUPARTZ FX	E	PA; QL
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	3	
SURE T INFUSION SET 23"/6MM	3	
SURE T INFUSION SET 23"/8MM	3	
SURE T INFUSION SET 32"/10MM	3	
SURE T INFUSION SET 32"/6MM	3	
SURE T INFUSION SET 32"/8MM	3	
SYNOJOYNT	E	PA; QL
SYNVISC	E	PA; QL
SYNVISC ONE	E	PA; QL
T:SLIM X2 INSULIN PUMP	3	
T:SLIM X2 STARTER 7.10	3	
TANDEM MOBI AUTOSOFT 30 KIT	3	
TANDEM MOBI AUTOSOFT XC KIT	3	
TANDEM MOBI AUTOSOFT30 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK23"	3	
TANDEM MOBI AUTOSOFTXC 14PK5"	3	
TANDEM MOBI SYSTEM STARTER	3	
TANDEM MOBI TRUSTEEL SUPP KIT	3	
TANDEM T:SLIM ASFT 30 PK10 23"	3	
TANDEM T:SLIM ASFT 30 PK14 23"	3	
TANDEM T:SLIM ASFT XC PK10 23"	3	
TANDEM T:SLIM ASFT XC PK14 23"	3	
TANDEM T:SLIM TRUSTL PK10 23"	3	
TAURINE INJECTION	3	
TAVNEOS	E	PA; SP; QL
TECHLITE PLUS PEN NEEDLES	2	
TELFAMD ISLAND DRESSING	3	
TELFAMD NON-ADHERENT	3	
TISSEEL	3	
TRI-AMINO	3	
TRILURON	E	PA; QL
TRIVISC	E	PA; QL
TRUE COMFORT SAFETY PEN NEEDLE	2	
TWIST REFILL KIT	2	

Drug Name	Drug Tier	Notes
TWIIST REFILL KIT/INFUSION SET	2	
TWIIST STARTER KIT	2	
UDSX MEDICATED SYSTEM	3	
UDSXMP MEDICATED SYSTEM	3	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PROTECT PEN NEEDLE	2	
VENELEX	3	
VEOZAH	E	PA; QL
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VISCO-3	E	PA; QL
VISTOGARD	3	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
VYKAT XR	3	PA; SP; QL
water for irrigation, sterile	1	
WEGOVI	2	PA; QL
WEGOVI HD	2	PA; QL
WIDE-SEAL DIAPHRAGM 60	3	
WIDE-SEAL DIAPHRAGM 65	3	
WIDE-SEAL DIAPHRAGM 70	3	
WIDE-SEAL DIAPHRAGM 75	3	
WIDE-SEAL DIAPHRAGM 80	3	
WIDE-SEAL DIAPHRAGM 85	3	
WIDE-SEAL DIAPHRAGM 90	3	
WIDE-SEAL DIAPHRAGM 95	3	
XENICAL	3	PA
XEOMIN	2	PA
XIAFLEX	2	PA; SP
XPHOZAH	E	QL
YONI FIT BLADDER SUPPORT KIT 1	3	
YONI FIT BLADDER SUPPORT KIT 2	3	

Drug Name	Drug Tier	Notes
YONI FIT BLADDER SUPPORT KIT 3	3	
YONI FIT BLADDER SUPPORT KIT 4	3	
YONI FIT BLADDER SUPPORT KIT 5	3	
YORVIPATH	3	PA; SP; QL
ZEPBOUND KWIKPEN	E	PA; QL
ZEPBOUND SUBCUTANEOUS SOLUTION	E	PA; QL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
ZILBRYSQ	3	PA; SP
ZOKINVY	3	PA; SP; QL
<b>Ophthalmic Agents</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBEX	3	
<b>Antibacterials, Other</b>		
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
BETADINE OPHTHALMIC PREP	3	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-hc ophthalmic	1	
polymyxin b-trimethoprim	1	
POVIDONE-IODINE OPHTHALMIC	3	
TRIPLE PMB	3	
TRIPLE PMK	3	
XDEMZY	E	PA; QL
<b>Anti-cytomegalovirus (CMV) Agents</b>		
ZIRGAN	3	
<b>Antifungals</b>		
NATACYN	2	
<b>Antiherpetic Agents</b>		
trifluridine	1	

