

Mandatory Generic: The Prescription Drug benefit is a “Mandatory Generic” program. Each Prescription will be filled as a Generic when available. If the Physician or the Covered Person requests a Brand Name Medication when there is an FDA “AB” rated Generic available, the Covered Person will be charged the applicable Deductible/Co-insurance/Co-payments plus the difference in the price of the Brand Name Medication and the available Generic. This charge is referred to as a DAW (Dispense as Written). The fee is applicable regardless of prescriber request or member request.

Medication Sourcing Classification Changes: Sourcing classification is dictated solely by the pharmaceutical manufacturer industry. These changes occur when multiple manufactures stop producing a drug leaving only one manufacturer (single source) to produce and sell the drug or new manufacturers enter the market to produce and sell a drug where others are already (multi-source). These changes occur intermittently throughout the year and without notice. The changes often result in a tier change which directly impacts the amount you pay in co-payment or co-insurance. As a result there may be instances where the tier on the formulary may not match the amount you are responsible for. The formulary is constantly updated to account for these types of changes.

CURRENT AS OF 10/15/2025

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs

Drug Tier
EX = Excluded
Tier 1 = Generic
Tier 2 = Preferred Brand
Tier 3 = Non-Preferred Brand/Generic
Tier 4 = Specialty
Tier 5 = Preventive

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
Opioid Brochure = Opioid Brochure
PA = Prior Authorization
QL = Quantity Limit
Specialty = Specialty
ST = Step Therapy

Drug Name	Drug Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Tier 1	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	EX	Formulary Exclusion
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	EX	Formulary Exclusion
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 3	ST; QL
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	Tier 3	ST; QL
STRATTERA CAPSULE 10 MG ORAL	EX	Formulary Exclusion
STRATTERA CAPSULE 100 MG ORAL	Tier 3	Formulary Exclusion

Drug Name	Drug Tier	Notes
STRATTERA CAPSULE 18 MG ORAL	EX	Formulary Exclusion
STRATTERA CAPSULE 25 MG ORAL	EX	Formulary Exclusion
STRATTERA CAPSULE 40 MG ORAL	EX	Formulary Exclusion
STRATTERA CAPSULE 60 MG ORAL	EX	Formulary Exclusion
STRATTERA CAPSULE 80 MG ORAL	EX	Formulary Exclusion
Amphetamine Mixtures**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	EX	Formulary Exclusion; QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	EX	Formulary Exclusion; QL
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 1	QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	EX	Formulary Exclusion; QL
Amphetamines**		
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML	EX	Formulary Exclusion; QL
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Benefit Exclusion	ST; Formulary Exclusion; QL
amphetamine er oral suspension extended release 1.25 mg/ml	EX	Formulary Exclusion; QL
amphetamine er oral tablet extended release dispersible 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	EX	ST; Formulary Exclusion; QL
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL
DESOXYN ORAL TABLET 5 MG	EX	Formulary Exclusion; QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	EX	Formulary Exclusion; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	QL
dextroamphetamine sulfate oral solution 5 mg/5ml	Tier 1	QL

Drug Name	Drug Tier	Notes
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	EX	ST; Formulary Exclusion; QL
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	EX	ST; Formulary Exclusion; QL
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	EX	Formulary Exclusion; QL
EVEKEO ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion; QL
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL
methamphetamine hcl oral tablet 5 mg	Tier 1	QL
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	EX	Formulary Exclusion; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	EX	Formulary Exclusion; QL
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR	EX	ST; Formulary Exclusion; QL
ZENZEDI TABLET 10 MG ORAL	Tier 1	QL
ZENZEDI TABLET 15 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 2.5 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 20 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 30 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 5 MG ORAL	Tier 1	QL
ZENZEDI TABLET 7.5 MG ORAL	EX	Formulary Exclusion; QL
Analeptics**		
CAFCIT INTRAVENOUS SOLUTION 60 MG/3ML	EX	Medical Only Exclusion
caffeine citrate intravenous solution 60 mg/3ml	EX	Medical Only Exclusion
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	Tier 1	
caffeine-sodium benzoate injection solution 125-125 mg/ml	EX	Non FDA Exclusion
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Anorexiant Combinations**		
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	Benefit Exclusion	PA; QL
PLENITY ORAL CAPSULE	EX	Non FDA Exclusion
PLENITY WELCOME KIT ORAL CAPSULE	EX	Non FDA Exclusion
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Benefit Exclusion	PA; Formulary Exclusion; QL
Anorexiants Non-Amphetamine**		
ADIPEX-P ORAL CAPSULE 37.5 MG	Benefit Exclusion	Formulary Exclusion; QL
ADIPEX-P ORAL TABLET 37.5 MG	Benefit Exclusion	Formulary Exclusion; QL
benzphetamine hcl oral tablet 25 mg, 50 mg	Benefit Exclusion	Formulary Exclusion; QL
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	Benefit Exclusion	Formulary Exclusion; QL
diethylpropion hcl oral tablet 25 mg	Benefit Exclusion	Formulary Exclusion; QL
LOMAIRA ORAL TABLET 8 MG	Benefit Exclusion	QL
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	Benefit Exclusion	Formulary Exclusion; QL
phendimetrazine tartrate oral tablet 35 mg	Benefit Exclusion	Formulary Exclusion; QL
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	Benefit Exclusion	QL
phentermine hcl tablet 37.5 mg oral	Benefit Exclusion	QL
phentermine hcl tablet 8 mg oral	EX	QL
Anti-Obesity - Gip & Glp-1 Receptor Agonists**		
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	EX	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Benefit Exclusion	PA; QL
Anti-Obesity - Glp-1 Receptor Agonists**		
liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml	EX	PA; QL
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Benefit Exclusion	PA; QL

Drug Name	Drug Tier	Notes
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	Benefit Exclusion	PA; QL
Anti-Obesity Agent Combinations*		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	Benefit Exclusion	PA; Formulary Exclusion; QL
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA; QL
Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA; Specialty; QL
Lipase Inhibitors**		
orlistat oral capsule 120 mg	Benefit Exclusion	PA; QL
XENICAL ORAL CAPSULE 120 MG	Benefit Exclusion	PA; QL
Stimulant Combinations**		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	ST; QL
Stimulants - Misc.**		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	EX	Formulary Exclusion; QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Benefit Exclusion	Formulary Exclusion; QL
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	QL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	EX	Formulary Exclusion; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	Benefit Exclusion	ST; Formulary Exclusion; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	EX	ST; Formulary Exclusion; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL

Drug Name	Drug Tier	Notes
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	EX	Formulary Exclusion; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST; QL
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	EX	Formulary Exclusion; QL
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	EX	Formulary Exclusion
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 1	QL
methylphenidate hcl er (osm) tablet extended release 18 mg oral	Tier 1	QL
methylphenidate hcl er (osm) tablet extended release 27 mg oral	EX	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 27 mg oral	Tier 1	QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral	EX	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral	Tier 1	QL
methylphenidate hcl er (osm) tablet extended release 45 mg oral	EX	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 54 mg oral	EX	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 54 mg oral	Tier 1	QL
methylphenidate hcl er (osm) tablet extended release 63 mg oral	EX	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 72 mg oral	EX	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 72 mg oral	Tier 1	QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Benefit Exclusion	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Tier 1	QL
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	Tier 1	QL
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Tier 1	ST; QL
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	EX	Formulary Exclusion; QL
PROVIGIL ORAL TABLET 100 MG, 200 MG	EX	Formulary Exclusion; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Tier 3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Tier 3	ST; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	EX	Formulary Exclusion; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	EX	Formulary Exclusion; QL
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	EX	Formulary Exclusion; QL
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts**		
acacia pollen injection solution 1:40	EX	Medical Only Exclusion
acacia subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
alder subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
alternaria alternata injection solution 1:20 , 24000 pnu/ml	EX	Medical Only Exclusion
american beech pollen subcutaneous solution 1:20	EX	Medical Only Exclusion
american beech subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
american cockroach subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
american elm injection solution 1:20	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
american elm subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
american sycamore injection solution 1:20	EX	Medical Only Exclusion
arizona cypress subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
aspen pollen injection solution 1:20	EX	Medical Only Exclusion
aspergillus fumigatus solution 1:10 injection	Benefit Exclusion	Medical Only Exclusion
aspergillus fumigatus solution 1:20 injection	Benefit Exclusion	Medical Only Exclusion
aspergillus fumigatus solution 1:20 injection	EX	Medical Only Exclusion
aureobasidium pullulans solution 1:20 injection	Benefit Exclusion	Medical Only Exclusion
aureobasidium pullulans solution 36000 pnu/ml injection	EX	Medical Only Exclusion
australian pine subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
bahia subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
bald cypress subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
bayberry (wax myrtle) solution 1:20 subcutaneous	EX	Medical Only Exclusion
bayberry (wax myrtle) solution 1:20 subcutaneous	Benefit Exclusion	Medical Only Exclusion
bermuda grass solution 10000 bau/ml injection	Benefit Exclusion	Medical Only Exclusion
bermuda grass solution 10000 bau/ml injection	EX	Medical Only Exclusion
bermuda grass subcutaneous solution 10000 bau/ml	Benefit Exclusion	Medical Only Exclusion
bipolaris sorokiniana injection solution 1:20	EX	Medical Only Exclusion
black walnut pollen (1:10) injection solution 75000 pnu/ml	EX	Medical Only Exclusion
black walnut pollen (1:20) injection solution 75000 pnu/ml	EX	Medical Only Exclusion
black walnut pollen injection solution 1:20 , 20000 pnu/ml, 40000 pnu/ml	EX	Medical Only Exclusion
black willow injection solution 1:20	EX	Medical Only Exclusion
black willow subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
black/sweet birch pollen injection solution 1:20	EX	Medical Only Exclusion
botrytis cinerea injection solution 1:20 , 43000 pnu/ml	Benefit Exclusion	Medical Only Exclusion
box elder pollen injection solution 1:20	EX	Medical Only Exclusion
brome subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
california pepper tree subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
candida albicans extract solution 1:1000 injection	Benefit Exclusion	Medical Only Exclusion
candida albicans extract solution 1:1000 injection	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
candida albicans extract solution 100 mg/ml injection	Benefit Exclusion	Medical Only Exclusion
carelessweed injection solution 1:40	EX	Medical Only Exclusion
cat hair extract solution 10000 bau/ml injection	Benefit Exclusion	Medical Only Exclusion
cat hair extract solution 10000 bau/ml injection	EX	Medical Only Exclusion
cat hair extract solution 5000 bau/ml injection	Benefit Exclusion	Medical Only Exclusion
cat hair extract solution 5000 bau/ml injection	EX	Medical Only Exclusion
cat hair extract subcutaneous solution 10000 bau/ml	Benefit Exclusion	Medical Only Exclusion
cattle epithelium subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
cedar elm subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
cladosporium cladosporioides injection solution 1:20 , 64000 pnu/ml	Benefit Exclusion	Medical Only Exclusion
cladosporium cladosporioides intradermal solution 1:20	Benefit Exclusion	Medical Only Exclusion
cladosporium sphaerospermum injection solution 1:20	EX	Medical Only Exclusion
cocklebur subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
corn pollen subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
corn smut injection solution 1:20	EX	Medical Only Exclusion
dandelion subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
dog epithelium solution 1:10 subcutaneous	EX	Medical Only Exclusion
dog epithelium solution 1:10 subcutaneous	Benefit Exclusion	Medical Only Exclusion
dog epithelium solution 1:20 subcutaneous	EX	Medical Only Exclusion
dog epithelium solution 1:20 subcutaneous	Benefit Exclusion	Medical Only Exclusion
dog fennel subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
eastern cottonwood injection solution 1:20	EX	Medical Only Exclusion
eastern cottonwood subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
english plantain injection solution 1:20	EX	Medical Only Exclusion
epicoccum nigrum solution 1:10 injection	Benefit Exclusion	Medical Only Exclusion
epicoccum nigrum solution 1:20 injection	EX	Medical Only Exclusion
fire ant subcutaneous solution 1:10 , 1:20	Benefit Exclusion	Medical Only Exclusion
german cockroach subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
goldenrod subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
grass pollen mixture of 6 injection solution 100000 bau/ml	Benefit Exclusion	Medical Only Exclusion
grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection	Benefit Exclusion	Medical Only Exclusion
grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Benefit Exclusion	
green ash pollen injection solution 1:20	EX	Medical Only Exclusion
guinea pig epithelium extract injection solution 1:20	EX	Medical Only Exclusion
hackberry subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	Benefit Exclusion	Medical Only Exclusion
horse epithelium solution 1:10 subcutaneous	Benefit Exclusion	Medical Only Exclusion
horse epithelium solution 1:20 subcutaneous	EX	Medical Only Exclusion
horse epithelium solution 1:20 subcutaneous	Benefit Exclusion	Medical Only Exclusion
johnson grass subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
june grass pollen standardized subcutaneous solution 100000 bau/ml	Benefit Exclusion	Medical Only Exclusion
kochia subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
lenscale subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
meadow fescue grass pollen subcutaneous solution 100000 bau/ml	Benefit Exclusion	Medical Only Exclusion
melaleuca subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
mesquite subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
mite (d. farinae) injection solution 10000 au/ml, 30000 au/ml, 5000 au/ml	Benefit Exclusion	Medical Only Exclusion
mite (d. farinae) subcutaneous solution 10000 au/ml	Benefit Exclusion	Medical Only Exclusion
mite (d. pteronyssinus) injection solution 10000 au/ml, 30000 au/ml, 5000 au/ml	Benefit Exclusion	Medical Only Exclusion
mite (d. pteronyssinus) subcutaneous solution 10000 au/ml	Benefit Exclusion	Medical Only Exclusion
mixed ragweed subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
mixed vespid venom protein injection solution reconstituted 1300-1300-1300 mcg, 550-550-550 mcg	Benefit Exclusion	Medical Only Exclusion
mountain cedar pollen injection solution 1:20	EX	Medical Only Exclusion
mountain cedar subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
mouse epithelium solution 1:20 subcutaneous	EX	Medical Only Exclusion
mouse epithelium solution 1:20 subcutaneous	Benefit Exclusion	Medical Only Exclusion
mucor intradermal solution 1:20	Benefit Exclusion	Medical Only Exclusion
mucor solution 1:20 injection	Benefit Exclusion	Medical Only Exclusion
mucor solution 57000 pnu/ml injection	EX	Medical Only Exclusion
mugwort subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
nettle injection solution 1:40	EX	Medical Only Exclusion
olive tree subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
orchard grass pollen subcutaneous solution 100000 bau/ml	Benefit Exclusion	Medical Only Exclusion
oregon ash pollen injection solution 1:20	EX	Medical Only Exclusion
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 4	
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	Benefit Exclusion	
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	EX	
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	Benefit Exclusion	
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	EX	
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	Benefit Exclusion	
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	EX	
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	Benefit Exclusion	
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	EX	
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	Benefit Exclusion	
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	EX	
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	Benefit Exclusion	
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	EX	
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	Benefit Exclusion	
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	EX	
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	Benefit Exclusion	QL
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	EX	QL
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	Benefit Exclusion	
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	EX	

Drug Name	Drug Tier	Notes
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	Benefit Exclusion	
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	EX	
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	Benefit Exclusion	
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	EX	
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	Benefit Exclusion	
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	EX	
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 4	
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	EX	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Benefit Exclusion	
pecan pollen injection solution 1:20	EX	Medical Only Exclusion
penicillium notatum solution 1:10 injection	Benefit Exclusion	Medical Only Exclusion
penicillium notatum solution 1:20 injection	Benefit Exclusion	Medical Only Exclusion
penicillium notatum solution 1:20 injection	EX	Medical Only Exclusion
perennial rye grass pollen solution 10000 bau/ml injection	EX	Medical Only Exclusion
perennial rye grass pollen solution 100000 bau/ml injection	Benefit Exclusion	Medical Only Exclusion
perennial rye grass pollen solution 100000 bau/ml injection	EX	Medical Only Exclusion
privet subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
quack grass injection solution 128000 pnu/ml	EX	Medical Only Exclusion
queen palm subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
rabbit epithelium subcutaneous solution 1:10 , 1:20	Benefit Exclusion	Medical Only Exclusion
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Benefit Exclusion	
red alder pollen injection solution 1:20	EX	Medical Only Exclusion
red cedar injection solution 1:20	EX	Medical Only Exclusion
red maple injection solution 1:20	EX	Medical Only Exclusion
red maple subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
red mulberry subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
red oak injection solution 1:20	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
red top grass pollen subcutaneous solution 100000 bau/ml	Benefit Exclusion	Medical Only Exclusion
river birch pollen injection solution 1:20	EX	Medical Only Exclusion
rough marsh elder subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
rough pigweed injection solution 1:20	EX	Medical Only Exclusion
russian thistle subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
saccharomyces cerevisiae injection solution 1:20	Benefit Exclusion	Medical Only Exclusion
sagebrush injection solution 1:20	EX	Medical Only Exclusion
sarocladium strictum injection solution 78000 pnu/ml, 94000 pnu/ml	EX	Medical Only Exclusion
shagbark hickory subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
sheep sorrel subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
short ragweed pollen ext subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
spiny pigweed subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
spring birch pollen subcutaneous solution 1:20	EX	Medical Only Exclusion
sweet gum subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
sweet vernal grass pollen subcutaneous solution 100000 bau/ml	Benefit Exclusion	Medical Only Exclusion
tall ragweed subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
timothy grass pollen allergen solution 10000 bau/ml injection	Benefit Exclusion	Medical Only Exclusion
timothy grass pollen allergen solution 10000 bau/ml injection	EX	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml injection	Benefit Exclusion	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml injection	EX	Medical Only Exclusion
timothy grass pollen allergen subcutaneous solution 100000 bau/ml	Benefit Exclusion	Medical Only Exclusion
tree mix 9 injection solution 1:20	EX	Medical Only Exclusion
trichophyton mentagrophytes subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
VENOMIL HONEY BEE VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL WASP VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL WHITE FACED HORNET INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
VENOMIL YELLOW HORNET VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
wasp venom injection solution reconstituted 550 mcg	Benefit Exclusion	Medical Only Exclusion
wasp venom protein injection solution reconstituted 1300 mcg	Benefit Exclusion	Medical Only Exclusion
western juniper injection solution 1:40	EX	Medical Only Exclusion
western juniper subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
western ragweed injection solution 1:20	EX	Medical Only Exclusion
white alder injection solution 1:20	EX	Medical Only Exclusion
white ash pollen injection solution 1:20 , 40000 pnu/ml	EX	Medical Only Exclusion
white birch injection solution 1:20	EX	Medical Only Exclusion
white birch subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
white mulberry subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
white oak subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
white pine subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	Benefit Exclusion	Medical Only Exclusion
yellow dock subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
yellow hornet venom protein injection solution reconstituted 550 mcg	Benefit Exclusion	Medical Only Exclusion
yellow jacket venom protein injection solution reconstituted 1300 mcg, 550 mcg	Benefit Exclusion	Medical Only Exclusion
Mixed Allergenic Extracts**		
cockroach mixed allergen ext injection solution 1:20	EX	Medical Only Exclusion
dust mite mixed allergen ext injection solution 10000 au/ml, 30000 au/ml	Benefit Exclusion	Medical Only Exclusion
dust mite mixed allergen ext subcutaneous solution 10000 au/ml	Benefit Exclusion	Medical Only Exclusion
mixed feathers subcutaneous solution 1:20	Benefit Exclusion	Medical Only Exclusion
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Benefit Exclusion	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Benefit Exclusion	
sheep sorrel-yellow dock injection solution 1:20	EX	Medical Only Exclusion
short ragweed-giant ragweed injection solution 1:20	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
sorrel/dock mix injection solution 1:20	Benefit Exclusion	Medical Only Exclusion
weed mixed allergen injection solution 1:20	EX	Medical Only Exclusion
Alternative Medicines		
Alternative Medicine - Al's**		
alpha-lipoic acid injection solution 25 mg/ml	EX	Non FDA Exclusion
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	EX	Non FDA Exclusion
Alternative Medicine - Me's**		
MELATOL PEDIATRIC SLEEP/CALM ORAL LIQUID 1 MG/ML	EX	Non FDA Exclusion
Alternative Medicine - Pi's**		
PYCNOGENOL ORAL CAPSULE 50 MG	EX	Non FDA Exclusion
Alternative Medicine - Pr's**		
EC-RX DHEA EXTERNAL CREAM 10 %, 4 %	EX	Non FDA Exclusion
Alternative Medicine - Ub**		
coenzyme q-10 injection solution 20 mg/ml	EX	Non FDA Exclusion
Amebicides		
Amebicides**		
SOLOSEC ORAL PACKET 2 GM	Tier 2	
Aminoglycosides		
Aminoglycosides**		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	EX	Medical Only Exclusion
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 4	PA; Specialty
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	EX	PA; Specialty; Formulary Exclusion; QL
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	EX	Medical Only Exclusion
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	EX	Medical Only Exclusion
HUMATIN ORAL CAPSULE 250 MG	Tier 2	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	EX	PA; Specialty; Formulary Exclusion; QL
neomycin sulfate oral tablet 500 mg	Tier 1	
paromomycin sulfate oral capsule 250 mg	Tier 1	