Drug Name	Drug Tier	Notes
<b>Macrolides</b>		
AZASITE	3	
erythromycin ophthalmic	1	
<b>Ophthalmic Agents, Other</b>		
AKTEN	3	
ALTACAINE	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
BEOVU	E	PA; SP
BEVACIZUMAB	2	SP
BYOOVIZ	E	PA; SP
CEQUA	3	PA; QL
CIMERLI	3	PA; SP
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine (pf)	E	PA; QL
CYSTADROPS	3	SP; QL
CYSTARAN	3	SP; QL
ENCELTO	E	PA; SP
EYLEA	3	PA; SP
EYLEA HD	3	PA; SP
HOMATROPAIRE	3	
IZERVAY	3	PA; SP
loteprednol-tobramycin	1	
LUCENTIS	E	PA; SP
MIEBO	2	PA; QL
MITOSOL	3	
OXERVATE	3	PA; SP; QL
PHOTREXA-PHOTREXA VISCOUS KIT	3	
proparacaine hcl ophthalmic	1	
RESTASIS MULTIDOSE	2	PA; QL
sulfacetamide-prednisolone	1	
SUSVIMO (IMPLANT 1ST FILL)	3	PA; SP
SUSVIMO (IMPLANT REFILL)	3	PA; SP
SYFOVRE	3	PA; SP

Drug Name	Drug Tier	Notes
tetracaine hcl ophthalmic	1	
TRYPTYR	2	PA; QL
TYRVAYA	3	PA; QL
VABYSMO	3	PA; SP
VERKAZIA	E	PA; QL
VEVYE	E	PA; QL
VISUDYNE	3	SP
VIZZ	E	PA; QL
XIIDRA	2	PA; QL
<b>Ophthalmic Anti-allergy Agents</b>		
altafrin	1	
BEPREVE	E	
cromolyn sodium ophthalmic	1	
CYCLOMYDRIL	3	
epinastine hcl	1	
phenylephrine hcl ophthalmic	1	
UPNEEQ	3	PA
ZERVIATE	E	
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P	E	
apraclonidine hcl	1	
AZOPT	E	
betaxolol hcl ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	E	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
levobunolol hcl	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	

Drug Name	Drug Tier	Notes
QLOSI	E	PA; QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	E	
VUITY	E	PA; QL
<b>Ophthalmic Anti-inflammatories</b>		
bromfenac sodium (once-daily)	1	QL
bromfenac sodium ophthalmic solution 0.07 %	1	ST; QL
BROMSITE	E	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
DOUBLE PM	3	
EYSUVIS	3	PA; QL
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	3	
ILEVRO	E	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	QL
MAXIDEX	3	
NEVANAC	E	QL
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	E	QL

Drug Name	Drug Tier	Notes
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
bimatoprost ophthalmic	1	QL
IYUZEH	E	QL
latanoprost ophthalmic	1	
LATISSE	E	
tafluprost (pf)	1	QL
TRAVATAN Z	E	QL
travoprost (bak free)	1	QL
VYZULTA	E	QL
XALATAN	E	
XELPROS	3	ST; QL
ZIOPTAN	E	QL
<b>Quinolones</b>		
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
levofloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
VIGAMOX	E	
<b>Sulfonamides</b>		
sulfacetamide sodium ophthalmic	1	
<b>Otic Agents</b>		
acetic acid otic	1	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
azelastine hcl nasal	1	QL

Drug Name	Drug Tier	Notes
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
clemastine fumarate oral tablet	1	
cyproheptadine hcl oral	1	
DICOPANOL FUSEPAQ	3	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
promethazine-phenylephrine	E	
RYCLORA	3	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS	E	QL
ADVAIR HFA	1	QL
ALVESCO	E	QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
BEVESPI AEROSPHERE	E	QL
BREO ELLIPTA	1	QL
brey-na	E	QL
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL
DULERA	E	QL
FLUTICASONE FUROATE ELLIPTA	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL
FLUTICASONE PROPIONATE DISKUS	E	QL
fluticasone propionate hfa aerosol 44 mcg/act inhalation	1	QL
FLUTICASONE PROPIONATE HFA AEROSOL 44 MCG/ACT INHALATION	E	QL
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	E	QL

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	2	QL
wixela inhub	1	ST; QL
XHANCE	E	QL
<b>Antileukotrienes</b>		
montelukast sodium oral	1	
SINGULAIR	E	
zafirlukast	1	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL
INCRUSE ELLIPTA	E	QL
ipratropium bromide hfa	1	QL
ipratropium bromide inhalation	1	QL
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	E	QL
SPIRIVA RESPIMAT	2	QL
tiotropium bromide	1	QL
TUDORZA PRESSAIR	E	QL
UMECLIDINIUM ELLIPTA	E	QL
YUPELRI	3	QL
<b>Bronchodilators, Sympathomimetic</b>		
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
albuterol sulfate oral	1	
arformoterol tartrate	1	QL
AUVI-Q	3	
epinephrine injection solution auto-injector	1	

Drug Name	Drug Tier	Notes
EPIPEN JR 2-PAK	E	
formoterol fumarate inhalation	1	QL
isoproterenol hcl injection	1	
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	QL
NEFFY	3	
PROAIR RESPICLICK	E	QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	2	QL
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	
VENTOLIN HFA	E	QL
XOPENEX HFA	E	QL
<b>Cystic Fibrosis Agents</b>		
ALYFTREK	3	PA; SP; QL
BETHKIS	E	SP; QL
BRONCHITOL	E	PA; SP; QL
BRONCHITOL TOLERANCE TEST	E	PA; SP; QL
CAYSTON	E	PA; SP
KALYDECO ORAL PACKET	3	PA; SP; QL
KALYDECO ORAL TABLET	3	PA; SP
KITABIS PAK (W/ NEBULIZER)	E	SP; QL
ORKAMBI	3	PA; SP; QL
PULMOZYME	2	PA; SP
SYMDEKO	3	PA; SP; QL
TOBI NEBULIZER	E	SP; QL
TOBI PODHALER	3	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	1	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	SP; QL
TRIKAFTA	3	PA; SP; QL
<b>Mast Cell Stabilizers</b>		
cromolyn sodium inhalation	1	

Drug Name	Drug Tier	Notes
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
aminophylline	1	
elixophyllin	1	
OHTUVAYRE	E	PA; QL
roflumilast	1	PA
THEO-24	3	
theophylline er	1	
theophylline oral	1	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	E	PA; SP; QL
ADEMPAS	2	PA; SP; QL
alyq	1	PA; SP; QL
ambrisentan	1	PA; SP; QL
bosentan	1	PA; SP; QL
epoprostenol sodium	1	PA; SP
LETAIRIS	E	PA; SP; QL
OPSUMIT	2	PA; SP; QL
OPSYNVI	E	PA; SP; QL
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN	E	PA; SP
REVATIO INTRAVENOUS	E	PA; SP
REVATIO ORAL	E	PA; SP; QL
sildenafil citrate intravenous	1	PA; SP
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
tadalafil (pah)	1	PA; SP; QL
TADLIQ	E	PA; SP; QL
TRACLEER	E	PA; SP; QL
treprostinil	1	PA; SP
TYVASO	3	PA; SP; QL
TYVASO DPI INSTITUTIONAL KIT	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL

Drug Name	Drug Tier	Notes
TYVASO REFILL KIT	3	PA; SP; QL
TYVASO STARTER KIT	3	PA; SP; QL
UPTRAVI INTRAVENOUS	3	PA; SP
UPTRAVI ORAL	3	PA; SP; QL
UPTRAVI TITRATION	3	PA; SP; QL
WINREVAIR	3	PA; SP; QL
YUTREPIA	3	PA; SP; QL
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET	E	PA; SP; QL
JASCAYD	E	PA; SP; QL
nintedanib esylate	1	PA; SP; QL
pirfenidone oral capsule	1	PA; SP; QL
pirfenidone oral tablet 267 mg, 801 mg	1	PA; SP; QL
pirfenidone oral tablet 534 mg	1	SP
<b>Respiratory Tract Agents, Other</b>		
acetylcysteine inhalation	1	
acetylcysteine intravenous	1	
AIRSUPRA	2	QL
ANORO ELLIPTA	2	QL
azelastine-fluticasone	1	QL
benzonatate	1	
BREZTRI AEROSPHERE	2	QL
BRINSUPRI	E	PA; SP; QL
CINQAIR	3	PA; SP
COMBIVENT RESPIMAT	2	QL
CUROSURF	3	
DUAKLIR PRESSAIR	E	QL
DYMISTA	E	QL
EXDENSUR	3	PA; SP; QL
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL
hydrocod polio-chlorophe polio er	1	PA; QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
HYPERSAL	3	
INFASURF	3	
ipratropium-albuterol	1	QL