Drug Name	Drug Tier	Notes
streptomycin sulfate intramuscular solution reconstituted 1 gm	EX	Medical Only Exclusion
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	EX	PA; Specialty; Formulary Exclusion; QL
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 4	PA; Specialty; QL
tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml	Tier 4	PA; Specialty; QL
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	EX	Medical Only Exclusion
tobramycin sulfate injection solution reconstituted 1.2 gm	EX	Medical Only Exclusion
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	EX	Medical Only Exclusion
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA; Specialty; QL
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 4	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 4	PA; Specialty
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA; Specialty; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA; Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 4	PA; Specialty; QL
Antirheumatic Antimetabolites**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Tier 2	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier 2	
Anti-Tnf-Alpha - Monoclonal Antibodies**		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml	Tier 4	PA; Specialty
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	Tier 4	PA; Specialty
adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	EX	PA; Specialty
adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	EX	PA; Specialty; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous	EX	PA; Specialty; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous	EX	PA; Specialty; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous	EX	PA; Specialty
adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous	EX	PA; Specialty; Formulary Exclusion
adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.4ml subcutaneous	EX	PA; Specialty
adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous	EX	PA; Specialty; Formulary Exclusion
adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.4ml subcutaneous	EX	PA; Specialty
adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	EX	PA; Specialty; Formulary Exclusion
adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	EX	PA; Specialty
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	EX	PA; Specialty
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	EX	PA; Specialty
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	EX	PA; Specialty; Formulary Exclusion
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 2	PA; Specialty
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 2	PA; Specialty
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 2	PA; Specialty
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; Specialty
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 2	PA; Specialty
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4	PA; Specialty
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Tier 4	PA; Specialty
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 2	PA; Specialty
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 4	PA; Specialty
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	Tier 4	PA; Specialty
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	EX	PA; Specialty; Formulary Exclusion
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	EX	PA; Specialty; Formulary Exclusion
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	EX	PA; Specialty; Formulary Exclusion
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
Cyclooxygenase 2 (Cox-2) Inhibitors**		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	EX	Formulary Exclusion
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
Gold Compounds**		
auranofin oral capsule 3 mg	Tier 3	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 4	PA; Specialty
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	EX	PA; Specialty; Formulary Exclusion
Interleukin-1Beta Blockers**		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4	PA; Specialty
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	EX	PA; Specialty; Formulary Exclusion
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	Medical Only Exclusion
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	EX	PA; Specialty; Formulary Exclusion
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	Medical Only Exclusion
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 4	PA; Specialty; QL
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Tier 4	PA; Specialty; QL
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	Medical Only Exclusion
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	Medical Only Exclusion
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4	PA; Specialty
Nonsteroidal Anti-Inflammatory Agent Combinations**		
active injection ket-l injection kit 30 & 1 mg/ml-%	EX	Non FDA Exclusion
active injection ketmarc-l injection kit 30 & 0.25 & 1 mg/ml-%-%	EX	Non FDA Exclusion
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	EX	Formulary Exclusion
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML	EX	Medical Only Exclusion
COMBOGESIC ORAL TABLET 325-97.5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 1	
DUEXIS ORAL TABLET 800-26.6 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
flexipak combination therapy pack 75 & 0.025 mg-%	EX	Non FDA Exclusion
ibuprofen-famotidine oral tablet 800-26.6 mg	EX	Non Essential Drug Exclusion
inavix combination therapy pack 75 & 0.025 mg-%	EX	Non FDA Exclusion
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-%	EX	Non FDA Exclusion
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & %	EX	Non FDA Exclusion
KETOROCAINE-L INJECTION KIT 30 & 1 MG/ML-%	EX	Non FDA Exclusion
KETOROCAINE-LM INJECTION KIT 30 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
ketorolac-bupiv-ketamine injection solution prefilled syringe 60-150-60 mg/50ml	EX	Non FDA Exclusion
ketorolac-ropiv-ketamine injection solution prefilled syringe 15-100-30 mg/50ml	EX	Non FDA Exclusion
NAPROTIN COMBINATION KIT 500 & 0.025 MG & %	EX	Non FDA Exclusion
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	EX	Non Essential Drug Exclusion
NUDICLO TABPAK COMBINATION THERAPY PACK 75 & 0.025 MG-%	EX	Non FDA Exclusion
NUDROXIPAK COMBINATION THERAPY PACK 200 MG	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	EX	Non FDA Exclusion
previdolrx plus analgesic combination therapy pack 75 & 0.025 mg-%	EX	Non FDA Exclusion
READYSHARP ANESTH + KETOROLAC INJECTION KIT 15 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	EX	Non FDA Exclusion
TORONOVA SUIK COMBINATION KIT 30 MG/ML	EX	Non FDA Exclusion
VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML	EX	Medical Only Exclusion
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
ANJESO INTRAVENOUS INJECTABLE 30 MG/ML	EX	Medical Only Exclusion
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	EX	Medical Only Exclusion
CATAFLAM ORAL TABLET 50 MG	Tier 1	
COXANTO ORAL CAPSULE 300 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
DAYPRO ORAL TABLET 600 MG	EX	Formulary Exclusion
dfs dr/ms/menth/cap pak combination kit 75 mg	EX	Non FDA Exclusion
diclofenac oral capsule 35 mg	Tier 3	Non Essential Drug Exclusion
diclofenac potassium oral capsule 25 mg	EX	Non Essential Drug Exclusion
diclofenac potassium tablet 25 mg oral	EX	Non Essential Drug Exclusion
diclofenac potassium tablet 25 mg oral	Tier 1	Non Essential Drug Exclusion
diclofenac potassium tablet 50 mg oral	Tier 1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Tier 1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG	EX	Formulary Exclusion
ec-naproxen oral tablet delayed release 375 mg, 500 mg	Tier 1	

Drug Name	Drug Tier	Notes
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Tier 1	
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	EX	Formulary Exclusion
fenoprofen calcium capsule 200 mg oral	Tier 1	Non Essential Drug Exclusion
fenoprofen calcium capsule 200 mg oral	Tier 3	Non Essential Drug Exclusion
fenoprofen calcium capsule 400 mg oral	EX	Non Essential Drug Exclusion
fenoprofen calcium oral tablet 600 mg	Tier 1	
FENOPRON ORAL CAPSULE 300 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
FENORTHO ORAL CAPSULE 200 MG	Tier 3	Non Essential Drug Exclusion
flurbiprofen tablet 100 mg oral	Tier 1	
flurbiprofen tablet 50 mg oral	Tier 3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
IBUPAK ORAL KIT 600 MG	EX	Non FDA Exclusion
ibuprofen lysine intravenous solution 10 mg/ml	EX	Medical Only Exclusion
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Tier 1	
ibuprofen tablet 300 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
ibuprofen tablet 400 mg oral	Tier 1	
ibuprofen tablet 600 mg oral	Tier 1	
ibuprofen tablet 800 mg oral	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
INDOCIN RECTAL SUPPOSITORY 50 MG	EX	Non Essential Drug Exclusion
indomethacin capsule 20 mg oral	Benefit Exclusion	Non Essential Drug Exclusion
indomethacin capsule 25 mg oral	Tier 1	
indomethacin capsule 50 mg oral	Tier 1	
indomethacin er oral capsule extended release 75 mg	Tier 1	
indomethacin oral suspension 25 mg/5ml	EX	Non Essential Drug Exclusion; Formulary Exclusion
indomethacin sodium intravenous solution reconstituted 1 mg	EX	Medical Only Exclusion
indomethacin suppository 100 mg rectal	EX	Non FDA Exclusion
indomethacin suppository 50 mg rectal	EX	Non Essential Drug Exclusion
indomethacin suppository 50 mg rectal	Tier 1	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
ketoprofen capsule 25 mg oral	Tier 1	
ketoprofen capsule 50 mg oral	Tier 3	
ketoprofen capsule 75 mg oral	Tier 3	
ketoprofen er oral capsule extended release 24 hour 200 mg	Tier 1	
ketorolac tromethamine nasal solution 15.75 mg/spray	Tier 3	Non Essential Drug Exclusion
ketorolac tromethamine oral tablet 10 mg	Tier 1	QL
ketorolac tromethamine solution 15 mg/ml injection	Tier 1	
ketorolac tromethamine solution 30 mg/ml injection	EX	Non FDA Exclusion
ketorolac tromethamine solution 30 mg/ml injection	Tier 1	
ketorolac tromethamine solution 30 mg/ml intramuscular	EX	Non FDA Exclusion
ketorolac tromethamine solution 60 mg/2ml intramuscular	Tier 1	
KIPROFEN ORAL CAPSULE 25 MG	Tier 1	
LODINE ORAL TABLET 400 MG	EX	Formulary Exclusion
LOFENA ORAL TABLET 25 MG	EX	Non Essential Drug Exclusion
LURBIPR ORAL TABLET 100 MG	Tier 1	
LURBIRO ORAL TABLET 100 MG	Tier 3	
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 3	
mefenamic acid oral capsule 250 mg	Tier 1	
meloxicam oral capsule 10 mg, 5 mg	EX	Non Essential Drug Exclusion
meloxicam oral suspension 7.5 mg/5ml	EX	Non Essential Drug Exclusion
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	EX	Formulary Exclusion
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
NALFON ORAL CAPSULE 400 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
NALFON ORAL TABLET 600 MG	EX	Formulary Exclusion
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
NAPROSYN ORAL SUSPENSION 125 MG/5ML	EX	Formulary Exclusion
NAPROSYN ORAL TABLET 500 MG	Tier 3	
naproxen dr oral tablet delayed release 500 mg	Tier 1	

Drug Name	Drug Tier	Notes
naproxen oral suspension 125 mg/5ml	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet delayed release 375 mg, 500 mg	Tier 1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	EX	Non Essential Drug Exclusion
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML	EX	Medical Only Exclusion
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG	EX	Non FDA Exclusion
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG	EX	Non FDA Exclusion
NUDROXIPAK E-400 COMBINATION KIT 400 MG	EX	Non FDA Exclusion
NUDROXIPAK I-800 COMBINATION KIT 800 MG	EX	Non FDA Exclusion
NUDROXIPAK M-15 COMBINATION KIT 15 MG	EX	Non FDA Exclusion
NUDROXIPAK N-500 COMBINATION KIT 500 MG	EX	Non FDA Exclusion
oxaprozin oral capsule 300 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion
oxaprozin oral tablet 600 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
RELAFEN DS ORAL TABLET 1000 MG	EX	Non Essential Drug Exclusion
RELAFEN ORAL TABLET 500 MG, 750 MG	Tier 1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	EX	Non Essential Drug Exclusion
sulindac oral tablet 150 mg, 200 mg	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG	Benefit Exclusion	Non Essential Drug Exclusion
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
tolmetin sodium oral capsule 400 mg	Tier 3	
tolmetin sodium oral tablet 600 mg	Tier 3	
TRESNI RECTAL SUPPOSITORY 100 MG	EX	Non FDA Exclusion
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
XIFYRM INTRAVENOUS SOLUTION 30 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZIPSOR ORAL CAPSULE 25 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Benefit Exclusion	Non Essential Drug Exclusion
Nsaid-Dietary Management Combinations**		
PRASTERA ORAL KIT 200 & 400 MG	EX	Non FDA Exclusion
Nsaid-Pyrimidine Synthesis Inhibitors Combinations**		
LEFLUNICLO COMBINATION KIT 20 & 1 MG & %	EX	Non FDA Exclusion
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 4	PA; Specialty; QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 4	PA; Specialty; QL
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 4	PA; Specialty; QL
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 4	PA; Specialty; QL
Pyrimidine Synthesis Inhibitors**		
ARAVA ORAL TABLET 10 MG, 20 MG	EX	Formulary Exclusion
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Selective Costimulation Modulators**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 4	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	EX	PA; Specialty; Formulary Exclusion
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 4	PA; Specialty
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 4	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 2	PA; Specialty
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 4	PA; Specialty
Analgesics - Nonnarcotic		
Analgesics - Selective Nav1.8 Sodium Channel Inhibitors**		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA; QL
Analgesics Other**		
acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml	EX	Medical Only Exclusion
acetaminophen intravenous solution prefilled syringe 100 mg/10ml	EX	Non FDA Exclusion
clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml	EX	Medical Only Exclusion
DURACLON EPIDURAL SOLUTION 100 MCG/ML	EX	Medical Only Exclusion
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	EX	Non FDA Exclusion
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	EX	Non FDA Exclusion
OFIRMEV INTRAVENOUS SOLUTION 10 MG/ML	EX	Medical Only Exclusion
Analgesics-Sedatives**		
ALLZITAL ORAL TABLET 25-325 MG	EX	Non Essential Drug Exclusion
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
BUPAP ORAL TABLET 50-300 MG	Tier 1	Non Essential Drug Exclusion
butalbital-acetaminophen capsule 50-300 mg oral	EX	Non Essential Drug Exclusion
butalbital-acetaminophen capsule 50-300 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
butalbital-acetaminophen tablet 50-300 mg oral	EX	Non Essential Drug Exclusion
butalbital-acetaminophen tablet 50-325 mg oral	Tier 1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	
butalbital-apap-caffeine oral solution 50-325-40 mg/15ml	EX	Non Essential Drug Exclusion
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
ESGIC ORAL CAPSULE 50-325-40 MG	Tier 1	
ESGIC ORAL TABLET 50-325-40 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
FIORICET ORAL CAPSULE 50-300-40 MG	EX	Formulary Exclusion
FIORINAL ORAL CAPSULE 50-325-40 MG	EX	Formulary Exclusion
TENCON ORAL TABLET 50-325 MG	Tier 1	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML	Tier 1	Non Essential Drug Exclusion
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
Salicylates**		
adult aspirin regimen oral tablet delayed release 81 mg	Tier 5	
aspirin 81 oral tablet chewable 81 mg	Tier 5	
aspirin 81 oral tablet delayed release 81 mg	Tier 5	
aspirin adult low dose oral tablet delayed release 81 mg	Tier 5	
aspirin adult low strength oral tablet delayed release 81 mg	Tier 5	
aspirin childrens oral tablet chewable 81 mg	Tier 5	
aspirin ec adult low dose oral tablet delayed release 81 mg	Tier 5	
aspirin ec low dose oral tablet delayed release 81 mg	Tier 5	
aspirin ec low strength oral tablet delayed release 81 mg	Tier 5	
aspirin low dose oral tablet chewable 81 mg	Tier 5	
aspirin low dose oral tablet delayed release 81 mg	Tier 5	
aspirin oral tablet chewable 81 mg	Tier 5	
aspirin oral tablet delayed release 81 mg	Tier 5	
aspirin regimen oral tablet delayed release 81 mg	Tier 5	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 5	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
childrens aspirin oral tablet chewable 81 mg	Tier 5	
cvs aspirin adult low dose oral tablet chewable 81 mg	Tier 5	
cvs aspirin adult low strength oral tablet delayed release 81 mg	Tier 5	
cvs aspirin ec oral tablet delayed release 81 mg	Tier 5	

Drug Name	Drug Tier	Notes
cvs aspirin low dose oral tablet delayed release 81 mg	Tier 5	
cvs aspirin low strength oral tablet delayed release 81 mg	Tier 5	
diflunisal oral tablet 500 mg	Tier 1	
DOLOBID ORAL TABLET 250 MG, 375 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
eq aspirin adult low dose oral tablet delayed release 81 mg	Tier 5	
eq aspirin low dose oral tablet chewable 81 mg	Tier 5	
eql aspirin low dose oral tablet chewable 81 mg	Tier 5	
eql aspirin low dose oral tablet delayed release 81 mg	Tier 5	
ft aspirin low dose oral tablet delayed release 81 mg	Tier 5	
gnp adult aspirin low strength oral tablet chewable 81 mg	Tier 5	
gnp aspirin low dose oral tablet delayed release 81 mg	Tier 5	
gnp aspirin oral tablet delayed release 81 mg	Tier 5	
goodsense aspirin adult low st oral tablet chewable 81 mg	Tier 5	
goodsense aspirin low dose oral tablet delayed release 81 mg	Tier 5	
goodsense aspirin oral tablet chewable 81 mg	Tier 5	
h-e-b aspirin oral tablet delayed release 81 mg	Tier 5	
hm aspirin ec low dose oral tablet delayed release 81 mg	Tier 5	
hm aspirin oral tablet chewable 81 mg	Tier 5	
kls aspirin low dose oral tablet delayed release 81 mg	Tier 5	
kp aspirin oral tablet delayed release 81 mg	Tier 5	
mm aspirin oral tablet delayed release 81 mg	Tier 5	
px aspirin oral tablet chewable 81 mg	Tier 5	
px enteric aspirin oral tablet delayed release 81 mg	Tier 5	
qc aspirin low dose oral tablet chewable 81 mg	Tier 5	
qc aspirin low dose oral tablet delayed release 81 mg	Tier 5	
qc childrens aspirin oral tablet chewable 81 mg	Tier 5	

Drug Name	Drug Tier	Notes
ra aspirin adult low dose oral tablet chewable 81 mg	Tier 5	
ra aspirin adult low strength oral tablet chewable 81 mg	Tier 5	
ra aspirin childrens oral tablet chewable 81 mg	Tier 5	
ra aspirin ec adult low st oral tablet delayed release 81 mg	Tier 5	
ra aspirin ec oral tablet delayed release 81 mg	Tier 5	
salsalate oral tablet 500 mg, 750 mg	EX	Formulary Exclusion
sb aspirin adult low strength oral tablet delayed release 81 mg	Tier 5	
sb aspirin oral tablet delayed release 81 mg	Tier 5	
sb childrens aspirin oral tablet chewable 81 mg	Tier 5	
sb low dose asa ec oral tablet delayed release 81 mg	Tier 5	
sm aspirin adult low strength oral tablet chewable 81 mg	Tier 5	
sm aspirin adult low strength oral tablet delayed release 81 mg	Tier 5	
sm aspirin ec low strength oral tablet delayed release 81 mg	Tier 5	
sm aspirin low dose oral tablet chewable 81 mg	Tier 5	
sm aspirin low dose oral tablet delayed release 81 mg	Tier 5	
sm childrens aspirin oral tablet chewable 81 mg	Tier 5	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 5	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
Selective N-Type Neuronal Calcium Channel Blockers**		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML	EX	Medical Only Exclusion
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	
acetaminophen-codeine solution 120-12 mg/5ml oral	Tier 3	