Drug Name	Drug Tier	Notes
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
NUCALA	2	PA; SP; QL
ORALAIR	3	PA; QL
ORALAIR ADULT STARTER PACK	3	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA; QL
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	3	
RYALTRIS	3	QL
sodium chloride inhalation	1	
STERITALC	3	
STIOLTO RESPIMAT	2	QL
SURVANTA	3	
TEZSPIRE	2	PA; SP; QL
TRELEGY ELLIPTA	2	QL
UMECLIDINIUM-VILANTEROL	E	QL
<b>Skeletal Muscle Relaxants</b>		
AMRIX	E	
atracurium besylate	1	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cisatracurium besylate	1	
cisatracurium besylate (pf)	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium intravenous	1	
dantrolene sodium oral	1	
ENOVARX-BACLOFEN	3	
ENOVARX-CYCLOBENZAPRINE HCL	3	
FLEQSUVY	E	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	E	QL
NORGESIC FORTE	E	QL
orphenadrine citrate er	1	QL

Drug Name	Drug Tier	Notes
orphenadrine citrate injection	1	
ORPHENGESIC FORTE	E	QL
OZOBAX DS	E	
revonto	1	
rocuronium bromide +rfid intravenous solution	1	
ROCURONIUM BROMIDE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	3	
rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
RYANODEX	3	
SOMA	E	
succinylcholine chloride injection	1	
SUCCINYLMCHOLINE CHLORIDE INTRAVENOUS	3	
TABRADOL FUSEPAQ	3	
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet	1	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1	
ZANAFLEX	E	
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
LUNESTA	E	QL
RESTORIL	E	QL
temazepam	1	QL
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	E	QL

Drug Name	Drug Tier	Notes
zolpidem tartrate oral tablet	1	QL
<b>Sleep Disorders, Other</b>		
BELSOMRA	3	QL
DAYVIGO	E	QL
doxepin hcl oral tablet	1	QL
HETLIOZ	E	PA; SP; QL
HETLIOZ LQ	E	PA; SP; QL
QUVIVIQ	E	QL
ramelteon	1	QL
tasimelteon	1	PA; SP; QL
<b>Wakefulness Promoting Agents</b>		
armodafinil	1	PA; QL
LUMRYZ	E	PA; SP; QL
LUMRYZ STARTER PACK	E	PA; SP; QL
modafinil oral	1	PA; QL
NUVIGIL	E	PA; QL
PROVIGIL	E	PA; QL
sodium oxybate	1	PA; SP; QL
SUNOSI	2	PA; QL
WAKIX	3	PA; SP; QL
XYREM	E	PA; SP; QL
XYWAV	3	PA; SP; QL