Drug Name	Drug Tier	Notes
acetaminophen-codeine solution 120-12 mg/5ml oral	Tier 1	
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 1	
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 3	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Tier 1	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	EX	Formulary Exclusion
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG	EX	Formulary Exclusion
Dihydrocodeine Combinations**		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	Tier 1	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	Tier 1	Non Essential Drug Exclusion
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 3	
Fentanyl Combinations**		
fentanyl cit-bupivacaine hcl epidural solution 2-0.125 mcg/ml-%	EX	Non FDA Exclusion
fentanyl citrate-ropivacaine epidural solution prefilled syringe 0.1-0.15 mg/50ml-%	EX	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl epidural solution prefilled syringe 0.1-0.1-0.9 mg/50ml-%	EX	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural	EX	Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.3-0.2-0.9 mg/150ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.4-0.1-0.9 mg/200ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.4-0.2-0.9 mg/200ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
fentanyl cit-ropivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural	EX	Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.5-0.2-0.9 mg/250ml-% epidural	EX	Non FDA Exclusion
fentanyl-bupivacaine-nacl epidural solution prefilled syringe 0.1-0.125-0.9 mg/50ml-%	EX	Non FDA Exclusion
fentanyl-bupivacaine-nacl injection solution 2-0.125-0.9 mcg/ml-%-%	EX	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.0625-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.04-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.0625-0.9 mg/250ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.075-0.9 mg/100ml-% epidural	EX	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.125-0.9 mg/250ml-% epidural	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.8-0.1667-0.9 mg/200ml-% epidural	EX	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 1-0.125-0.9 mg/250ml-% epidural	EX	Non FDA Exclusion
fentanyl-ropivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%	EX	Non FDA Exclusion
Hydrocodone Combinations**		
hydrocodone-acetaminophen solution 10-300 mg/15ml oral	Tier 3	
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	Tier 1	
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	Tier 2	
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	Tier 1	
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	Tier 1	
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	Tier 1	

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen tablet 10-300 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 10-325 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 2.5-325 mg oral	Tier 3	
hydrocodone-acetaminophen tablet 5-300 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 5-325 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 7.5-300 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 7.5-325 mg oral	Tier 1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
LORTAB ORAL ELIXIR 10-300 MG/15ML	Tier 3	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	EX	Formulary Exclusion
Opioid Agonists**		
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	EX	PA; Formulary Exclusion; QL
alfentanil hcl intravenous solution 1000 mcg/2ml, 2500 mcg/5ml	EX	Medical Only Exclusion
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	EX	Formulary Exclusion
codeine sulfate tablet 15 mg oral	Tier 1	
codeine sulfate tablet 30 mg oral	EX	Formulary Exclusion
codeine sulfate tablet 30 mg oral	Tier 1	
codeine sulfate tablet 60 mg oral	Tier 1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	EX	Non Essential Drug Exclusion
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	EX	Medical Only Exclusion
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	EX	Medical Only Exclusion
DILAUDID ORAL LIQUID 1 MG/ML	EX	Formulary Exclusion
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	EX	Formulary Exclusion
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	Tier 3	Formulary Exclusion
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR	Tier 3	Formulary Exclusion
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR	Tier 3	Formulary Exclusion
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR	Tier 3	Formulary Exclusion
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	Tier 3	Formulary Exclusion
duramorph injection solution 0.5 mg/ml, 1 mg/ml	EX	Medical Only Exclusion
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml	EX	Medical Only Exclusion
fentanyl citrate (pf) injection solution cartridge 100 mcg/2ml	EX	Medical Only Exclusion
fentanyl citrate (pf) injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml	EX	Medical Only Exclusion
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA; QL
fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 3	PA; QL
fentanyl citrate injection solution 1500 mcg/30ml	EX	Medical Only Exclusion
fentanyl citrate solution 1000 mcg/100ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution 1000 mcg/50ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution 1500 mcg/30ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution 1600 mcg/100ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution 2000 mcg/100ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution 2500 mcg/50ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	EX	Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 10 mcg/ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/10ml intravenous	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	EX	Medical Only Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 1000 mcg/20ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 1250 mcg/25ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 1500 mcg/30ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 20 mcg/2ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 250 mcg/5ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 250 mcg/5ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 2500 mcg/50ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 2750 mcg/55ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 50 mcg/5ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 50 mcg/ml intravenous	EX	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 500 mcg/50ml intravenous	EX	Non FDA Exclusion
fentanyl citrate-nacl injection solution 1-0.9 mg/100ml-%, 2.5-0.9 mg/250ml-%	EX	Non FDA Exclusion
fentanyl citrate-nacl solution 1.25-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	EX	Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/50ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/100ml-% intravenous	EX	Non FDA Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/50ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	EX	Medical Only Exclusion
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 5-0.9 mg/100ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 5-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion
fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/2ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous	EX	Non FDA Exclusion
fentanyl citrate-nacl solution prefilled syringe 1000-0.9 mcg/50ml-% intravenous	EX	Non FDA Exclusion
fentanyl citrate-nacl solution prefilled syringe 2500-0.9 mcg/50ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 5-0.9 mcg/ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 500-0.9 mcg/50ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 550-0.9 mcg/55ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Tier 1	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA; QL
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	
hydromorphone hcl intravenous solution 0.2 mg/ml, 1 mg/ml	EX	Non FDA Exclusion
hydromorphone hcl oral liquid 1 mg/ml	Tier 1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
hydromorphone hcl rectal suppository 3 mg	EX	Non FDA Exclusion
hydromorphone hcl solution 0.2 mg/ml injection	EX	Medical Only Exclusion
hydromorphone hcl solution 0.2 mg/ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl solution 0.25 mg/0.5ml injection	Tier 3	
hydromorphone hcl solution 0.5 mg/ml injection	EX	Non FDA Exclusion
hydromorphone hcl solution 1 mg/ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl solution 1 mg/ml injection	EX	Medical Only Exclusion
hydromorphone hcl solution 2 mg/ml injection	EX	Medical Only Exclusion
hydromorphone hcl solution 4 mg/ml injection	EX	Medical Only Exclusion
hydromorphone hcl-nacl injection solution 10-0.9 mg/50ml-%, 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	EX	Non FDA Exclusion
hydromorphone hcl-nacl injection solution prefilled syringe 10-0.9 mg/50ml-%, 25-0.9 mg/25ml-%, 30-0.9 mg/30ml-%, 6-0.9 mg/30ml-%	EX	Non FDA Exclusion
hydromorphone hcl-nacl intravenous solution 10-0.9 mg/50ml-%, 100-0.9 mg/100ml-%, 100-0.9 mg/50ml-%, 20-0.9 mg/100ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 50-0.79 mg/100ml-%, 50-0.9 mg/50ml-%, 6-0.9 mg/30ml-%	EX	Non FDA Exclusion
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-%, 15-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/25ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 6-0.9 mg/30ml-%	EX	Non FDA Exclusion
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	EX	Formulary Exclusion
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML)	EX	Medical Only Exclusion
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML)	EX	Medical Only Exclusion
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	Tier 3	Formulary Exclusion
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	Tier 3	PA; QL
levorphanol tartrate oral tablet 2 mg, 3 mg	Benefit Exclusion	

Drug Name	Drug Tier	Notes
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	EX	Medical Only Exclusion
meperidine hcl oral solution 50 mg/5ml	EX	Formulary Exclusion
meperidine hcl oral tablet 50 mg	EX	Formulary Exclusion
methadone hcl injection solution 10 mg/ml	EX	Medical Only Exclusion
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	
methadone hcl intravenous solution prefilled syringe 10 mg/ml	EX	Non FDA Exclusion
methadone hcl oral concentrate 10 mg/ml	Tier 1	
methadone hcl oral tablet 10 mg, 5 mg	Tier 1	
methadone hcl oral tablet soluble 40 mg	Tier 1	
methadone hcl solution 10 mg/5ml oral	Tier 1	
methadone hcl solution 10 mg/5ml oral	EX	Formulary Exclusion
methadone hcl solution 5 mg/5ml oral	Tier 1	
methadone hcl solution 5 mg/5ml oral	EX	Formulary Exclusion
methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%, 10-0.8 mg/ml-%, 5-0.9 mg/5ml-%	EX	Non FDA Exclusion
METHADOSE ORAL CONCENTRATE 10 MG/ML	EX	Formulary Exclusion
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	EX	Formulary Exclusion
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	EX	Medical Only Exclusion
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	Tier 1	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	EX	Medical Only Exclusion
morphine sulfate (pf) solution 1 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate (pf) solution 10 mg/ml intravenous	EX	Medical Only Exclusion
morphine sulfate (pf) solution 2 mg/ml intravenous	EX	Medical Only Exclusion
morphine sulfate (pf) solution 4 mg/ml intravenous	EX	Medical Only Exclusion
morphine sulfate (pf) solution 8 mg/ml intravenous	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	
morphine sulfate er capsule extended release 24 hour 10 mg oral	Tier 1	
morphine sulfate er capsule extended release 24 hour 100 mg oral	Tier 1	
morphine sulfate er capsule extended release 24 hour 20 mg oral	Tier 1	
morphine sulfate er capsule extended release 24 hour 30 mg oral	Tier 1	
morphine sulfate er capsule extended release 24 hour 40 mg oral	Tier 3	
morphine sulfate er capsule extended release 24 hour 50 mg oral	Tier 1	
morphine sulfate er capsule extended release 24 hour 60 mg oral	Tier 1	
morphine sulfate er capsule extended release 24 hour 80 mg oral	Tier 1	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	EX	Non FDA Exclusion
morphine sulfate solution 0.5 mg/ml intravenous	EX	Non FDA Exclusion
morphine sulfate solution 1 mg/ml injection	EX	Non FDA Exclusion
morphine sulfate solution 1 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 10 mg/5ml oral	Tier 1	
morphine sulfate solution 10 mg/ml intravenous	Tier 1	
morphine sulfate solution 2 mg/ml injection	EX	Medical Only Exclusion
morphine sulfate solution 2 mg/ml intravenous	EX	Medical Only Exclusion
morphine sulfate solution 20 mg/5ml oral	Tier 3	
morphine sulfate solution 20 mg/5ml oral	Tier 1	
morphine sulfate solution 4 mg/ml injection	EX	Medical Only Exclusion
morphine sulfate solution 4 mg/ml intravenous	EX	Medical Only Exclusion
morphine sulfate solution 50 mg/ml intravenous	EX	Medical Only Exclusion
morphine sulfate solution 50 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 8 mg/ml intravenous	EX	Medical Only Exclusion
morphine sulfate tablet 15 mg oral	Tier 1	
morphine sulfate tablet 30 mg oral	Tier 1	
morphine sulfate tablet 30 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
morphine sulfate-nacl injection solution prefilled syringe 2-0.9 mg/2ml-%, 5-0.9 mg/5ml-%	EX	Non FDA Exclusion
morphine sulfate-nacl intravenous solution 1-0.9 mg/ml-%, 100-0.9 mg/100ml-%, 250-0.9 mg/50ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%	EX	Non FDA Exclusion
morphine sulfate-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%, 150-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 30-0.9 mg/30ml-%, 4-0.9 mg/ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%	EX	Non FDA Exclusion
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	EX	Formulary Exclusion
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML	EX	Medical Only Exclusion
OXAYDO ORAL TABLET 5 MG, 7.5 MG	Tier 3	
oxycodone hcl capsule 5 mg oral	EX	Formulary Exclusion
oxycodone hcl capsule 5 mg oral	Tier 1	Formulary Exclusion
oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral	Tier 3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral	Tier 1	
oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral	Tier 1	
oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral	Tier 3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral	Tier 1	
oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral	Tier 1	
oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral	Tier 3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral	Tier 1	
oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral	Tier 1	
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral	Tier 3	

Drug Name	Drug Tier	Notes
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral	Tier 1	
oxycodone hcl oral concentrate 100 mg/5ml	Tier 1	
oxycodone hcl oral solution 5 mg/5ml	Tier 1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg	EX	Formulary Exclusion
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	
oxymorphone hcl er tablet extended release 12 hour 10 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 15 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 20 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 30 mg oral	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 40 mg oral	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 5 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral	Tier 3	
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 1	
QDOLO ORAL SOLUTION 5 MG/ML	Benefit Exclusion	Non Essential Drug Exclusion
remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg	EX	Medical Only Exclusion
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	EX	Formulary Exclusion
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	EX	Formulary Exclusion
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA; QL
sufentanil citrate intravenous solution 100 mcg/2ml, 250 mcg/5ml, 50 mcg/ml	EX	Medical Only Exclusion
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	EX	Non FDA Exclusion
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	
tramadol hcl oral solution 5 mg/ml	EX	Non Essential Drug Exclusion
tramadol hcl tablet 100 mg oral	Tier 1	
tramadol hcl tablet 25 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
tramadol hcl tablet 50 mg oral	Tier 1	
tramadol hcl tablet 75 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	EX	Medical Only Exclusion
ULTRAM ORAL TABLET 50 MG	EX	Formulary Exclusion
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 2	
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	EX	Formulary Exclusion
Opioid Combinations**		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	Tier 3	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	
nalocet oral tablet 2.5-300 mg	EX	Non Essential Drug Exclusion
oxycodone-acetaminophen solution 10-300 mg/5ml oral	EX	Non Essential Drug Exclusion
oxycodone-acetaminophen solution 5-325 mg/5ml oral	Tier 3	
oxycodone-acetaminophen tablet 10-300 mg oral	EX	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 10-325 mg oral	Tier 1	
oxycodone-acetaminophen tablet 2.5-300 mg oral	EX	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 2.5-325 mg oral	Tier 1	
oxycodone-acetaminophen tablet 5-300 mg oral	EX	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 5-325 mg oral	Tier 1	
oxycodone-acetaminophen tablet 7.5-300 mg oral	EX	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 7.5-325 mg oral	Tier 1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
PROLATE ORAL SOLUTION 10-300 MG/5ML	EX	Non Essential Drug Exclusion
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	EX	Non Essential Drug Exclusion
Opioid Partial Agonists**		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Tier 4	PA
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Tier 4	PA
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	EX	Formulary Exclusion; QL
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	EX	Medical Only Exclusion
buprenorphine hcl injection solution 0.3 mg/ml	EX	Medical Only Exclusion
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Tier 1	QL
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	EX	Formulary Exclusion
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	EX	Medical Only Exclusion
butorphanol tartrate nasal solution 10 mg/ml	Tier 1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	EX	Formulary Exclusion
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	EX	Medical Only Exclusion
pentazocine-naloxone hcl oral tablet 50-0.5 mg	EX	Formulary Exclusion
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Tier 4	PA; Specialty; QL
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 3	QL
Tramadol Combinations**		
SEGLENTIS ORAL TABLET 56-44 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	
ULTRACET ORAL TABLET 37.5-325 MG	EX	Formulary Exclusion
Androgens-Anabolic		
Anabolic Steroids**		
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 1	
Androgens**		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Tier 3	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Tier 3	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	Tier 3	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Tier 3	PA
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML	EX	Medical Only Exclusion
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	Tier 3	PA
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	Tier 1	PA
ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %	EX	Non FDA Exclusion
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	EX	PA; Formulary Exclusion
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	EX	PA; Formulary Exclusion; QL
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	EX	PA; Formulary Exclusion; QL
methitest oral tablet 10 mg	Tier 3	
methyltestosterone oral capsule 10 mg	Tier 1	
NATESTO NASAL GEL 5.5 MG/ACT	Tier 3	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA

Drug Name	Drug Tier	Notes
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	EX	Non FDA Exclusion
TESTOPEL IMPLANT PELLET 75 MG	Tier 3	PA
testosterone cypionate injection solution 200 mg/ml	EX	Non FDA Exclusion
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	PA
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	PA
testosterone gel 1.62 % transdermal	Tier 1	PA
testosterone gel 10 mg/act (2%) transdermal	Tier 1	PA
testosterone gel 12.5 mg/act (1%) transdermal	Tier 1	PA
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	Tier 1	PA
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	Tier 3	PA
testosterone gel 20.25 mg/act (1.62%) transdermal	Tier 1	PA
testosterone gel 25 mg/2.5gm (1%) transdermal	Tier 1	PA
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	Tier 3	PA
testosterone gel 50 mg/5gm (1%) transdermal	Tier 1	PA
testosterone implant pellet 100 mg, 200 mg, 25 mg, 37.5 mg, 50 mg, 87.5 mg	EX	Non FDA Exclusion
testosterone transdermal solution 30 mg/act	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL
UNDECATREX ORAL CAPSULE 200 MG	EX	PA; Formulary Exclusion; QL
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA
Anorectal And Related Products		
Intrarectal Steroids**		
budesonide rectal foam 2 mg, 2 mg/act	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60ML	EX	Formulary Exclusion
CORTIFOAM EXTERNAL FOAM 10 %	Tier 2	
hydrocortisone rectal enema 100 mg/60ml	Tier 1	

Drug Name	Drug Tier	Notes
UCERIS RECTAL FOAM 2 MG/ACT	Tier 3	
Nitrate Vasodilating Agents**		
nitroglycerin rectal ointment 0.4 %	Tier 1	
RECTIV RECTAL OINTMENT 0.4 %	EX	Formulary Exclusion
Rectal Anesthetic/Steroids**		
ANA-LEX RECTAL KIT 2-2 %	EX	Non FDA Exclusion
ANALPRAM HC EXTERNAL CREAM 1-1 %, 2.5-1 %	EX	Formulary Exclusion
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	EX	Formulary Exclusion
ANALPRAM-HC EXTERNAL CREAM 1-1 %	EX	Formulary Exclusion
ANALPRAM-HC EXTERNAL LOTION 2.5-1 %	Tier 3	
hydrocortisone ace-pramoxine external cream 1-1 %	Tier 1	
hydrocortisone ace-pramoxine rectal suppository 25-18 mg	EX	Non FDA Exclusion
hydrocort-pramoxine (perianal) external cream 2.5-1 %	EX	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	EX	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	EX	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 1-3 % rectal	EX	Formulary Exclusion
lidocaine-hydrocortisone ace kit 2-2 % rectal	EX	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	EX	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	EX	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-1 % rectal	EX	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-2.5 % rectal	EX	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 3-2.5 % rectal	EX	Formulary Exclusion
lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %	EX	Formulary Exclusion
LIDOCORT EXTERNAL CREAM 3-0.5 %	EX	Non FDA Exclusion
PROCORT EXTERNAL CREAM 1.85-1.15 %	EX	Formulary Exclusion
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 3	
Rectal Local Anesthetics**		
lidocaine (anorectal) rectal suppository 50 mg	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Rectal Products - Misc.**		
BARRIGEL RECTAL GEL 20 MG/ML	EX	Non FDA Exclusion
Rectal Steroids**		
anucort-hc rectal suppository 25 mg	Tier 1	
ANUSOL-HC EXTERNAL CREAM 2.5 %	EX	Formulary Exclusion
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	EX	Non FDA Exclusion
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	Tier 1	
HEMMOREX-HC SUPPOSITORY 30 MG RECTAL	Tier 1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	Tier 1	
hydrocortisone acetate suppository 25 mg rectal	EX	Non FDA Exclusion
hydrocortisone acetate suppository 25 mg rectal	Tier 1	
hydrocortisone acetate suppository 30 mg rectal	EX	Non FDA Exclusion
hydrocortisone acetate suppository 30 mg rectal	Tier 1	
hydrocortisone acetate suppository 30 mg rectal	EX	Formulary Exclusion
PROCTOCORT EXTERNAL CREAM 1 %	EX	Formulary Exclusion
PROCTOCORT RECTAL SUPPOSITORY 30 MG	EX	Formulary Exclusion
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTO-PAK EXTERNAL CREAM 1 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	
Antacids		
Antacids - Bicarbonate**		
sodium bicarbonate oral powder	EX	Formulary Exclusion
Anthelmintics		
Anthelmintics**		
albendazole oral tablet 200 mg	Tier 1	
ALBENZA ORAL TABLET 200 MG	EX	Formulary Exclusion
benznidazole oral tablet 100 mg, 12.5 mg	Tier 2	
BILTRICIDE ORAL TABLET 600 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 3	
ivermectin tablet 3 mg oral	Tier 1	
ivermectin tablet 6 mg oral	EX	Formulary Exclusion
praziquantel oral tablet 600 mg	Tier 1	
STROMECTOL ORAL TABLET 3 MG	Tier 3	Formulary Exclusion
Antianginal Agents		
Antianginals-Other**		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG	EX	Formulary Exclusion
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	EX	Formulary Exclusion
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 1	
Nitrates**		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	Tier 3	
GONITRO SUBLINGUAL PACKET 400 MCG	Tier 3	
ISORDIL TITRADOSE TABLET 40 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion
ISORDIL TITRADOSE TABLET 5 MG ORAL	EX	Formulary Exclusion
isosorbide dinitrate tablet 10 mg oral	Tier 1	
isosorbide dinitrate tablet 20 mg oral	Tier 1	
isosorbide dinitrate tablet 30 mg oral	Tier 1	
isosorbide dinitrate tablet 40 mg oral	EX	Non Essential Drug Exclusion
isosorbide dinitrate tablet 5 mg oral	Tier 1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	EX	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	Tier 3	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	EX	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	EX	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	Tier 3	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	EX	Medical Only Exclusion
nitroglycerin intravenous solution 5 mg/ml	EX	Medical Only Exclusion
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual solution 0.4 mg/spray	Tier 1	
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	EX	Formulary Exclusion
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY	EX	Formulary Exclusion
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	EX	Formulary Exclusion
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Antianxiety Agents		
Antianxiety Agents - Misc.**		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
droperidol injection solution 2.5 mg/ml	EX	Medical Only Exclusion
droperidol intravenous solution prefilled syringe 0.625 mg/ml	EX	Non FDA Exclusion
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	EX	Medical Only Exclusion
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
meprobamate tablet 200 mg oral	Tier 1	