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DEXCOM G7 RECEIVER.....	50	TEST.....	50	docetaxel.....	29
DEXCOM G7 SENSOR.....	50	DIATROL.....	92	DOCIVYX.....	29
DEXIFOL.....	92	diazepam.....	16, 46	dofetilide.....	71
DEXILANT.....	99	DIAZEPAM.....	46	DOJOLVI.....	129
dexmedetomidine hcl.....	128	diazepam intensol.....	46	dolishale.....	110
dexmedetomidine hcl in nacl...	128	diazoxide.....	63	donepezil hcl.....	18
DEXMEDETOMIDINE HCL IN		dichlorphenamide.....	77	dopamine hcl.....	75
NACL.....	128	DICLOFENAC PATCH 1.3%.....	2	dopamine-dextrose.....	75
DEXMEDETOMIDINE HCL-		diclofenac potassium.....	2	DOPRAM.....	81
DEXTROSE.....	128	diclofenac sodium.....	2, 29, 140	DOPTELET.....	67
dexmethylphenidate hcl.....	80	diclofenac sodium er.....	2	DOPTELET SPRINKLE.....	67
dexmethylphenidate hcl er.....	80	dicloxacillin sodium.....	13	DORYX MPC.....	14
DEXONTO 0.4%.....	104	DICOPANOL FUSEPAQ.....	142	dorzolamide hcl.....	139
DEXPANTHENOL.....	97	dicyclomine hcl.....	96	dorzolamide hcl-timolol mal....	139
dextrazoxane hcl.....	29	diethylpropion hcl.....	81	dorzolamide hcl-timolol mal pf	139
dextroamphetamine sulfate.....	80	diethylpropion hcl er.....	81	dotti.....	110
dextroamphetamine sulfate er..	80	DIFFERIN.....	85	DOUBLE PM.....	140
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DEXTROSE.....	89	diflunisal.....	2	doxazosin mesylate.....	70
DHIVY.....	40	difluprednate.....	140	doxepin hcl.....	20, 149
DIABETES CARE.....	50	DIGIFAB.....	129	doxercalciferol.....	125
DIACOMIT.....	16	digoxin.....	74	doxorubicin hcl.....	29
DIASCREEN 10.....	128	dihydroergotamine mesylate....	24	doxorubicin hcl liposomal.....	29
DIASCREEN 1B.....	128	DILANTIN.....	17	doxy 100.....	14
DIASCREEN 1G.....	128	DILANTIN INFATABS.....	17	doxycycline.....	85
DIASCREEN 1K.....	128	DILANTIN-125.....	17	doxycycline hyclate.....	14
DIASCREEN 2GK.....	128	DILAUDID.....	5	doxycycline monohydrate.....	15
DIASCREEN 2GP.....	128	diltiazem hcl.....	73	doxylamine-pyridoxine.....	21
DIASCREEN 3.....	129	diltiazem hcl er.....	73	dronabinol.....	22
DIASCREEN 4NL.....	129	diltiazem hcl er beads.....	73	droperidol.....	21
DIASCREEN 4OBL.....	129	diltiazem hcl er coated beads...	73	DROPLET GENTEEL	
DIASCREEN 4PH.....	129	DILTIAZEM HCL-DEXTROSE..	73	LANCING DEVICE.....	50
DIASCREEN 5.....	129	DILTIAZEM HCL-SODIUM		DROPLET MICRON.....	129
DIASCREEN 6.....	129	CHLORIDE.....	73	DROPSAFE ACTI-LANCE	
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DIASCREEN 8.....	129	diluent for treprostinil.....	129	DROPSAFE ALCOHOL PREP	129
DIASCREEN 9.....	129	dimenhydrinate.....	21	DROPSAFE AUTOPROTECT	
DIASCREEN LIQUID URINE		dimethyl fumarate.....	82	DUO.....	129
CONTROL.....	129	dimethyl fumarate starter pack..	82	DROPSAFE MEDLANCE	
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GLUCOSE METER.....	50	DIPENTUM.....	124	SYRINGE/NEEDLE.....	129
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GLUCOSE TEST.....	50	diphenoxylate-atropine.....	97	drospirenone-ethinyl estradiol.	110
DIATHRIVE GLUCOSE		dipyridamole.....	69	DROXIA.....	28
CONTROL SOLN.....	50	diskets.....	3	DRYSOL.....	85
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		disulfiram.....	8		

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DUVYZAT.....	100	EASYMAX V BLOOD GLUCOSE.....	52	ELFABRIO.....	100
DYANAVEL XR.....	80	EASYPRO BLOOD GLUCOSE MONITOR.....	52	ELIGARD.....	116
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DYSPORT.....	129	EASYPRO PLUS.....	52	ELIQUIS.....	66
E.E.S. 400.....	14	EBGLYSS.....	85	ELIQUIS (1.5 MG PACK).....	66
EASIVENT.....	129	econazole nitrate.....	22	ELIQUIS (2 MG PACK).....	66
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EASY MAX T1 GLUCOSE SYSTEM.....	51	EC-RX DHEA.....	129	ELITEK.....	38
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		ELELYSO.....	100		