Drug Name	Drug Tier	Notes
meprobamate tablet 200 mg oral	Tier 1	Formulary Exclusion
meprobamate tablet 400 mg oral	Tier 1	
meprobamate tablet 400 mg oral	Tier 1	Formulary Exclusion
VISTARIL ORAL CAPSULE 25 MG, 50 MG	EX	Formulary Exclusion
Benzodiazepines**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	EX	Medical Only Exclusion
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam injection solution 10 mg/2ml, 5 mg/ml	EX	Medical Only Exclusion
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
diazepam intramuscular solution auto-injector 10 mg/2ml	EX	Medical Only Exclusion
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5ml	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	EX	Medical Only Exclusion
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG	EX	Formulary Exclusion
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
TRANXENE-T ORAL TABLET 7.5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	EX	Formulary Exclusion
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG	EX	Formulary Exclusion
Antiarrhythmics		
Antiarrhythmics - Misc.**		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	EX	Medical Only Exclusion
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 3	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	EX	Medical Only Exclusion
quinidine gluconate er oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmics Type I-B**		
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	EX	Medical Only Exclusion
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml	EX	Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/10ml intravenous	EX	Non FDA Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 200 mg/10ml intravenous	EX	Non FDA Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 50 mg/5ml intravenous	EX	Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 60 mg/3ml intravenous	EX	Non FDA Exclusion
lidocaine hcl injection solution prefilled syringe 100 mg/5ml	EX	Medical Only Exclusion
lidocaine in d5w solution 2-5 mg/ml-% intravenous	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
lidocaine in d5w solution 4-5 mg/ml-% intravenous	EX	Medical Only Exclusion
lidocaine in d5w solution 8-5 mg/ml-% intravenous	EX	Medical Only Exclusion
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Tier 1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	EX	Formulary Exclusion
Antiarrhythmics Type Iii**		
amiodarone hcl in dextrose intravenous solution 450-5 mg/250ml-%, 900-5 mg/500ml-%	EX	Non FDA Exclusion; Medical Only Exclusion
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	EX	Medical Only Exclusion
amiodarone hcl tablet 100 mg oral	Tier 1	
amiodarone hcl tablet 200 mg oral	Tier 1	
amiodarone hcl tablet 400 mg oral	EX	Formulary Exclusion
bretylium tosylate injection solution 50 mg/ml	EX	Medical Only Exclusion
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML	EX	Medical Only Exclusion
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
ibutilide fumarate intravenous solution 1 mg/10ml	EX	Medical Only Exclusion
MULTAQ ORAL TABLET 400 MG	Tier 2	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-%	EX	Medical Only Exclusion
PACERONE TABLET 100 MG ORAL	Tier 1	
PACERONE TABLET 200 MG ORAL	Tier 1	
PACERONE TABLET 400 MG ORAL	EX	Formulary Exclusion
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
zileuton er oral tablet extended release 12 hour 600 mg	Benefit Exclusion	
ZYFLO ORAL TABLET 600 MG	Tier 3	
Adrenergic Combinations**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	EX	Formulary Exclusion; QL
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2	QL
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 2	QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	EX	Formulary Exclusion; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2	QL
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1	QL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 2	QL
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Tier 1	QL

Drug Name	Drug Tier	Notes
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT	EX	Formulary Exclusion; QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	EX	Formulary Exclusion; QL
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	EX	Formulary Exclusion; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	Tier 1	QL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	EX	Formulary Exclusion; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	EX	QL
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG	EX	Formulary Exclusion; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 1	
Beta Adrenergics**		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	EX	Formulary Exclusion; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL
albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation	Tier 1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	EX	Non FDA Exclusion
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Tier 3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Tier 1	
albuterol sulfate nebulization solution 0.63 mg/3ml inhalation	Tier 1	
albuterol sulfate nebulization solution 1.25 mg/3ml inhalation	Tier 1	
albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation	Tier 1	
albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 1	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	EX	Formulary Exclusion
formoterol fumarate nebulization solution 20 mcg/2ml inhalation	EX	Formulary Exclusion
formoterol fumarate nebulization solution 20 mcg/2ml inhalation	EX	Non FDA Exclusion
isoproterenol hcl injection solution 0.2 mg/ml	EX	Medical Only Exclusion
isoproterenol-sodium chloride intravenous solution 200-0.9 mcg/50ml-%	EX	Non FDA Exclusion
ISUPREL INJECTION SOLUTION 0.2 MG/ML	EX	Medical Only Exclusion
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier 1	
levalbuterol tartrate inhalation aerosol 45 mcg/act	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	EX	Formulary Exclusion
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2	QL
terbutaline sulfate injection solution 1 mg/ml	EX	Medical Only Exclusion
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Tier 1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	EX	Formulary Exclusion
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	EX	Formulary Exclusion; QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	EX	Formulary Exclusion
Bronchodilators - Anticholinergics**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3	QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL
ipratropium bromide inhalation solution 0.02 %	Tier 1	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML	EX	Formulary Exclusion; QL
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML	EX	Formulary Exclusion; QL
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	Tier 3	QL

Drug Name	Drug Tier	Notes
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	EX	Formulary Exclusion; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	Tier 2	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 3	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 2	QL
tiotropium bromide inhalation capsule 18 mcg	Tier 1	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	EX	Formulary Exclusion; QL
YUPELRI INHALATION SOLUTION 175 MCG/3ML	Tier 3	QL
Interleukin-5 Antagonists (Igg1 Kappa)**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 4	PA; Specialty
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 4	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 4	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	PA; Specialty
Interleukin-5 Antagonists (Igg4 Kappa)**		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	EX	PA; Specialty; Formulary Exclusion
Leukotriene Receptor Antagonists**		
ACCOLATE ORAL TABLET 10 MG, 20 MG	EX	Formulary Exclusion
montelukast sodium oral packet 4 mg	Tier 1	
montelukast sodium oral tablet 10 mg	Tier 1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	Tier 1	
SINGULAIR ORAL PACKET 4 MG	EX	Formulary Exclusion
SINGULAIR ORAL TABLET 10 MG	EX	Formulary Exclusion
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	
Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors**		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 4	PA
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	EX	Formulary Exclusion
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	
Steroid Inhalants**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	EX	Formulary Exclusion; QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT	EX	Formulary Exclusion; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Tier 1	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	EX	Formulary Exclusion; QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	EX	Formulary Exclusion; QL
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	EX	Formulary Exclusion; QL
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	EX	Formulary Exclusion; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	EX	Formulary Exclusion; QL
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	EX	Formulary Exclusion; QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL
Thymic Stromal Lymphopoietin (Tslp) Antagonists**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 4	PA; Specialty; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Tier 4	PA; Specialty; QL
Xanthines**		
aminophylline intravenous solution 25 mg/ml	EX	Medical Only Exclusion
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 1	
theophylline er tablet extended release 12 hour 100 mg oral	Tier 3	
theophylline er tablet extended release 12 hour 200 mg oral	Tier 3	
theophylline er tablet extended release 12 hour 300 mg oral	Tier 1	
theophylline er tablet extended release 12 hour 450 mg oral	Tier 1	
theophylline oral elixir 80 mg/15ml	Tier 1	
theophylline oral solution 80 mg/15ml	Tier 1	

Drug Name	Drug Tier	Notes
Anticoagulants		
Anticoagulants - Misc.**		
sodium citrate in vitro solution prefilled syringe 4 %	EX	Non FDA Exclusion
sodium citrate lock flush intravenous solution 4 %	EX	Non FDA Exclusion
sodium citrate lock flush intravenous solution prefilled syringe 120 mg/3ml	EX	Non FDA Exclusion
Coumarin Anticoagulants**		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Direct Factor Xa Inhibitors**		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 2	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 2	QL
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 1	
rivaroxaban oral tablet 2.5 mg	Tier 1	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	EX	Formulary Exclusion
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	
Heparins And Heparinoid-Like Agents**		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML	EX	Formulary Exclusion
heparin (porcine) in nacl intravenous solution prefilled syringe 20-0.9 unt/20ml-%, 50-0.9 unt/50ml-%	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
heparin (porcine) in nacl solution 1000-0.9 ut/500ml-% intravenous	Tier 1	
heparin (porcine) in nacl solution 12500-0.45 ut/250ml-% intravenous	EX	Medical Only Exclusion
heparin (porcine) in nacl solution 2000-0.9 unit/l-% intravenous	Tier 1	
heparin (porcine) in nacl solution 2500-0.9 ut/500ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/250ml-% intravenous	EX	Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/500ml-% intravenous	EX	Medical Only Exclusion
heparin (porcine) in nacl solution 30000-0.9 unit/l-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 4000-0.9 unit/l-% intravenous	EX	Non FDA Exclusion
heparin (porcine) in nacl solution 500-0.9 ut/500ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 unit/l-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 ut/500ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	EX	Formulary Exclusion
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	EX	Medical Only Exclusion
heparin sod (pork) lock flush solution 10 unit/ml intravenous	EX	Formulary Exclusion
heparin sod (pork) lock flush solution 10 unit/ml intravenous	Tier 1	
heparin sod (pork) lock flush solution 100 unit/ml intravenous	EX	Formulary Exclusion
heparin sod (pork) lock flush solution 100 unit/ml intravenous	Tier 1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Tier 1	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	EX	Formulary Exclusion
heparin sodium (porcine) pf solution 1000 unit/ml injection	Tier 1	
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	Tier 1	

Drug Name	Drug Tier	Notes
heparin sodium (porcine) pf solution 5000 unit/ml injection	Tier 3	
hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%	EX	Non FDA Exclusion
In Vitro/Lock Anticoagulant Combinations**		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML	EX	Medical Only Exclusion
sodium citrate-gentamicin sulf intravenous solution 4-320 %-mcg/ml	EX	Non FDA Exclusion
sodium citrate-gentamicin sulf intravenous solution prefilled syringe 4-320 %-mcg/ml	EX	Non FDA Exclusion
In Vitro/Lock Anticoagulants**		
acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml	EX	Medical Only Exclusion
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	EX	Medical Only Exclusion
anticoagulant sodium citrate in vitro solution 4 %, 4 gm/100ml	EX	Medical Only Exclusion
TRICITRASOL IN VITRO CONCENTRATE 46.7 %	EX	Medical Only Exclusion
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	Tier 1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	Tier 1	
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT 40 MG/0.4ML	EX	Non FDA Exclusion
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Tier 3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Tier 3	
LOVENOX INJECTION SOLUTION 300 MG/3ML	EX	Formulary Exclusion
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Synthetic Heparinoid-Like Agents**		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	EX	Formulary Exclusion
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 1	
Thrombin Inhibitors - Hirudin Type**		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	EX	Medical Only Exclusion
bivalirudin rtu intravenous solution 250 mg/50ml	EX	Medical Only Exclusion
bivalirudin trifluoroacetate intravenous solution 250 mg/50ml	EX	Medical Only Exclusion
bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg	EX	Medical Only Exclusion
Thrombin Inhibitors - Selective Direct & Reversible**		
argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%	EX	Medical Only Exclusion
argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml	EX	Medical Only Exclusion
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	EX	Formulary Exclusion
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	EX	Formulary Exclusion
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	
FYCOMPA TABLET 10 MG ORAL	EX	Formulary Exclusion
FYCOMPA TABLET 10 MG ORAL	Tier 2	
FYCOMPA TABLET 12 MG ORAL	EX	Formulary Exclusion
FYCOMPA TABLET 12 MG ORAL	Tier 2	
FYCOMPA TABLET 2 MG ORAL	EX	Formulary Exclusion
FYCOMPA TABLET 2 MG ORAL	Tier 2	
FYCOMPA TABLET 4 MG ORAL	EX	Formulary Exclusion
FYCOMPA TABLET 4 MG ORAL	Tier 2	
FYCOMPA TABLET 6 MG ORAL	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
FYCOMPA TABLET 6 MG ORAL	Tier 2	
FYCOMPA TABLET 8 MG ORAL	EX	Formulary Exclusion
FYCOMPA TABLET 8 MG ORAL	Tier 2	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	
Anticonvulsants - Benzodiazepines**		
clobazam oral suspension 2.5 mg/ml	Tier 1	
clobazam oral tablet 10 mg, 20 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	EX	Formulary Exclusion
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	Tier 2	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	QL
ONFI ORAL SUSPENSION 2.5 MG/ML	EX	Formulary Exclusion
ONFI ORAL TABLET 10 MG, 20 MG	EX	Formulary Exclusion
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 3	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	
Anticonvulsants - Misc.**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	EX	Formulary Exclusion
BANZEL ORAL SUSPENSION 40 MG/ML	EX	Formulary Exclusion
BANZEL ORAL TABLET 200 MG, 400 MG	EX	Formulary Exclusion
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine tablet chewable 100 mg oral	Tier 1	
carbamazepine tablet chewable 200 mg oral	Tier 3	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 4	PA
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	EX	Formulary Exclusion
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	ST; Specialty
EPITOL ORAL TABLET 200 MG	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML	EX	Formulary Exclusion
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 1	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	EX	Non FDA Exclusion
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; Specialty
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Tier 1	
gabapentin tablet 25 mg oral	EX	Non FDA Exclusion
gabapentin tablet 50 mg oral	EX	Non FDA Exclusion
gabapentin tablet 600 mg oral	Tier 1	QL
gabapentin tablet 800 mg oral	Tier 1	QL
GABARONE ORAL TABLET 100 MG, 400 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	EX	Medical Only Exclusion
KEPPRA ORAL SOLUTION 100 MG/ML	EX	Formulary Exclusion
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	EX	Formulary Exclusion
lacosamide intravenous solution 200 mg/20ml	EX	Medical Only Exclusion
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	EX	Formulary Exclusion
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	EX	Formulary Exclusion
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	EX	Formulary Exclusion
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG	EX	Formulary Exclusion
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	EX	Formulary Exclusion
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 1	
lamotrigine kit 21 x 25 mg & 7 x 50 mg oral	EX	Formulary Exclusion
lamotrigine kit 25 & 50 & 100 mg oral	Tier 1	
lamotrigine kit 42 x 50 mg & 14x100 mg oral	EX	Formulary Exclusion
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	EX	Formulary Exclusion
lamotrigine starter kit-blue oral kit 35 x 25 mg	Tier 1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Tier 1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Tier 1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	

Drug Name	Drug Tier	Notes
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml	EX	Medical Only Exclusion
levetiracetam intravenous solution 500 mg/5ml	EX	Medical Only Exclusion
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet disintegrating soluble 250 mg	Tier 3	
LYRICA CAPSULE 100 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 100 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA CAPSULE 150 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 150 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA CAPSULE 200 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 200 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA CAPSULE 225 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 225 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA CAPSULE 25 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 25 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA CAPSULE 300 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 300 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA CAPSULE 50 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 50 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA CAPSULE 75 MG ORAL	EX	Formulary Exclusion
LYRICA CAPSULE 75 MG ORAL	Benefit Exclusion	Formulary Exclusion
LYRICA SOLUTION 20 MG/ML ORAL	EX	Formulary Exclusion
LYRICA SOLUTION 20 MG/ML ORAL	Benefit Exclusion	Formulary Exclusion
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	EX	Formulary Exclusion
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	EX	Formulary Exclusion
NEURONTIN ORAL SOLUTION 250 MG/5ML	EX	Formulary Exclusion
NEURONTIN ORAL TABLET 600 MG, 800 MG	EX	Formulary Exclusion; QL
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	Tier 1	
oxcarbazepine oral suspension 300 mg/5ml	Tier 1	

Drug Name	Drug Tier	Notes
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	EX	Formulary Exclusion
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
primidone tablet 125 mg oral	Tier 3	
primidone tablet 250 mg oral	Tier 1	
primidone tablet 50 mg oral	Tier 1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
rufinamide oral suspension 40 mg/ml	Tier 1	
rufinamide oral tablet 200 mg, 400 mg	Tier 1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	Tier 3	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 3	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	EX	Formulary Exclusion
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Tier 1	
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	

Drug Name	Drug Tier	Notes
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	Tier 1	
topiramate oral solution 25 mg/ml	Tier 1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	EX	Formulary Exclusion
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	EX	Formulary Exclusion
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	EX	Medical Only Exclusion
VIMPAT ORAL SOLUTION 10 MG/ML	EX	Formulary Exclusion
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	EX	Formulary Exclusion
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	EX	Formulary Exclusion
ZONISADE ORAL SUSPENSION 100 MG/5ML	EX	Formulary Exclusion
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4	PA
Carbamates**		
felbamate oral suspension 600 mg/5ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	Tier 1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	EX	Formulary Exclusion
FELBATOL ORAL TABLET 400 MG, 600 MG	EX	Formulary Exclusion
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	Tier 2	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 2	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 2	
Gaba Modulators**		
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
SABRIL ORAL PACKET 500 MG	EX	PA; Specialty; Formulary Exclusion
SABRIL ORAL TABLET 500 MG	EX	PA; Specialty; Formulary Exclusion
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 1	
vigabatrin oral packet 500 mg	Tier 4	PA; Specialty
vigabatrin oral tablet 500 mg	Tier 4	PA; Specialty
VIGADRONE ORAL PACKET 500 MG	Tier 4	PA; Specialty
VIGADRONE ORAL TABLET 500 MG	Tier 4	PA; Specialty
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 4	PA; Specialty
VIGPODER ORAL PACKET 500 MG	Tier 1	PA; Specialty
Hydantoins**		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	EX	Medical Only Exclusion
DILANTIN CAPSULE 100 MG ORAL	Tier 3	
DILANTIN CAPSULE 30 MG ORAL	Tier 2	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	
DILANTIN ORAL SUSPENSION 125 MG/5ML	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 3	
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	EX	Medical Only Exclusion
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	Tier 1	
phenytoin oral tablet chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
phenytoin sodium solution 50 mg/ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
phenytoin sodium solution 50 mg/ml injection	EX	Medical Only Exclusion
Succinimides**		
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5ml	Tier 1	

Drug Name	Drug Tier	Notes
methsuximide oral capsule 300 mg	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5ML	Tier 3	
Valproic Acid**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	EX	Formulary Exclusion
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	EX	Formulary Exclusion
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	EX	Formulary Exclusion
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 1	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	EX	Medical Only Exclusion
valproic acid oral capsule 250 mg	Tier 1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	Tier 1	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Tier 1	Insufficient Evidence
mirtazapine tablet 15 mg oral	Tier 1	Insufficient Evidence
mirtazapine tablet 30 mg oral	Tier 1	Insufficient Evidence
mirtazapine tablet 45 mg oral	Tier 1	Insufficient Evidence
mirtazapine tablet 7.5 mg oral	Tier 1	
mirtazapine tablet 7.5 mg oral	Tier 1	Insufficient Evidence
REMERON ORAL TABLET 15 MG, 30 MG	EX	Formulary Exclusion
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	EX	Formulary Exclusion
Antidepressant - Miscellaneous Combinations**		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	ST

Drug Name	Drug Tier	Notes
Antidepressants - Misc.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral	Tier 1	
bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral	Tier 1	Insufficient Evidence
bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral	Tier 1	
bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral	Tier 1	Insufficient Evidence
bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral	Tier 1	Insufficient Evidence
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	Tier 1	Insufficient Evidence
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	Tier 1	Insufficient Evidence
bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
bupropion hcl tablet 100 mg oral	Tier 1	
bupropion hcl tablet 100 mg oral	Tier 1	Insufficient Evidence
bupropion hcl tablet 75 mg oral	Tier 1	
bupropion hcl tablet 75 mg oral	Tier 1	Insufficient Evidence
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	EX	Formulary Exclusion
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	EX	Formulary Exclusion
Gaba Receptor Modulator - Neuroactive Steroid**		
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML	EX	Medical Only Exclusion
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
PARNATE ORAL TABLET 10 MG	EX	Formulary Exclusion
phenelzine sulfate oral tablet 15 mg	Tier 1	
tranylcypromine sulfate oral tablet 10 mg	Tier 1	
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	EX	PA; Formulary Exclusion
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	EX	PA; Formulary Exclusion
Selective Serotonin Reuptake Inhibitors (Ssris)**		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
citalopram hydrobromide oral capsule 30 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Tier 1	Insufficient Evidence
citalopram hydrobromide solution 10 mg/5ml oral	Tier 1	Insufficient Evidence
citalopram hydrobromide solution 20 mg/10ml oral	Tier 1	
escitalopram oxalate oral capsule 15 mg	EX	ST; New to Market Exclusion
escitalopram oxalate solution 10 mg/10ml oral	Tier 1	
escitalopram oxalate solution 5 mg/5ml oral	Tier 1	Insufficient Evidence
escitalopram oxalate tablet 10 mg oral	Tier 1	Insufficient Evidence
escitalopram oxalate tablet 20 mg oral	Tier 1	
escitalopram oxalate tablet 20 mg oral	Tier 1	Insufficient Evidence
escitalopram oxalate tablet 5 mg oral	Tier 1	Insufficient Evidence
fluoxetine hcl capsule 10 mg oral	Tier 1	
fluoxetine hcl capsule 10 mg oral	Tier 1	Insufficient Evidence
fluoxetine hcl capsule 20 mg oral	Tier 1	
fluoxetine hcl capsule 20 mg oral	Tier 1	Insufficient Evidence
fluoxetine hcl capsule 40 mg oral	Tier 1	

Drug Name	Drug Tier	Notes
fluoxetine hcl capsule 40 mg oral	Tier 1	Insufficient Evidence
fluoxetine hcl oral capsule delayed release 90 mg	Tier 1	ST; Insufficient Evidence
fluoxetine hcl solution 20 mg/5ml oral	Tier 1	
fluoxetine hcl solution 20 mg/5ml oral	Tier 1	Insufficient Evidence
fluoxetine hcl tablet 10 mg oral	Tier 1	Insufficient Evidence
fluoxetine hcl tablet 20 mg oral	Tier 1	Insufficient Evidence
fluoxetine hcl tablet 60 mg oral	Benefit Exclusion	Insufficient Evidence
fluoxetine hcl tablet 60 mg oral	EX	Insufficient Evidence
fluoxetine hcl tablet 60 mg oral	Tier 1	
fluoxetine hcl tablet 60 mg oral	Benefit Exclusion	Formulary Exclusion
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	Tier 1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
LEXAPRO TABLET 10 MG ORAL	EX	Formulary Exclusion
LEXAPRO TABLET 20 MG ORAL	EX	ST; Formulary Exclusion
LEXAPRO TABLET 5 MG ORAL	EX	ST; Formulary Exclusion
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Tier 1	Insufficient Evidence
paroxetine hcl oral suspension 10 mg/5ml	Tier 1	ST; Insufficient Evidence
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	Insufficient Evidence
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	EX	Formulary Exclusion
PAXIL ORAL SUSPENSION 10 MG/5ML	EX	Formulary Exclusion
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	EX	Formulary Exclusion
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	ST; Non Essential Drug Exclusion
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
sertraline hcl oral capsule 150 mg, 200 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion
sertraline hcl oral concentrate 20 mg/ml	Tier 1	Insufficient Evidence
sertraline hcl tablet 100 mg oral	Tier 1	
sertraline hcl tablet 100 mg oral	Tier 1	Insufficient Evidence
sertraline hcl tablet 25 mg oral	Tier 1	
sertraline hcl tablet 25 mg oral	Tier 1	Insufficient Evidence
sertraline hcl tablet 50 mg oral	Tier 1	
sertraline hcl tablet 50 mg oral	Tier 1	Insufficient Evidence

Drug Name	Drug Tier	Notes
ZOLOFT ORAL CONCENTRATE 20 MG/ML	EX	Formulary Exclusion
ZOLOFT TABLET 100 MG ORAL	EX	ST; Formulary Exclusion
ZOLOFT TABLET 100 MG ORAL	EX	Formulary Exclusion
ZOLOFT TABLET 25 MG ORAL	EX	Formulary Exclusion; Insufficient Evidence
ZOLOFT TABLET 25 MG ORAL	EX	Formulary Exclusion
ZOLOFT TABLET 50 MG ORAL	EX	ST; Formulary Exclusion
ZOLOFT TABLET 50 MG ORAL	EX	Formulary Exclusion
Serotonin Modulators**		
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	EX	PA; Formulary Exclusion; QL
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	EX	PA; Formulary Exclusion; QL
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	EX	Formulary Exclusion
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA; ST
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3	ST
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG	EX	Formulary Exclusion
desvenlafaxine er tablet extended release 24 hour 100 mg oral	Tier 1	ST
desvenlafaxine er tablet extended release 24 hour 100 mg oral	Tier 3	ST
desvenlafaxine er tablet extended release 24 hour 50 mg oral	Tier 1	ST
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 1	

Drug Name	Drug Tier	Notes
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
duloxetine hcl capsule delayed release particles 20 mg oral	Tier 1	
duloxetine hcl capsule delayed release particles 30 mg oral	Tier 1	
duloxetine hcl capsule delayed release particles 40 mg oral	Tier 1	QL
duloxetine hcl capsule delayed release particles 60 mg oral	Tier 1	
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	EX	ST; Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	EX	Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	EX	Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	EX	Formulary Exclusion
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	Tier 1	
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	Tier 1	Insufficient Evidence
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	Tier 1	
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	Tier 1	Insufficient Evidence
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	Tier 1	
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	Tier 1	Insufficient Evidence
venlafaxine hcl er tablet extended release 24 hour 150 mg oral	EX	Non Essential Drug Exclusion
venlafaxine hcl er tablet extended release 24 hour 150 mg oral	EX	Non Essential Drug Exclusion; Insufficient Evidence

Drug Name	Drug Tier	Notes
venlafaxine hcl er tablet extended release 24 hour 225 mg oral	EX	Non Essential Drug Exclusion
venlafaxine hcl er tablet extended release 24 hour 225 mg oral	EX	Non Essential Drug Exclusion; Insufficient Evidence
venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral	EX	Non Essential Drug Exclusion; Insufficient Evidence
venlafaxine hcl er tablet extended release 24 hour 75 mg oral	EX	Non Essential Drug Exclusion
venlafaxine hcl er tablet extended release 24 hour 75 mg oral	EX	Non Essential Drug Exclusion; Insufficient Evidence
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	Insufficient Evidence
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	EX	Formulary Exclusion
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	EX	Formulary Exclusion
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin hcl oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	EX	Formulary Exclusion
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline hcl oral solution 10 mg/5ml	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	EX	Formulary Exclusion
protriptyline hcl oral tablet 10 mg, 5 mg	Tier 1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL

Drug Name	Drug Tier	Notes
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion; QL
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion; QL
Antidiabetic - Allogeneic Cellular Therapy**		
LANTIDRA INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
Antidiabetic - Amylin Analogs**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	EX	Formulary Exclusion; QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	EX	Formulary Exclusion; QL
Antidiabetic-Anti-Cd3 Antibodies**		
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML	EX	Medical Only Exclusion
Biguanides**		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion; QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion; QL
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	EX	Non Essential Drug Exclusion; QL
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	EX	Non Essential Drug Exclusion; QL
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	QL
metformin hcl oral solution 500 mg/5ml	Tier 1	QL
metformin hcl tablet 1000 mg oral	Tier 1	QL
metformin hcl tablet 500 mg oral	Tier 1	QL
metformin hcl tablet 625 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
metformin hcl tablet 750 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
metformin hcl tablet 850 mg oral	Tier 1	QL
RIOMET ORAL SOLUTION 500 MG/5ML	EX	Formulary Exclusion; QL
Diabetic Other**		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL

Drug Name	Drug Tier	Notes
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL
diazoxide oral suspension 50 mg/ml	Tier 1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 3	QL
glucagon emergency solution reconstituted 1 mg injection	EX	Formulary Exclusion; QL
glucagon emergency solution reconstituted 1 mg injection	Tier 1	QL
glucagon emergency solution reconstituted 1 mg/ml injection	Tier 2	ST; QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 2	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 2	QL
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	EX	Formulary Exclusion
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	Tier 2	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	Tier 2	QL
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	EX	Formulary Exclusion; QL
BRYNOVIN ORAL SOLUTION 25 MG/ML	EX	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	Formulary Exclusion; QL
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
saxagliptin hcl oral tablet 2.5 mg, 5 mg	Tier 1	QL
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	EX	Formulary Exclusion
TRADJENTA ORAL TABLET 5 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	EX	Formulary Exclusion; QL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 2	QL
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	EX	Formulary Exclusion; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	EX	Formulary Exclusion; QL
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	EX	Formulary Exclusion; QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	EX	Formulary Exclusion; QL
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	Tier 1	QL
sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg	EX	QL
sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg	EX	QL
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG	EX	QL
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	EX	QL
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	QL
Dpp-4 Inhibitor-Thiazolidinedione Combinations**		
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	Formulary Exclusion; QL
Human Insulin**		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Tier 3	
APIDRA INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	EX	Formulary Exclusion
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	EX	Formulary Exclusion
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	EX	Formulary Exclusion
insulin aspart injection solution 100 unit/ml	EX	Formulary Exclusion
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	EX	Formulary Exclusion
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	EX	Formulary Exclusion
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	EX	Formulary Exclusion
insulin degludec subcutaneous solution 100 unit/ml	EX	Formulary Exclusion
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	EX	Formulary Exclusion
insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml, 300 unit/ml	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
insulin glargine subcutaneous solution 100 unit/ml	EX	Formulary Exclusion
insulin glargine-yfgn subcutaneous solution 100 unit/ml	EX	Formulary Exclusion
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	EX	Formulary Exclusion
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	EX	Formulary Exclusion
insulin lispro injection solution 100 unit/ml	EX	Formulary Exclusion
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	EX	Formulary Exclusion
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	EX	Formulary Exclusion
KIRSTY INJECTION SOLUTION 100 UNIT/ML	EX	ST; Formulary Exclusion; QL
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	ST; Formulary Exclusion; QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	EX	Formulary Exclusion
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	ST; Formulary Exclusion
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	ST; Formulary Exclusion
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-%	EX	Medical Only Exclusion
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	

Drug Name	Drug Tier	Notes
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	

Drug Name	Drug Tier	Notes
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 2	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	EX	PA; Formulary Exclusion; QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	EX	PA; Formulary Exclusion; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	EX	PA; Formulary Exclusion; QL
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	EX	PA; Formulary Exclusion; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	EX	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	EX	PA; Formulary Exclusion; QL
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml	Tier 2	PA; QL
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Tier 1	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	Tier 2	PA; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	Tier 2	PA; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; QL
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; QL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; QL
semaglutide subcutaneous solution cartridge 4 mg/3ml	EX	Non FDA Exclusion
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	EX	PA; Formulary Exclusion; QL
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	ST; QL
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	QL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	QL
STARLIX ORAL TABLET 120 MG, 60 MG	EX	Formulary Exclusion; QL
Progesterone Receptor Antagonists**		
KORLYM ORAL TABLET 300 MG	EX	PA; Specialty; Formulary Exclusion; QL
mifepristone oral tablet 300 mg	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	Tier 2	QL
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL
QTERN ORAL TABLET 10-5 MG, 5-5 MG	EX	Formulary Exclusion; QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	EX	Formulary Exclusion; QL
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
bexagliflozin oral tablet 20 mg	EX	Formulary Exclusion; QL
BRENZAVVY ORAL TABLET 20 MG	EX	Formulary Exclusion; QL
dapagliflozin propanediol oral tablet 10 mg, 5 mg	EX	Formulary Exclusion; QL
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL
INVOKANA ORAL TABLET 100 MG, 300 MG	EX	Formulary Exclusion; QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	EX	Formulary Exclusion; QL
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg	EX	Formulary Exclusion; QL
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	EX	Formulary Exclusion; QL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	EX	Formulary Exclusion; QL
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	EX	Formulary Exclusion; QL
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 2	QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 2	QL

Drug Name	Drug Tier	Notes
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL
Sulfonylureas**		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	EX	Formulary Exclusion; QL
glimepiride tablet 1 mg oral	Tier 1	QL
glimepiride tablet 2 mg oral	Tier 1	QL
glimepiride tablet 3 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
glimepiride tablet 4 mg oral	Tier 1	QL
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	QL
glipizide tablet 10 mg oral	Tier 1	QL
glipizide tablet 2.5 mg oral	EX	Formulary Exclusion; QL
glipizide tablet 5 mg oral	Tier 1	QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	QL
GLUCOTROL ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion; QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	QL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	QL
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	EX	Formulary Exclusion; QL
tolbutamide oral tablet 500 mg	Tier 3	QL
Sulfonylurea-Thiazolidinedione Combinations**		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	EX	Formulary Exclusion; QL
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	QL
Thiazolidinedione-Biguanide Combinations**		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Tier 1	QL
Thiazolidinediones**		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	EX	Formulary Exclusion; QL
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 1	QL
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists**		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 4	ST; QL
Antidiarrheal/Probiotic Agents - Misc.**		
BACILLEX ORAL CAPSULE 250 MG	EX	Non FDA Exclusion
bilac oral capsule	EX	Non FDA Exclusion
BIOCORE DAILY ORAL CAPSULE	EX	Non FDA Exclusion
DERMACINRX PROBISOL ORAL CAPSULE	EX	Non FDA Exclusion
DERMACINRX PROBITRAN ORAL CAPSULE	EX	Non FDA Exclusion
FLORAXIS ORAL TABLET	EX	Non FDA Exclusion
FLORRAXIS ORAL CAPSULE	EX	Non FDA Exclusion
LACTEROL ORAL CAPSULE	EX	Non FDA Exclusion
lactovive oral capsule	EX	Non FDA Exclusion
PAXOTIN ORAL CAPSULE	EX	Non FDA Exclusion
PROBINATE ORAL CAPSULE	EX	Non FDA Exclusion
prodigen oral capsule	EX	Non FDA Exclusion
promella in prebiotic oral capsule	EX	Non FDA Exclusion
proriva oral capsule	EX	Non FDA Exclusion
relibiotic oral capsule	EX	Non FDA Exclusion
surebiotic probiotic support oral capsule	EX	Non FDA Exclusion
VISBIOME GI CARE EX ST ORAL PACKET	EX	Non FDA Exclusion
wellpro 31 oral capsule	EX	Non FDA Exclusion
xybiotic oral capsule	EX	Non FDA Exclusion
zelac oral capsule	EX	Non FDA Exclusion
Antidiarrheal/Probiotic Combinations**		
probichew oral tablet chewable	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
RESTORA RX ORAL CAPSULE 60-1.25 MG	EX	Non FDA Exclusion
Antiperistaltic Agents**		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Tier 3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG	EX	Formulary Exclusion
loperamide hcl oral capsule 2 mg	Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG	EX	Non Essential Drug Exclusion
opium oral tincture 10 mg/ml (1%)	Tier 1	
Antidotes And Specific Antagonists		
Antidote Combinations**		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR 2.1-600 MG	EX	Medical Only Exclusion
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	EX	Medical Only Exclusion
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML	EX	Medical Only Exclusion
Antidotes - Chelating Agents**		
CHEMET ORAL CAPSULE 100 MG	Tier 2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	Tier 4	PA; Specialty
deferasirox oral packet 180 mg, 360 mg, 90 mg	Tier 4	PA; Specialty
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 4	PA; Specialty
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 4	PA; Specialty
deferiprone oral tablet 1000 mg, 500 mg	Tier 4	PA; Specialty
dimercaptopropane-sulfonate injection solution 250 mg/5ml	EX	Non FDA Exclusion
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; Specialty
FERRIPROX ORAL TABLET 1000 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Tier 4	PA; Specialty
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	EX	PA; Specialty; Formulary Exclusion
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
pentetate calcium trisodium combination solution 200 mg/ml	EX	Medical Only Exclusion
pentetate zinc trisodium combination solution 200 mg/ml	EX	Medical Only Exclusion
Antidotes And Specific Antagonists**		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML	EX	Medical Only Exclusion
acetylcysteine intravenous solution 200 mg/ml	EX	Medical Only Exclusion
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
bal in oil intramuscular solution 100 mg/ml	EX	Medical Only Exclusion
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	EX	Medical Only Exclusion
calcium disodium versenate injection solution 1 gm/5ml	EX	Medical Only Exclusion
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	EX	Medical Only Exclusion
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	EX	Medical Only Exclusion
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion
edetate calcium disodium injection solution 1 gm/5ml	EX	Medical Only Exclusion
fomepizole intravenous solution 1.5 gm/1.5ml	EX	Medical Only Exclusion
methylene blue (antidote) solution 1 % intravenous	EX	Formulary Exclusion
methylene blue (antidote) solution 1 % intravenous	EX	Non FDA Exclusion
methylene blue intravenous solution 50 mg/10ml	EX	Medical Only Exclusion
methylene blue intravenous solution prefilled syringe 20 mg/2ml	EX	Non FDA Exclusion
physostigmine salicylate injection solution 1 mg/ml	EX	Formulary Exclusion
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML	EX	Medical Only Exclusion
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML	EX	Medical Only Exclusion
RADIOGARDASE ORAL CAPSULE 0.5 GM	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
sodium nitrite intravenous solution 30 mg/ml	EX	Medical Only Exclusion
sodium thiosulfate solution 250 mg/ml intravenous	EX	Medical Only Exclusion
sodium thiosulfate solution 250 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
sugammadex sodium intravenous solution prefilled syringe 100 mg/ml, 150 mg/3ml, 200 mg/2ml, 50 mg/5ml	EX	Non FDA Exclusion
VISTOGARD ORAL PACKET 10 GM	EX	Medical Only Exclusion
Benzodiazepine Antagonists**		
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	EX	Medical Only Exclusion
Cholinesterase Inhibitors**		
pyridostigmine bromide er oral tablet extended release 24 hour 105 mg	Tier 3	
Opioid Antagonists**		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	
lifems naloxone injection prefilled syringe kit 2 mg/2ml	EX	Non FDA Exclusion
nalmefene hcl injection solution 1 mg/ml	EX	Formulary Exclusion
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Tier 1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	Tier 1	
naloxone hcl nasal liquid 4 mg/0.1ml	Tier 1	
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 1	
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 3	
naltrexone hcl oral tablet 50 mg	Tier 1	
NARCAN NASAL LIQUID 4 MG/0.1ML	EX	Formulary Exclusion
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 4	Specialty; QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Tier 3	
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	QL

Drug Name	Drug Tier	Notes
Antiemetics		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 50 MG	Tier 3	QL
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	Tier 1	
granisetron hcl oral tablet 1 mg	Tier 1	QL
ondansetron hcl +rfid injection solution 4 mg/2ml	Tier 1	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	Tier 1	
ondansetron hcl oral solution 4 mg/5ml	Tier 1	QL
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 1	QL
ondansetron hcl solution prefilled syringe 4 mg/2ml injection	Tier 1	
ondansetron hcl solution prefilled syringe 4 mg/2ml injection	Tier 2	
ondansetron tablet dispersible 16 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
ondansetron tablet dispersible 4 mg oral	Tier 1	QL
ondansetron tablet dispersible 8 mg oral	Tier 1	QL
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	Tier 1	
palonosetron hcl solution 0.25 mg/2ml intravenous	Tier 3	
palonosetron hcl solution 0.25 mg/5ml intravenous	Tier 1	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML	Tier 3	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML	EX	Formulary Exclusion
ZOFRAN ORAL TABLET 4 MG	EX	Formulary Exclusion; QL
ZUPLENZ ORAL FILM 4 MG, 8 MG	Tier 3	Non Essential Drug Exclusion; QL
Antiemetic Combinations**		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Tier 3	QL
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Tier 3	QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG	Tier 3	QL