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GLUCOSE MONITOR.....	52	enalapril-hydrochlorothiazide....	75	EPOGEN.....	67
EMBRACE BLOOD		ENBRACE HR.....	92	epoprostenol sodium.....	145
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EMBRACE CONTROL.....	52	ENBREL MINI.....	120	EPSOLAY.....	85
EMBRACE EVO BLOOD		ENBREL SURECLICK.....	120	eptifibatide.....	69
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DEVICE/EJECTOR.....	52	ENLYTE GUMMY+.....	92	eribulin mesylate.....	29
EMBRACE PEN NEEDLES....	129	ENOVARX-BACLOFEN.....	147	ERIVEDGE.....	32
EMBRACE PRO GLUCOSE		ENOVARX-		ERLEADA.....	27
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EMBRACE PRO GLUCOSE		ENOVARX-LIDOCAINE HCL....7		errin.....	115
METER.....	52	ENOVARX-TRAMADOL.....	129	ertapenem sodium.....	13
EMBRACE PRO GLUCOSE		enoxaparin sodium.....	66	ERY PAD 2%.....	85
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GLUCOSE.....	52	ENSPRYNG.....	123	erythromycin ethylsuccinate.....	14
EMBRACE TALK GLUCOSE		ENSTILAR.....	85	erythromycin lactobionate.....	14
CONTROL.....	52	entacapone.....	39	ERZOFRI.....	40
EMBRACE TALK GLUCOSE		entecavir.....	42	ESBRIET.....	146
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EMBRACE WAVE BLOOD		enulose.....	98	esmolol hcl.....	72
GLUCOSE.....	52	ENVARUSUS XR.....	120	ESMOLOL HCL.....	72
EMBRACE WAVE GLUCOSE		EOHILIA.....	124	esmolol hcl-sodium chloride.....	72
CONTROL.....	52	EPCLUSA.....	42	esomeprazole magnesium.....	99
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METER.....	52	ephedrine sulfate (pressors).....	75	estarylla.....	110
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EMFLAZA.....	104	EPIDIOLEX.....	15	estradiol valerate.....	110
EMGALITY.....	24	EPIDUO.....	85	estradiol-norethindrone acet...110	
EMPAVELI.....	65	EPIFOAM.....	85	ESTRING.....	110
EMPLICITI.....	36	epinastine hcl.....	139	ESTROGEL.....	110
EMRELIS.....	36	EPINEPHRINE.....	75	estrogens conjugated.....	110
EMROSI.....	85	epinephrine.....	75, 143	eszopiclone.....	148
EMSAM.....	19	EPINEPHRINE HCL-		ethacrynate sodium.....	77
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etodolac.....	2	EXTENDED RESERVOIR 3ML		fidaxomicin.....	14
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etonogestrel-ethinyl estradiol..	110	EXXUA.....	19	2.0.....	53
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EUFLEXXA.....	129	FABHALTA.....	65	finngolimod hcl.....	82
EULEXIN.....	27	FABRAZYME.....	100	FINTEPLA.....	15
EVAMIST.....	110	falmina.....	110	finzala.....	111
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EVOMELA.....	26	felbamate.....	16	MASK/LARGE.....	130
EVOTAZ.....	44	felodipine er.....	73	FLEXICHAMBER CHILD	
EVRYSDI.....	100	FEMCAP.....	130	MASK/SMALL.....	130
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EXENATIDE.....	62	fenofibric acid.....	78	fluconazole.....	22
EXFORGE.....	75	FENOPRON.....	2	fluconazole in sodium chloride..	22
EXFORGE HCT.....	75	FENSOLVI (6 MONTH).....	116	flucytosine.....	22
EXODERM.....	22	fentanyl.....	3	fludarabine phosphate.....	28
EXONDYS 51.....	100	fentanyl citrate.....	5	fludrocortisone acetate.....	104
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43"/6MM.....	130	FIASP PENFILL.....	64	fluphenazine decanoate.....	40

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flurazepam hcl.....	148	DEVICE.....	53	FORZINITY.....	100
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FOCINVEZ.....	22	GLUCOSE SYSTEM.....	53	FREESTYLE LIBRE 2 PLUS	
FOLA-B COMPLEX.....	92	FORA GD50 BLOOD		SENSOR.....	54
FOLACHEW.....	92	GLUCOSE TEST.....	53	FREESTYLE LIBRE 2	
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JUBLIA.....	23	KINERET.....	120	lamotrigine er.....	17
juleber.....	111	KIONEX.....	91	lamotrigine starter kit-blue.....	17
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LU'U Y: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по

телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

## Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network, along with our contracted vendors, comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network, along with our contracted vendors:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil rights complaint if you believe that Blue Cross Blue Shield of Michigan and Blue Care Network or any of our contracted vendors have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

Office of Civil Rights Coordinator  
600 E. Lafayette Blvd., MC 1302  
Detroit, MI 48226

Phone: 888-605-6461, TTY: 711  
Fax: 866-559-0578

Email: [CivilRights@bcbsm.com](mailto:CivilRights@bcbsm.com)

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal website](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail, phone, or email at:

U.S. Department of Health & Human Services  
200 Independence Ave, SW  
Room 509, HHH Building  
Washington, D.C. 20201

Phone: 800-368-1019, TTD: 800-537-7697

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Complaint forms are available on the U.S. Department of Health & Human Services [Office for Civil Rights website](https://www.hhs.gov/ocr/complaints/index.html) <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: <https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/>



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