Drug Name	Drug Tier	Notes
AKYNZEO ORAL CAPSULE 300-0.5 MG	EX	Formulary Exclusion; QL
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Tier 3	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	EX	Formulary Exclusion
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Tier 1	
Antiemetics - Anticholinergic**		
ANTIVERT ORAL TABLET 50 MG	Tier 3	Non Essential Drug Exclusion
ANTIVERT ORAL TABLET CHEWABLE 25 MG	Benefit Exclusion	Formulary Exclusion
dimenhydrinate injection solution 50 mg/ml	Tier 3	
meclizine hcl oral tablet chewable 25 mg	Tier 1	
meclizine hcl tablet 12.5 mg oral (rx)	Tier 1	
meclizine hcl tablet 25 mg oral (rx)	Tier 1	
meclizine hcl tablet 50 mg oral	EX	Non Essential Drug Exclusion
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	EX	Medical Only Exclusion
TIGAN ORAL CAPSULE 300 MG	EX	Formulary Exclusion
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	EX	Formulary Exclusion
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	EX	Formulary Exclusion
trimethobenzamide hcl oral capsule 300 mg	Tier 1	
Antiemetics - Antidopaminergic**		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML	EX	Medical Only Exclusion
Antiemetics - Miscellaneous**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML	EX	Medical Only Exclusion
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Tier 1	QL

Drug Name	Drug Tier	Notes
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	EX	Formulary Exclusion
EMEND BIPACK ORAL CAPSULE 80 MG	EX	Formulary Exclusion; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 3	QL
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	QL
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG	EX	Formulary Exclusion; QL
focinvez intravenous solution 150 mg/50ml	Tier 3	
fosaprepitant dimeglumine solution reconstituted 150 mg intravenous	Tier 1	QL
fosaprepitant dimeglumine solution reconstituted 150 mg intravenous	Tier 2	QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 2	QL
Antifungals		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)**		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	EX	Medical Only Exclusion
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	EX	Medical Only Exclusion
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	EX	Medical Only Exclusion
micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%	EX	Medical Only Exclusion
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**		
BREXAFEMME ORAL TABLET 150 MG	EX	Formulary Exclusion; QL
Antifungals**		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	EX	Medical Only Exclusion
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
amphotericin b intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion
amphotericin b liposome intravenous suspension reconstituted 50 mg	EX	Medical Only Exclusion
ANCOBON ORAL CAPSULE 250 MG, 500 MG	EX	Formulary Exclusion
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
fulvicin p/g 165 oral tablet 165 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
griseofulvin microsize oral suspension 125 mg/5ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize tablet 125 mg oral	Tier 1	
griseofulvin ultramicrosize tablet 165 mg oral	EX	Non Essential Drug Exclusion; QL
griseofulvin ultramicrosize tablet 250 mg oral	Tier 1	
nystatin oral tablet 500000 unit	Tier 1	
terbinafine hcl oral tablet 250 mg	Tier 1	QL
Imidazoles**		
ketoconazole oral tablet 200 mg	Tier 1	
Tetrazoles**		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	EX	Formulary Exclusion; QL
Triazoles**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	EX	Medical Only Exclusion
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML	EX	Formulary Exclusion
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	EX	Formulary Exclusion
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	EX	Medical Only Exclusion
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	QL
itraconazole oral solution 10 mg/ml	Tier 1	

Drug Name	Drug Tier	Notes
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	EX	Medical Only Exclusion
NOXAFIL ORAL PACKET 300 MG	Tier 2	
NOXAFIL ORAL SUSPENSION 40 MG/ML	Tier 2	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	EX	Formulary Exclusion
posaconazole intravenous solution 300 mg/16.7ml	EX	Medical Only Exclusion
posaconazole oral suspension 40 mg/ml	Tier 1	
posaconazole oral tablet delayed release 100 mg	Tier 1	
SPORANOX ORAL CAPSULE 100 MG	EX	Formulary Exclusion; QL
SPORANOX ORAL SOLUTION 10 MG/ML	EX	Formulary Exclusion
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	EX	Formulary Exclusion; QL
tolsura oral capsule 65 mg	EX	Non Essential Drug Exclusion
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	EX	Formulary Exclusion
VFEND ORAL TABLET 200 MG, 50 MG	EX	Formulary Exclusion
voriconazole intravenous solution reconstituted 200 mg	EX	Medical Only Exclusion
voriconazole oral suspension reconstituted 40 mg/ml	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	
Antihistamines		
Antihistamines - Alkylamines**		
brompheniramine maleate intramuscular solution 10 mg/ml	EX	Non FDA Exclusion
dexchlorpheniramine maleate oral solution 2 mg/5ml	Tier 3	
RYCLORA ORAL SOLUTION 2 MG/5ML	Tier 3	
Antihistamines - Ethanolamines**		
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	Tier 3	ST
carbinoxamine maleate oral tablet 4 mg, 6 mg	Tier 1	
carbinoxamine maleate solution 4 mg/5ml oral	Tier 3	
carbinoxamine maleate solution 4 mg/5ml oral	Tier 1	
carbzah oral solution 4 mg/5ml	Tier 3	
clemastine fumarate oral syrup 0.67 mg/5ml	EX	Non Essential Drug Exclusion
clemastine fumarate tablet 2.68 mg oral	Tier 3	

Drug Name	Drug Tier	Notes
clemastine fumarate tablet 2.68 mg oral	Tier 1	
CLEMASZ ORAL TABLET 2.68 MG	Tier 2	
CLEMSZA ORAL TABLET 2.68 MG	Tier 2	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	EX	Non FDA Exclusion
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	EX	Non FDA Exclusion
diphen oral elixir 12.5 mg/5ml	Tier 1	
di-phen oral elixir 12.5 mg/5ml	Tier 1	
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 3	ST
RYVENT ORAL TABLET 6 MG	Tier 1	
Antihistamines - Non-Sedating**		
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Tier 1	
CLARINEX ORAL TABLET 5 MG	EX	Formulary Exclusion
desloratadine oral tablet 5 mg	Tier 1	
desloratadine tablet dispersible 2.5 mg oral	Tier 3	
desloratadine tablet dispersible 2.5 mg oral	Tier 1	
desloratadine tablet dispersible 5 mg oral	Tier 3	
desloratadine tablet dispersible 5 mg oral	Tier 1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 1	
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	EX	Formulary Exclusion
Antihistamines - Phenothiazines**		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Tier 3	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	Tier 1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	

Drug Name	Drug Tier	Notes
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 1	
cyproheptadine hcl oral tablet 4 mg	Tier 1	
Antihistamines W/ Corticosteroids**		
CLOBETEX COMBINATION THERAPY PACK 5 & 0.05 MG & %	EX	Non FDA Exclusion
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	PA
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL ORAL TABLET 180 MG	Tier 2	PA
Angiopoietin-Like Protein 3 (Angptl3) Inhibitors**		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	EX	Medical Only Exclusion
Antihyperlipidemics - Misc.**		
icosapent ethyl oral capsule 0.5 gm, 1 gm	Tier 1	
LOVAZA ORAL CAPSULE 1 GM	EX	Formulary Exclusion
omega-3-acid ethyl esters oral capsule 1 gm	EX	Formulary Exclusion
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	Tier 2	
Antihyperlipidemics Misc. Combinations**		
sure result o3d3 system oral kit 1 & 1000 gm & unit	EX	Non FDA Exclusion
Bile Acid Sequestrants**		
cholestyramine light oral packet 4 gm	EX	Formulary Exclusion
cholestyramine light oral powder 4 gm/dose	Tier 1	
cholestyramine oral packet 4 gm	EX	Formulary Exclusion
cholestyramine oral powder 4 gm/dose	Tier 1	
colesevelam hcl oral packet 3.75 gm	EX	Formulary Exclusion
colesevelam hcl oral tablet 625 mg	Tier 1	
COLESTID FLAVORED ORAL GRANULES 5 GM	EX	Formulary Exclusion
COLESTID FLAVORED ORAL PACKET 5 GM	EX	Formulary Exclusion
COLESTID ORAL GRANULES 5 GM	EX	Formulary Exclusion
COLESTID ORAL PACKET 5 GM	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
COLESTID ORAL TABLET 1 GM	EX	Formulary Exclusion
colestipol hcl oral granules 5 gm	Tier 1	
colestipol hcl oral packet 5 gm	Tier 1	
colestipol hcl oral tablet 1 gm	Tier 1	
PREVALITE ORAL PACKET 4 GM	EX	Formulary Exclusion
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	EX	Formulary Exclusion
QUESTRAN ORAL PACKET 4 GM	EX	Formulary Exclusion
QUESTRAN ORAL POWDER 4 GM/DOSE	EX	Formulary Exclusion
WELCHOL ORAL PACKET 3.75 GM	EX	Formulary Exclusion
WELCHOL ORAL TABLET 625 MG	EX	Formulary Exclusion
Fibric Acid Derivatives**		
ANTARA ORAL CAPSULE 30 MG, 90 MG	Tier 3	
fenofibrate capsule 134 mg oral	Tier 1	
fenofibrate capsule 150 mg oral	Tier 1	
fenofibrate capsule 200 mg oral	Tier 1	
fenofibrate capsule 50 mg oral	Tier 3	
fenofibrate capsule 67 mg oral	Tier 1	
fenofibrate micronized capsule 130 mg oral	Tier 1	
fenofibrate micronized capsule 134 mg oral	Tier 1	
fenofibrate micronized capsule 200 mg oral	Tier 1	
fenofibrate micronized capsule 30 mg oral	Tier 3	
fenofibrate micronized capsule 43 mg oral	Tier 1	
fenofibrate micronized capsule 67 mg oral	Tier 1	
fenofibrate micronized capsule 90 mg oral	Tier 3	
fenofibrate tablet 120 mg oral	EX	Non Essential Drug Exclusion
fenofibrate tablet 145 mg oral	Tier 1	
fenofibrate tablet 160 mg oral	Tier 1	
fenofibrate tablet 40 mg oral	EX	Non Essential Drug Exclusion
fenofibrate tablet 48 mg oral	Tier 1	
fenofibrate tablet 54 mg oral	Tier 1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 3	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
FIBRICOR ORAL TABLET 105 MG, 35 MG	Tier 3	
gemfibrozil oral tablet 600 mg	Tier 1	

Drug Name	Drug Tier	Notes
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 2	
LOPID ORAL TABLET 600 MG	EX	Formulary Exclusion
TRICOR ORAL TABLET 145 MG, 48 MG	EX	Formulary Exclusion
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	EX	Formulary Exclusion
Hmg Coa Reductase Inhibitors**		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Tier 3	ST
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	EX	Formulary Exclusion
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	Formulary Exclusion
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Benefit Exclusion	ST; Formulary Exclusion
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	EX	ST; Non Essential Drug Exclusion
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 1	
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 1	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	EX	Formulary Exclusion
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	EX	Formulary Exclusion
lovastatin tablet 10 mg oral	Tier 1	
lovastatin tablet 20 mg oral	Tier 5	
lovastatin tablet 40 mg oral	Tier 5	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
PRAVACHOL ORAL TABLET 20 MG, 40 MG	EX	Formulary Exclusion
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Tier 1	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	Tier 3	ST
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 1	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Tier 3	ST
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	EX	Formulary Exclusion
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	Tier 1	
ZETIA ORAL TABLET 10 MG	EX	Formulary Exclusion
Microsomal Triglyceride Transfer Protein Inhibitors**		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA; Specialty
Nicotinic Acid Derivatives**		
niacin (antihyperlipidemic) tablet 500 mg oral	Tier 1	
niacin (antihyperlipidemic) tablet 500 mg oral	Tier 3	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG	EX	Formulary Exclusion
Pcsk9 Inhibitors**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	EX	PA; Formulary Exclusion; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 2	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	PA; QL
Small Interfering Rna (Sirna) Pcsk9 Inhibitors**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	EX	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	EX	Formulary Exclusion
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	EX	Formulary Exclusion
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	EX	Formulary Exclusion
Ace Inhibitors & Thiazide/Thiazide-Like**		
ACCURETIC TABLET 10-12.5 MG ORAL	EX	Formulary Exclusion
ACCURETIC TABLET 20-12.5 MG ORAL	EX	Formulary Exclusion
ACCURETIC TABLET 20-25 MG ORAL	Tier 3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	EX	Formulary Exclusion
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
VASERETIC ORAL TABLET 10-25 MG	EX	Formulary Exclusion
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	EX	Formulary Exclusion
Ace Inhibitors**		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	Formulary Exclusion
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
enalaprilat intravenous solution 1.25 mg/ml	EX	Medical Only Exclusion
EPANED ORAL SOLUTION 1 MG/ML	EX	Formulary Exclusion
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
PRINIVIL ORAL TABLET 20 MG	EX	Formulary Exclusion
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	EX	Formulary Exclusion
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	EX	Formulary Exclusion
Agents For Pheochromocytoma**		
DEMSER ORAL CAPSULE 250 MG	EX	PA; Specialty; Formulary Exclusion
DIBENZYLINE ORAL CAPSULE 10 MG	EX	PA; Specialty; Formulary Exclusion
metyrosine oral capsule 250 mg	Tier 4	PA; Specialty
phenoxybenzamine hcl oral capsule 10 mg	Tier 4	PA; Specialty
phentolamine mesylate injection solution reconstituted 5 mg	EX	Medical Only Exclusion
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	

Drug Name	Drug Tier	Notes
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	EX	Formulary Exclusion
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	EX	Formulary Exclusion
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	EX	Formulary Exclusion
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	EX	ST; Formulary Exclusion
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	EX	Formulary Exclusion
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	EX	Formulary Exclusion
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	ST
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	EX	Formulary Exclusion
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	EX	ST; Formulary Exclusion
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	EX	Formulary Exclusion
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	EX	ST; Formulary Exclusion
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	EX	ST; Formulary Exclusion
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin Ii Receptor Antagonists**		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 3	PA

Drug Name	Drug Tier	Notes
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	EX	Formulary Exclusion
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	EX	Formulary Exclusion
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	EX	Formulary Exclusion
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	EX	Formulary Exclusion
EDARBI ORAL TABLET 40 MG, 80 MG	EX	ST; Formulary Exclusion
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
valsartan solution 4 mg/ml oral	Tier 1	
valsartan solution 4 mg/ml oral	Tier 2	
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	EX	Formulary Exclusion
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	EX	Formulary Exclusion
Antiadrenergics - Centrally Acting**		
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	EX	Formulary Exclusion
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	EX	Formulary Exclusion
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR	EX	Formulary Exclusion
clonidine er oral tablet extended release 24 hour 0.17 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 1	
guanfacine hcl oral tablet 1 mg, 2 mg	Tier 1	
methyldopa tablet 250 mg oral	Tier 1	
methyldopa tablet 500 mg oral	Tier 3	
methyldopa tablet 500 mg oral	Tier 1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
Antiadrenergics - Peripherally Acting**		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	EX	Formulary Exclusion
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	EX	Formulary Exclusion
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA
Antihypertensives - Misc.**		
VECAMYL ORAL TABLET 2.5 MG	Tier 4	PA; Specialty
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	Tier 3	Non Essential Drug Exclusion
LOPRESSOR HCT ORAL TABLET 50-25 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
TENORETIC 100 ORAL TABLET 100-25 MG	EX	Formulary Exclusion
TENORETIC 50 ORAL TABLET 50-25 MG	EX	Formulary Exclusion
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	EX	Formulary Exclusion
Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb**		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	
Direct Renin Inhibitors**		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 1	
TEKTURNA ORAL TABLET 150 MG, 300 MG	EX	Formulary Exclusion
Dopamine D1 Receptor Agonists**		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML, 20 MG/2ML	EX	Medical Only Exclusion
Endothelin Receptor Antagonists**		
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA; Specialty; QL
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG	EX	Formulary Exclusion
Vasodilators**		
hydralazine hcl injection solution 20 mg/ml	EX	Medical Only Exclusion
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	EX	Medical Only Exclusion
nitroprusside sodium intravenous solution 25 mg/ml	EX	Medical Only Exclusion
nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%	EX	Medical Only Exclusion
sodium nitroprusside intravenous solution 25 mg/ml, 50 mg/2ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Tier 3	
bacitracin intramuscular solution reconstituted 50000 unit	EX	Medical Only Exclusion
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
FLAGYL ORAL CAPSULE 375 MG	EX	Formulary Exclusion
FLAGYL ORAL TABLET 500 MG	EX	Formulary Exclusion
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA; QL
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML	EX	Non FDA Exclusion
metronidazole oral capsule 375 mg	Tier 1	
metronidazole solution 500 mg/100ml intravenous	Tier 1	
metronidazole solution 500 mg/100ml intravenous	Tier 3	
metronidazole tablet 125 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
metronidazole tablet 250 mg oral	Tier 1	
metronidazole tablet 500 mg oral	Tier 1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	EX	Formulary Exclusion
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 1	
pentamidine isethionate injection solution reconstituted 300 mg	EX	Medical Only Exclusion
PRIMSOL ORAL SOLUTION 50 MG/5ML	Tier 3	
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
trimethoprim tablet 100 mg oral	EX	Formulary Exclusion
trimethoprim tablet 100 mg oral	Tier 1	
XIFAXAN TABLET 200 MG ORAL	Tier 3	PA
XIFAXAN TABLET 550 MG ORAL	Tier 2	PA

Drug Name	Drug Tier	Notes
Anti-Infective Misc. - Combinations**		
BACTRIM DS ORAL TABLET 800-160 MG	EX	Formulary Exclusion
BACTRIM ORAL TABLET 400-80 MG	EX	Formulary Exclusion
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	EX	Medical Only Exclusion
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
Antiprotozoal Agents**		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 2	
ALINIA ORAL TABLET 500 MG	EX	Formulary Exclusion
atovaquone oral suspension 750 mg/5ml	Tier 1	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
MEPRON ORAL SUSPENSION 750 MG/5ML	EX	Formulary Exclusion
nitazoxanide oral tablet 500 mg	Tier 1	
Beta-Lactamase Inhibitor - Combinations*		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM	EX	Medical Only Exclusion
Carbapenem Combinations**		
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	EX	Medical Only Exclusion
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	EX	Medical Only Exclusion
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	EX	Medical Only Exclusion
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	EX	Medical Only Exclusion
Carbapenems**		
ertapenem sodium solution reconstituted 1 gm injection	EX	Medical Only Exclusion
ertapenem sodium solution reconstituted 1 gm injection	Tier 1	
ertapenem sodium solution reconstituted 1 gm injection	Tier 1	Medical Only Exclusion

Drug Name	Drug Tier	Notes
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg	EX	Medical Only Exclusion
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml	EX	Medical Only Exclusion
Chloramphenicals**		
chloramphenicol sod succinate intravenous solution reconstituted 1 gm	EX	Medical Only Exclusion
Cyclic Lipopeptides**		
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
daptomycin intravenous solution reconstituted 350 mg, 500 mg	EX	Medical Only Exclusion
daptomycin-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 mg/50ml-%, 700-0.9 mg/100ml-%	EX	Medical Only Exclusion
Glycopeptides**		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Tier 3	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG	EX	Medical Only Exclusion
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	EX	Medical Only Exclusion
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	EX	Formulary Exclusion
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	EX	Formulary Exclusion
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	EX	Formulary Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous	EX	Formulary Exclusion
vancomycin hcl in dextrose solution 1-5 gm/200ml-% intravenous	Tier 3	

Drug Name	Drug Tier	Notes
vancomycin hcl in dextrose solution 500-5 mg/100ml-% intravenous	Tier 3	
vancomycin hcl in dextrose solution 750-5 mg/150ml-% intravenous	Tier 3	
vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous	EX	Formulary Exclusion
vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/250ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/500ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 1.75-0.9 gm/250ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 1.75-0.9 gm/500ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous	Tier 3	
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	EX	Formulary Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 2-0.9 gm/500ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous	Tier 3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	EX	Formulary Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Tier 3	
vancomycin hcl in nacl solution 750-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	Tier 3	
vancomycin hcl oral capsule 125 mg, 250 mg	Tier 1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	Tier 1	
vancomycin hcl solution reconstituted 1 gm intravenous	Tier 1	

Drug Name	Drug Tier	Notes
vancomycin hcl solution reconstituted 1.25 gm intravenous	Tier 1	
vancomycin hcl solution reconstituted 1.25 gm intravenous	Tier 3	
vancomycin hcl solution reconstituted 1.5 gm intravenous	Tier 1	
vancomycin hcl solution reconstituted 1.75 gm intravenous	Tier 2	
vancomycin hcl solution reconstituted 10 gm intravenous	Tier 1	
vancomycin hcl solution reconstituted 100 gm intravenous	Tier 2	
vancomycin hcl solution reconstituted 2 gm intravenous	Tier 2	
vancomycin hcl solution reconstituted 250 mg intravenous	Tier 3	
vancomycin hcl solution reconstituted 5 gm intravenous	Tier 1	
vancomycin hcl solution reconstituted 500 mg intravenous	Tier 1	
vancomycin hcl solution reconstituted 500 mg intravenous	Tier 2	
vancomycin hcl solution reconstituted 750 mg intravenous	EX	Formulary Exclusion
vancomycin hcl solution reconstituted 750 mg intravenous	Tier 1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	EX	Non FDA Exclusion
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	EX	Medical Only Exclusion
Leprostatics**		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Lincosamides**		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG	EX	Formulary Exclusion
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	EX	Formulary Exclusion
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML	EX	Medical Only Exclusion
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	

Drug Name	Drug Tier	Notes
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	EX	Medical Only Exclusion
clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%	EX	Medical Only Exclusion
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml	EX	Medical Only Exclusion
LINCOCIN INJECTION SOLUTION 300 MG/ML	EX	Medical Only Exclusion
lincomycin hcl injection solution 300 mg/ml	EX	Medical Only Exclusion
Monobactam Combinations**		
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED 1.5-0.5 GM	EX	Medical Only Exclusion
Monobactams**		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	EX	Medical Only Exclusion
aztreonam injection solution reconstituted 1 gm, 2 gm	EX	Medical Only Exclusion
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 4	PA; Specialty; QL
Oxazolidinones**		
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	EX	Medical Only Exclusion
linezolid intravenous solution 600 mg/300ml	EX	Medical Only Exclusion
linezolid oral suspension reconstituted 100 mg/5ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA; QL
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	EX	Medical Only Exclusion
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	EX	Formulary Exclusion
ZYVOX ORAL TABLET 600 MG	EX	Formulary Exclusion
Penem Combinations*		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL

Drug Name	Drug Tier	Notes
Pleuromutilins**		
XENLETA INTRAVENOUS SOLUTION 150 MG/15ML	Tier 3	
XENLETA ORAL TABLET 600 MG	Tier 3	QL
Polymyxins**		
colistimethate sodium (cba) injection solution reconstituted 150 mg	EX	Medical Only Exclusion
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG	EX	Medical Only Exclusion
polymyxin b sulfate injection solution reconstituted 500000 unit	EX	Medical Only Exclusion
Streptogramin Combinations**		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	EX	Medical Only Exclusion
Urinary Anti-Infectives**		
BLUJEPA ORAL TABLET 750 MG	Tier 3	PA; QL
fosfomycin tromethamine oral packet 3 gm	Tier 1	
HIPREX ORAL TABLET 1 GM	EX	Formulary Exclusion
MACROBID ORAL CAPSULE 100 MG	EX	Formulary Exclusion
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
methenamine hippurate oral tablet 1 gm	Tier 1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	EX	Formulary Exclusion
MONUROL ORAL PACKET 3 GM	EX	Formulary Exclusion
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 1	
nitrofurantoin suspension 25 mg/5ml oral	Tier 1	
nitrofurantoin suspension 50 mg/10ml oral	Tier 1	
nitrofurantoin suspension 50 mg/5ml oral	Tier 3	
Urinary Antiseptic-Antispasmodic &/Or Analgesics**		
HYOPHEN ORAL TABLET 81.6 MG	EX	Non FDA Exclusion
mb caps oral capsule 120 mg	EX	Non FDA Exclusion
me/naphos/mb/hyo1 oral tablet 81.6 mg	EX	Non FDA Exclusion
PHOSPHASAL ORAL TABLET 81.6 MG	Tier 1	
URELLE ORAL TABLET 81 MG	Tier 1	
URETRON D/S ORAL TABLET 81.6 MG	Tier 1	
URIBEL ORAL CAPSULE 118 MG	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
URIBEL ORAL TABLET 81.6 MG	EX	Non FDA Exclusion
URIMAR-T ORAL CAPSULE 120 MG	EX	Non FDA Exclusion
URIMAR-T ORAL TABLET 120 MG	EX	Non FDA Exclusion
urin ds oral tablet 81.6 mg	Tier 1	
urneva oral capsule 120 mg	EX	Non FDA Exclusion
uro-458 oral tablet 81 mg	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 3	
uro-mp oral capsule 118 mg	Tier 1	
uro-sp oral capsule 118 mg	EX	Non FDA Exclusion
USTELL ORAL CAPSULE 120 MG	EX	Non FDA Exclusion
UTIRA-C ORAL TABLET 81.6 MG	Tier 1	
VILAMIT MB ORAL CAPSULE 118 MG	EX	Non FDA Exclusion
VILEVEV MB ORAL TABLET 81 MG	EX	Non FDA Exclusion
Antimalarials		
Antimalarial Combinations**		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG	EX	Formulary Exclusion
pyrimethamine-leucovorin oral capsule 12.5-2.5 mg, 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg	EX	Non FDA Exclusion
Antimalarials**		
ARAKODA ORAL TABLET 100 MG	Tier 3	
artesunate intravenous solution reconstituted 110 mg	EX	Medical Only Exclusion
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 1	
DARAPRIM ORAL TABLET 25 MG	EX	PA; Specialty; Formulary Exclusion
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 1	
KRINTAFEL ORAL TABLET 150 MG	Tier 3	
mefloquine hcl oral tablet 250 mg	Tier 1	
PLAQUENIL ORAL TABLET 200 MG	EX	Formulary Exclusion
primaquine phosphate tablet 26.3 (15 base) mg oral	EX	Formulary Exclusion
primaquine phosphate tablet 26.3 (15 base) mg oral	Tier 1	

Drug Name	Drug Tier	Notes
pyrimethamine oral tablet 25 mg	Tier 4	PA; Specialty
QUALAQUIN ORAL CAPSULE 324 MG	EX	Formulary Exclusion
quinine sulfate oral capsule 324 mg	Tier 1	
SOVUNA ORAL TABLET 200 MG, 300 MG	EX	Formulary Exclusion
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	EX	Medical Only Exclusion
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	EX	Medical Only Exclusion
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; Specialty
guanidine hcl oral tablet 125 mg	Tier 3	
MESTINON ORAL SOLUTION 60 MG/5ML	EX	Formulary Exclusion
MESTINON ORAL TABLET 60 MG	EX	Formulary Exclusion
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	EX	Formulary Exclusion
neostigmine methylsulfate rfid intravenous solution 10 mg/10ml	EX	Medical Only Exclusion
neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml	EX	Medical Only Exclusion
neostigmine methylsulfate solution 10 mg/10ml intravenous	EX	Medical Only Exclusion
neostigmine methylsulfate solution 3 mg/3ml intravenous	EX	Non FDA Exclusion
neostigmine methylsulfate solution 5 mg/10ml intravenous	EX	Medical Only Exclusion
neostigmine methylsulfate solution 5 mg/5ml intravenous	EX	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 2 mg/2ml intravenous	EX	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	EX	Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 4 mg/4ml intravenous	EX	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 5 mg/5ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
pyridostigmine bromide er oral tablet extended release 180 mg	Tier 1	
pyridostigmine bromide oral solution 60 mg/5ml	Tier 1	
pyridostigmine bromide tablet 30 mg oral	Tier 3	

Drug Name	Drug Tier	Notes
pyridostigmine bromide tablet 60 mg oral	Tier 1	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	EX	Medical Only Exclusion
RUZURGI ORAL TABLET 10 MG	EX	Non FDA Exclusion; QL
Antimycobacterial Agents		
Antimycobacterial Agents**		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
cycloserine oral capsule 250 mg	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid injection solution 100 mg/ml	EX	Medical Only Exclusion
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
MYAMBUTOL ORAL TABLET 400 MG	EX	Formulary Exclusion
MYCOBUTIN ORAL CAPSULE 150 MG	EX	Formulary Exclusion
PASER ORAL PACKET 4 GM	Tier 3	
pretomanid oral tablet 200 mg	Tier 3	QL
PRIFTIN ORAL TABLET 150 MG	Tier 2	
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg	Tier 1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG	EX	Medical Only Exclusion
rifampin intravenous solution reconstituted 600 mg	EX	Medical Only Exclusion
rifampin oral capsule 150 mg, 300 mg	Tier 1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	EX	Non FDA Exclusion
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA; Specialty
TRECATOR ORAL TABLET 250 MG	Tier 3	
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML	EX	Medical Only Exclusion
bendamustine hcl intravenous solution 100 mg/4ml	EX	Medical Only Exclusion
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	EX	Medical Only Exclusion
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
busulfan intravenous solution 6 mg/ml	EX	Medical Only Exclusion
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML	EX	Medical Only Exclusion
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	EX	Medical Only Exclusion
cisplatin intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion
cisplatin solution 100 mg/100ml intravenous	EX	Medical Only Exclusion
cisplatin solution 200 mg/200ml intravenous	EX	Medical Only Exclusion
cisplatin solution 50 mg/50ml intravenous	EX	Medical Only Exclusion
cisplatin solution 50 mg/50ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 5 GM	EX	Medical Only Exclusion
kemoplat intravenous solution 50 mg/50ml	EX	Non FDA Exclusion; Medical Only Exclusion
KYXATA INTRAVENOUS SOLUTION 500 MG/50ML, 80 MG/8ML	EX	Medical Only Exclusion
MYLERAN ORAL TABLET 2 MG	Tier 4	PA; Specialty
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	EX	Medical Only Exclusion
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	EX	Medical Only Exclusion
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML, 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	EX	Medical Only Exclusion
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG	EX	Medical Only Exclusion
TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG/200ML	EX	Medical Only Exclusion
tepylute intravenous solution 100 mg/10ml, 15 mg/1.5ml	EX	Medical Only Exclusion
thiotepa injection solution reconstituted 100 mg, 15 mg	EX	Medical Only Exclusion
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	EX	Medical Only Exclusion
vivimusta intravenous solution 100 mg/4ml	EX	Medical Only Exclusion
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	EX	Medical Only Exclusion
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg, 500 mg	Tier 4	PA; Specialty
ABIRTEGA ORAL TABLET 250 MG	Tier 4	PA; Specialty
YONSA ORAL TABLET 125 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ZYTIGA ORAL TABLET 250 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
Antiadrenals**		
LYSODREN ORAL TABLET 500 MG	Tier 4	PA; Specialty
Antiandrogens**		
bicalutamide oral tablet 50 mg	Tier 1	
CASODEX ORAL TABLET 50 MG	EX	Formulary Exclusion
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	PA; Specialty
EULEXIN ORAL CAPSULE 125 MG	Tier 3	
flutamide oral capsule 125 mg	Tier 1	
NILANDRON ORAL TABLET 150 MG	EX	PA; Specialty; Formulary Exclusion
nilutamide oral tablet 150 mg	Tier 4	PA; Specialty
NUBEQA ORAL TABLET 300 MG	Tier 4	PA; Specialty
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; Specialty
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA; Specialty
Antiestrogens**		
FARESTON ORAL TABLET 60 MG	EX	Formulary Exclusion
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 5	
toremifene citrate oral tablet 60 mg	Tier 1	
Antimetabolites**		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	EX	Medical Only Exclusion
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	EX	Medical Only Exclusion
AVGEMSI INTRAVENOUS SOLUTION 1 GM/26.3ML, 2 GM/52.6ML	EX	Medical Only Exclusion
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	EX	Medical Only Exclusion
azacitidine injection suspension reconstituted 100 mg	EX	Medical Only Exclusion
capecitabine oral tablet 150 mg, 500 mg	Tier 4	PA; Specialty
cladribine intravenous solution 10 mg/10ml	EX	Medical Only Exclusion
clofarabine intravenous solution 1 mg/ml	EX	Medical Only Exclusion
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	EX	Medical Only Exclusion
cytarabine injection solution 20 mg/ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
decitabine intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion
floxuridine injection solution reconstituted 0.5 gm	EX	Medical Only Exclusion
fludarabine phosphate intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion
fludarabine phosphate solution 25 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
fludarabine phosphate solution 50 mg/2ml intravenous	EX	Medical Only Exclusion
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	EX	Medical Only Exclusion
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	EX	Medical Only Exclusion
gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	EX	Medical Only Exclusion
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	EX	Medical Only Exclusion
INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500-0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000-0.9 MG/200ML-%, 2200-0.9 MG/220ML-%	EX	Medical Only Exclusion
INLEXZO INTRAVESICAL DEVICE 225 MG	EX	Medical Only Exclusion
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	
mercaptopurine oral suspension 2000 mg/100ml	Tier 4	ST; Specialty
mercaptopurine oral tablet 50 mg	Tier 1	
methotrexate intramuscular solution prefilled syringe 125 mg/5ml	EX	Non FDA Exclusion
methotrexate intravenous solution 1000 mg/40ml	EX	Non FDA Exclusion
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	Tier 1	
methotrexate sodium injection solution reconstituted 1 gm	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	
methotrexate sodium solution 250 mg/10ml injection	Tier 1	
methotrexate sodium solution 50 mg/2ml injection	Tier 1	

Drug Name	Drug Tier	Notes
methotrexate sodium solution 50 mg/2ml injection	Tier 3	
nelarabine intravenous solution 5 mg/ml	EX	Medical Only Exclusion
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; Specialty
pemetrexed dipotassium intravenous solution reconstituted 100 mg, 500 mg	EX	Medical Only Exclusion
pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml, 850 mg/34ml	EX	Medical Only Exclusion
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	EX	Medical Only Exclusion
pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg	EX	Medical Only Exclusion
pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml	EX	Medical Only Exclusion
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	EX	Medical Only Exclusion
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	Medical Only Exclusion
pralatrexate intravenous solution 20 mg/ml, 40 mg/2ml	EX	Medical Only Exclusion
PURIXAN ORAL SUSPENSION 2000 MG/100ML	EX	ST; Specialty; Formulary Exclusion
TABLOID ORAL TABLET 40 MG	Tier 4	PA; Specialty
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	
XELODA ORAL TABLET 150 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
Antineoplastic - Akt Inhibitors**		
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 4	PA; Specialty
TRUQAP TABLET 160 MG ORAL	Tier 3	PA; Specialty
TRUQAP TABLET 200 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Alk Inhibitors**		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; Specialty
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; Specialty
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA; Specialty
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; Specialty
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Tier 4	PA; Specialty
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; Specialty
Antineoplastic - Allogeneic Cellular Immunotherapy**		
OMISIRGE INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
Antineoplastic - Anti-Bcma Antibody-Drug Complex**		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Non FDA Exclusion
Antineoplastic - Antibody Combinations**		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	EX	Medical Only Exclusion
Antineoplastic - Anti-Ccr4 Antibodies**		
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd19 Antibodies**		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd19 Antibody-Drug Complex**		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd20 Antibodies**		
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	EX	Medical Only Exclusion
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4	PA; Specialty
RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS	Tier 3	PA; Specialty
RITUXAN SOLUTION 500 MG/50ML INTRAVENOUS	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	PA; Specialty; Formulary Exclusion
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	PA; Specialty; Formulary Exclusion
Antineoplastic - Anti-Cd22 Antibodies**		
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd22 Antibody-Drug Complex**		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd30 Antibody-Drug Complex**		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd33 Antibody-Drug Complex**		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd38 Antibodies**		
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	EX	Medical Only Exclusion
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML	EX	Medical Only Exclusion
Antineoplastic - Anti-Cd79b Antibody-Drug Complex**		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Cldn18.2 Antibodies**		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-C-Met Antibody-Drug Complex**		
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Antineoplastic - Anti-Ctla-4 Antibodies**		
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	EX	Medical Only Exclusion
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	Tier 4	PA; Specialty
Antineoplastic - Anti-Gd2 Antibodies**		
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	EX	Medical Only Exclusion
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML	EX	Medical Only Exclusion
Antineoplastic - Anti-Her2 Agents**		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	EX	Medical Only Exclusion
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
HERNEXEOS ORAL TABLET 60 MG	Tier 4	PA; Specialty; QL
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	EX	Medical Only Exclusion
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	EX	Medical Only Exclusion
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; Specialty
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex**		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Antineoplastic - Anti-Pd-1 Antibodies**		
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	EX	Medical Only Exclusion
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	EX	Medical Only Exclusion
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	EX	Medical Only Exclusion
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	EX	Medical Only Exclusion
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	Tier 4	PA; Specialty
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	EX	Medical Only Exclusion
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	EX	Medical Only Exclusion
Antineoplastic - Anti-Pd-L1 Antibodies**		
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	EX	Medical Only Exclusion
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	EX	Medical Only Exclusion
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	EX	Medical Only Exclusion
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5ML	EX	Medical Only Exclusion
Antineoplastic - Anti-Slamf7 Antibodies**		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	EX	Medical Only Exclusion
Antineoplastic - Anti-Tf Antibody-Drug Complex**		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion
Antineoplastic - Autologous Cellular Immunotherapy**		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS	EX	Medical Only Exclusion
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS	EX	Medical Only Exclusion
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML	EX	Medical Only Exclusion
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS	EX	Medical Only Exclusion
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS	EX	Medical Only Exclusion
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS	EX	Medical Only Exclusion
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS	EX	Medical Only Exclusion
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS	EX	Medical Only Exclusion
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS	EX	Medical Only Exclusion
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA; Specialty
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 4	PA; Specialty
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; Specialty
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; Specialty
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4	PA; Specialty
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 4	PA; Specialty
GLEEVEC ORAL TABLET 100 MG, 400 MG	EX	PA; Specialty; Formulary Exclusion
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA; Specialty
imatinib mesylate oral tablet 100 mg, 400 mg	Tier 4	PA; Specialty
imkeldi oral solution 80 mg/ml	Tier 4	PA; Specialty
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	EX	PA; New to Market Exclusion; Specialty; Formulary Exclusion
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 4	PA; Specialty
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 4	PA; Specialty
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; Specialty; Formulary Exclusion
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; Specialty; Formulary Exclusion
Antineoplastic - Bispecific T-Cell Engagers**		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	EX	Medical Only Exclusion
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML	EX	Medical Only Exclusion
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML	EX	Medical Only Exclusion
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	EX	Medical Only Exclusion
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	EX	Medical Only Exclusion
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	EX	Medical Only Exclusion
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	EX	Medical Only Exclusion
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML, 5 MG/2.5ML	EX	Medical Only Exclusion
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	EX	Medical Only Exclusion
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	EX	Medical Only Exclusion
Antineoplastic - Braf Kinase Inhibitors**		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA; Specialty
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 4	PA; Specialty
OJEMDA ORAL TABLET 100 MG	Tier 4	PA; Specialty
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; Specialty
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 4	PA; Specialty
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; Specialty
Antineoplastic - Btk Inhibitors**		
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; Specialty
BRUKINSA ORAL TABLET 160 MG	Tier 4	PA; Specialty
CALQUENCE ORAL CAPSULE 100 MG	Tier 2	PA; Specialty

Drug Name	Drug Tier	Notes
CALQUENCE ORAL TABLET 100 MG	Tier 4	PA; Specialty
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; Specialty
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA; Specialty
IMBRUVICA TABLET 140 MG ORAL	Benefit Exclusion	PA; Specialty
IMBRUVICA TABLET 280 MG ORAL	Benefit Exclusion	PA; Specialty
IMBRUVICA TABLET 420 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA TABLET 560 MG ORAL	Tier 4	PA; Specialty
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; Specialty
Antineoplastic - Csf1r Kinase Inhibitors**		
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 4	PA; Specialty; QL
Antineoplastic - Egfr Inhibitors**		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	EX	Medical Only Exclusion
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Tier 4	PA; Specialty
EXKIVITY ORAL CAPSULE 40 MG	EX	Non FDA Exclusion
gefitinib oral tablet 250 mg	Tier 4	PA; Specialty
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; Specialty
IRESSA ORAL TABLET 250 MG	Tier 4	PA; Specialty
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 4	PA; Specialty
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	EX	Medical Only Exclusion
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA; Specialty
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	EX	PA; Specialty; Formulary Exclusion
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	EX	Medical Only Exclusion
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA; Specialty
Antineoplastic - Fgfr Kinase Inhibitors**		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA; Specialty
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4	PA; Specialty
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4	PA; Specialty
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA; Specialty
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	EX	Non FDA Exclusion
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	EX	Non FDA Exclusion
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	EX	Non FDA Exclusion
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	EX	Non FDA Exclusion
Antineoplastic - Gamma Secretase Inhibitors**		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 4	PA; Specialty
Antineoplastic - Hedgehog Pathway Inhibitors**		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA; Specialty
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; Specialty
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; Specialty
Antineoplastic - Hif-2-Alpha Inhibitors**		
WELIREG ORAL TABLET 40 MG	Tier 4	PA; Specialty
Antineoplastic - Histone Deacetylase Inhibitors**		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA; Non FDA Exclusion
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
romidepsin intravenous solution 27.5 mg/5.5ml	EX	Medical Only Exclusion
romidepsin intravenous solution reconstituted 10 mg	EX	Medical Only Exclusion
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
Antineoplastic - Hormonal And Related Agent Combinations**		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml	EX	Non FDA Exclusion
Antineoplastic - Immunomodulators**		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; Specialty
Antineoplastic - Kras Inhibitors**		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA; Specialty
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 4	PA; Specialty
Antineoplastic - Mek Inhibitors**		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; Specialty
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 4	PA; Specialty
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 4	PA; Specialty
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; Specialty
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 4	PA; Specialty
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA; Specialty
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; Specialty
Antineoplastic - Menin Inhibitors**		
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 4	PA; Specialty
Antineoplastic - Met Inhibitors**		
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; Specialty
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; Specialty
Antineoplastic - Methyltransferase Inhibitors**		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; Specialty
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	EX	PA; Specialty; Formulary Exclusion
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Tier 4	PA; Specialty
everolimus tablet 10 mg oral	Tier 4	PA; Specialty
everolimus tablet 2.5 mg oral	Tier 1	PA; Specialty
everolimus tablet 2.5 mg oral	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
everolimus tablet 5 mg oral	Tier 1	PA; Specialty
everolimus tablet 5 mg oral	Tier 4	PA; Specialty
everolimus tablet 7.5 mg oral	Tier 1	PA; Specialty
everolimus tablet 7.5 mg oral	Tier 4	PA; Specialty
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
temsirolimus intravenous solution 25 mg/ml	EX	Medical Only Exclusion
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	EX	Medical Only Exclusion
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	PA; Specialty
Antineoplastic - Multikinase Inhibitors**		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; Specialty
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 4	PA; Specialty
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 4	PA; Specialty
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 4	PA; Specialty
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 4	PA; Specialty
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; Specialty
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; Specialty
lapatinib ditosylate oral tablet 250 mg	Tier 4	PA; Specialty
NERLYNX ORAL TABLET 40 MG	Tier 4	PA; Specialty
NEXAVAR ORAL TABLET 200 MG	EX	PA; Specialty; Formulary Exclusion
pazopanib hcl oral tablet 200 mg	Tier 4	PA; Specialty
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; Specialty
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; Specialty
sorafenib tosylate oral tablet 200 mg	Tier 4	PA; Specialty
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; Specialty
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 4	PA; Specialty
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	EX	PA; Specialty; Formulary Exclusion
TURALIO CAPSULE 125 MG ORAL	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
TURALIO CAPSULE 200 MG ORAL	Tier 3	PA; Specialty; QL
TYKERB ORAL TABLET 250 MG	EX	PA; Specialty; Formulary Exclusion
UKONIQ ORAL TABLET 200 MG	EX	Non FDA Exclusion
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; Specialty
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA; Specialty; Formulary Exclusion
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; Specialty
Antineoplastic - Multiple Receptor Antibodies**		
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML	EX	Medical Only Exclusion
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	EX	Medical Only Exclusion
Antineoplastic - Pdgfr-Alpha Inhibitors**		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; Specialty
Antineoplastic - Protease Activators**		
MODEYSO ORAL CAPSULE 125 MG	Tier 4	PA; Specialty; QL
Antineoplastic - Proteasome Inhibitors**		
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	EX	Medical Only Exclusion
bortezomib intravenous solution 3.5 mg/1.4ml	EX	Medical Only Exclusion
bortezomib intravenous solution reconstituted 3.5 mg	EX	Medical Only Exclusion
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	EX	Medical Only Exclusion
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG	EX	Medical Only Exclusion
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; Specialty
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	EX	Medical Only Exclusion
Antineoplastic - Ret Inhibitors**		
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 2	PA; Specialty

Drug Name	Drug Tier	Notes
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 4	PA; Specialty
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4	PA; Specialty
IBTROZI ORAL CAPSULE 200 MG	Tier 3	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; Specialty
ROZLYTREK ORAL PACKET 50 MG	Tier 4	PA; Specialty
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; Specialty
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; Specialty
Antineoplastic - Xpo1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 4	PA; Specialty
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	Tier 3	PA; Specialty
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4	PA; Specialty
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 4	PA; Specialty
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4	PA; Specialty
Antineoplastic Antibiotics**		
ADRIAMYCIN INTRAVENOUS SOLUTION 2 MG/ML	EX	Medical Only Exclusion
adriamycin solution reconstituted 10 mg intravenous	EX	Medical Only Exclusion
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	EX	Medical Only Exclusion
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	EX	Medical Only Exclusion
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
dactinomycin intravenous solution reconstituted 0.5 mg	EX	Medical Only Exclusion
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	EX	Medical Only Exclusion
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	EX	Medical Only Exclusion
doxorubicin hcl intravenous solution 2 mg/ml	EX	Medical Only Exclusion
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	EX	Medical Only Exclusion
doxorubicin hcl liposomal intravenous suspension 2 mg/ml	EX	Medical Only Exclusion
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	EX	Medical Only Exclusion
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	EX	Medical Only Exclusion
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	EX	Medical Only Exclusion
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	EX	Medical Only Exclusion
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG	EX	Medical Only Exclusion
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	EX	Medical Only Exclusion
mitomycin intravesical solution prefilled syringe 20 mg/40ml	EX	Non FDA Exclusion
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	EX	Medical Only Exclusion
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 40 MG, 5 MG	EX	Medical Only Exclusion
valrubicin intravesical solution 40 mg/ml	EX	Medical Only Exclusion
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	EX	Medical Only Exclusion
ZUSDURI INTRAVESICAL SOLUTION RECONSTITUTED 80 (2 X 40) MG	EX	Medical Only Exclusion
Antineoplastic -Antibody For Radiopharmaceutical Therapy**		
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML	EX	Medical Only Exclusion
Antineoplastic Antibody-Drug Complexes**		
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	EX	Medical Only Exclusion
Antineoplastic Combinations**		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 4	PA; Specialty
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	EX	Medical Only Exclusion
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	EX	PA; Specialty; Formulary Exclusion
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA; Specialty
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML, 790-9600 MG -UNT/4.8ML	EX	Medical Only Exclusion
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 4	PA; Specialty
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 4	PA; Specialty
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 4	PA; Specialty
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; Specialty
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	EX	Medical Only Exclusion
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	EX	Medical Only Exclusion
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Tier 4	PA; Specialty
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	EX	Medical Only Exclusion
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	EX	Medical Only Exclusion
Antineoplastic Enzymes**		
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML	EX	Medical Only Exclusion
ERWINASE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	EX	Medical Only Exclusion
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	EX	Medical Only Exclusion
Antineoplastic Radiopharmaceuticals**		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 15 MCI/ML	EX	Medical Only Exclusion
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 15 MCI/ML	EX	Medical Only Exclusion
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML	EX	Medical Only Exclusion
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML	EX	Medical Only Exclusion
QUADRAMET INTRAVENOUS SOLUTION 1850 MBQ/ML	EX	Medical Only Exclusion
strontium chloride sr-89 intravenous solution 1 mci/ml	EX	Medical Only Exclusion
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	EX	Medical Only Exclusion
Antineoplastics - Interleukins & Agonists**		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	EX	Medical Only Exclusion
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML	EX	Medical Only Exclusion
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	EX	Medical Only Exclusion
Antineoplastics - Photoactivated Agents**		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG	EX	Medical Only Exclusion
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 3	PA
Antineoplastics Misc.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 4	PA; Specialty
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	EX	Medical Only Exclusion
arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml	EX	Medical Only Exclusion
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	EX	Medical Only Exclusion
HYDREA ORAL CAPSULE 500 MG	EX	Formulary Exclusion
hydroxyurea oral capsule 500 mg	Tier 1	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 2	PA; Specialty
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 2	PA; Specialty
MATULANE ORAL CAPSULE 50 MG	Tier 4	PA; Specialty
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 2	PA; Specialty
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	EX	Medical Only Exclusion
Aromatase Inhibitors**		
anastrozole oral tablet 1 mg	Tier 5	
ARIMIDEX ORAL TABLET 1 MG	EX	Formulary Exclusion
AROMASIN ORAL TABLET 25 MG	EX	Formulary Exclusion
exemestane oral tablet 25 mg	Tier 5	
FEMARA ORAL TABLET 2.5 MG	EX	Formulary Exclusion
letrozole oral tablet 2.5 mg	Tier 5	
Carboxypeptidase Enzyme Agents**		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	EX	Medical Only Exclusion
Cardiac Protective Agents**		
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	EX	Medical Only Exclusion
dexrazoxane intravenous solution reconstituted 250 mg	EX	Medical Only Exclusion
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
Chemotherapy Adjuncts - Hyperuricemia Agents**		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Chemotherapy Adjuncts - Keratinocyte Growth Factors**		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG, 6.25 MG	EX	Medical Only Exclusion
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; Specialty
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; Specialty
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4	PA; Specialty
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4	PA; Specialty
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; Specialty
Estrogen Receptor Antagonist**		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	Tier 4	PA; Specialty
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	Tier 4	PA; Specialty
INLURIYO ORAL TABLET 200 MG	Tier 4	PA; Specialty; QL
Estrogens-Antineoplastic**		
EMCYT ORAL CAPSULE 140 MG	Tier 2	PA; Specialty
Folic Acid Antagonists Rescue Agents**		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG, 300 MG	EX	Medical Only Exclusion
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	EX	Medical Only Exclusion
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	EX	Medical Only Exclusion
leucovorin calcium tablet 10 mg oral	EX	Formulary Exclusion
leucovorin calcium tablet 15 mg oral	Tier 1	
leucovorin calcium tablet 25 mg oral	Tier 1	
leucovorin calcium tablet 5 mg oral	Tier 1	
levoleucovorin calcium intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	EX	Medical Only Exclusion
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 4	PA; Specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA; Specialty
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; Specialty; QL
Imidazotetrazines**		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	PA; Specialty
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors**		
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 4	PA; Specialty
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**		
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA; Specialty
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; Specialty
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; Specialty
Janus Associated Kinase (Jak) Inhibitors**		
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; Specialty
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4	PA; Specialty
VONJO ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
Lhrh Analogs**		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	EX	PA; Specialty; Formulary Exclusion; QL
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
leuprolide acetate (3 month) intramuscular injectable 22.5 mg	Tier 2	PA; Specialty; QL
leuprolide acetate injection kit 1 mg/0.2ml	Tier 4	PA; Specialty; QL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4	PA; Specialty; QL
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	Tier 4	PA; Specialty; QL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Tier 4	PA; Specialty
VABRINTY SUBCUTANEOUS KIT 22.5 MG, 45 MG	EX	PA; Specialty; Formulary Exclusion; QL
VANTAS SUBCUTANEOUS KIT 50 MG	Tier 3	PA; Specialty
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4	PA; Specialty
Mitotic Inhibitors**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	EX	Medical Only Exclusion
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	EX	Medical Only Exclusion
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	EX	Medical Only Exclusion
eribulin mesylate intravenous solution 1 mg/2ml	EX	Medical Only Exclusion
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	EX	Medical Only Exclusion
etoposide oral capsule 50 mg	Tier 2	PA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	EX	Medical Only Exclusion
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	EX	Medical Only Exclusion
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML	EX	Non FDA Exclusion
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5ML	EX	Medical Only Exclusion
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	EX	Medical Only Exclusion
paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	EX	Medical Only Exclusion
teniposide intravenous solution 10 mg/ml	EX	Medical Only Exclusion
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	EX	Medical Only Exclusion
vinblastine sulfate intravenous solution 1 mg/ml	EX	Medical Only Exclusion
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion
vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml	EX	Medical Only Exclusion
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	EX	Medical Only Exclusion
Myeloprotective Agents**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
Nitrogen Mustards And Related Analogues**		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
ALKERAN ORAL TABLET 2 MG	EX	PA; Formulary Exclusion
cyclophosphamide capsule 25 mg oral	Tier 1	
cyclophosphamide capsule 25 mg oral	EX	Formulary Exclusion
cyclophosphamide capsule 50 mg oral	Tier 1	
cyclophosphamide capsule 50 mg oral	EX	Formulary Exclusion
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	Tier 4	PA; Specialty
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 2	
cyclophosphamide solution 1 gm/2ml intravenous	EX	PA; Medical Only Exclusion
cyclophosphamide solution 1 gm/5ml intravenous	Tier 4	PA; Specialty
cyclophosphamide solution 1000 mg/10ml intravenous	Tier 4	PA; Specialty
cyclophosphamide solution 2 gm/10ml intravenous	Tier 4	PA; Specialty
cyclophosphamide solution 2 gm/4ml intravenous	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
cyclophosphamide solution 2000 mg/20ml intravenous	Tier 4	PA; Specialty
cyclophosphamide solution 500 mg/2.5ml intravenous	Tier 4	PA; Specialty
cyclophosphamide solution 500 mg/5ml intravenous	Tier 4	PA; Specialty
cyclophosphamide solution 500 mg/ml intravenous	EX	PA; Medical Only Exclusion
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
FRINDOVYX SOLUTION 1 GM/2ML INTRAVENOUS	EX	PA; Medical Only Exclusion
FRINDOVYX SOLUTION 2 GM/4ML INTRAVENOUS	EX	Medical Only Exclusion
FRINDOVYX SOLUTION 500 MG/ML INTRAVENOUS	EX	PA; Medical Only Exclusion
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM	EX	Medical Only Exclusion
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	EX	Medical Only Exclusion
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	EX	Medical Only Exclusion
ivra intravenous solution 90 mg/ml	EX	Medical Only Exclusion
LEUKERAN ORAL TABLET 2 MG	Tier 4	PA; Specialty
melphalan hcl intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion
melphalan oral tablet 2 mg	Tier 1	PA
PEPAXTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Non FDA Exclusion
Nitrosoureas**		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
carmustine intravenous solution reconstituted 100 mg, 300 mg, 50 mg	EX	Medical Only Exclusion
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
GLIADEL WAFER IMPLANT WAFER 7.7 MG	EX	Medical Only Exclusion
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
Oligonucleotide Telomerase Inhibitors**		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	EX	Medical Only Exclusion
Oncolytic Viral Agents - Hsv1**		
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML	EX	Medical Only Exclusion
Ornithine Decarboxylase (Odc) Inhibitors**		
IWILFIN ORAL TABLET 192 MG	Tier 4	PA; Specialty
Otoprotective Agents**		
PEDMARK INTRAVENOUS SOLUTION 12.5 %	EX	Medical Only Exclusion
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	EX	Non FDA Exclusion
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; Specialty
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 4	PA; Specialty
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 4	PA; Specialty
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 4	PA; Specialty
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; Specialty
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; Specialty
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA; Specialty
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; Specialty
ZEJULA ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Progestins-Antineoplastic**		
hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml	Tier 1	PA; Specialty
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	
Retinoids**		
tretinoin oral capsule 10 mg	Tier 4	PA; Specialty
Selective Estrogen Receptor Degraders**		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; Specialty
Selective Retinoid X Receptor Agonists**		
bexarotene oral capsule 75 mg	Tier 4	PA; Specialty
TARGRETIN ORAL CAPSULE 75 MG	EX	PA; Specialty; Formulary Exclusion
Tetrahydroisoquinolines**		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	EX	Medical Only Exclusion
Topoisomerase I Inhibitors - Antibody-Drug Complex**		
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG	EX	Medical Only Exclusion
Topoisomerase I Inhibitors**		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML	EX	Medical Only Exclusion
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	EX	Medical Only Exclusion
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA; Specialty
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	EX	Medical Only Exclusion
ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML	EX	Medical Only Exclusion
topotecan hcl intravenous solution 4 mg/4ml	EX	Medical Only Exclusion
topotecan hcl intravenous solution reconstituted 4 mg	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Urinary Tract Protective Agents**		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
mesna intravenous solution 100 mg/ml	EX	Medical Only Exclusion
mesna oral tablet 400 mg	Tier 1	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	EX	Medical Only Exclusion
MESNEX ORAL TABLET 400 MG	EX	Formulary Exclusion
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	Medical Only Exclusion
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	PA; Specialty
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; Specialty
JOBEVNE INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; Specialty
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 4	PA; Specialty
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 4	PA; Specialty
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 4	PA; Specialty
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 4	PA; Specialty
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 4	PA; Specialty
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; Specialty
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 4	PA; Specialty
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	EX	Medical Only Exclusion
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
Antiparkinson And Related Therapy Agents		
Adenosine Receptor Antagonist**		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4	QL
Antiparkinson Anticholinergics**		
benztropine mesylate injection solution 1 mg/ml	EX	Medical Only Exclusion
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
COGENTIN INJECTION SOLUTION 1 MG/ML	EX	Medical Only Exclusion
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
bromocriptine mesylate oral capsule 5 mg	Tier 1	
bromocriptine mesylate oral tablet 2.5 mg	Tier 1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	EX	Non Essential Drug Exclusion; QL
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA; Specialty; QL
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	Tier 3	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG	Tier 3	QL
PARLODEL ORAL CAPSULE 5 MG	EX	Formulary Exclusion
PARLODEL ORAL TABLET 2.5 MG	EX	Formulary Exclusion
Antiparkinson Monoamine Oxidase Inhibitors**		
AZILECT ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Tier 1	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	

Drug Name	Drug Tier	Notes
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	
Central/Peripheral Comt Inhibitors**		
TASMAR ORAL TABLET 100 MG	EX	PA; Formulary Exclusion
tolcapone oral tablet 100 mg	Tier 1	PA
Decarboxylase Inhibitors**		
carbidopa oral tablet 25 mg	Tier 1	
LODOSYN ORAL TABLET 25 MG	EX	Formulary Exclusion
Levodopa Combinations**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	Tier 1	
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	Tier 3	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	Tier 1	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	Tier 3	
carbidopa-levodopa-entacapone tablet 25-100-200 mg oral	Tier 1	
carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral	Tier 1	
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	Tier 1	
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	Tier 3	
carbidopa-levodopa-entacapone tablet 50-200-200 mg oral	Tier 1	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	EX	ST; Formulary Exclusion
DHIVY ORAL TABLET 25-100 MG	EX	Formulary Exclusion
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 4	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST

Drug Name	Drug Tier	Notes
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG	EX	Formulary Exclusion
STALEVO 100 ORAL TABLET 25-100-200 MG	EX	Formulary Exclusion
STALEVO 125 TABLET 31.25-125-200 MG ORAL	EX	Formulary Exclusion
STALEVO 125 TABLET 31.25-125-200 MG ORAL	Tier 3	
STALEVO 150 TABLET 37.5-150-200 MG ORAL	EX	Formulary Exclusion
STALEVO 150 TABLET 37.5-150-200 MG ORAL	Tier 3	
STALEVO 200 TABLET 50-200-200 MG ORAL	EX	Formulary Exclusion
STALEVO 200 TABLET 50-200-200 MG ORAL	Tier 3	
STALEVO 50 TABLET 12.5-50-200 MG ORAL	EX	Formulary Exclusion
STALEVO 50 TABLET 12.5-50-200 MG ORAL	Tier 3	
STALEVO 75 TABLET 18.75-75-200 MG ORAL	EX	Formulary Exclusion
STALEVO 75 TABLET 18.75-75-200 MG ORAL	Tier 3	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 4	PA; Specialty
Nonergoline Dopamine Receptor Agonists**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 4	PA; Specialty
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 4	PA; Specialty
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	EX	Formulary Exclusion
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	EX	Formulary Exclusion
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 3	

Drug Name	Drug Tier	Notes
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 4	PA; Specialty
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
Peripheral Comt Inhibitors**		
COMTAN ORAL TABLET 200 MG	EX	Formulary Exclusion
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	QL
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium oral solution 8 meq/5ml	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	
Antipsychotics - Misc.**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	EX	Formulary Exclusion
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	EX	Formulary Exclusion
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; Specialty
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 2	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Tier 1	
Benzisoxazoles**		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 3	ST; QL
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 3	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 2	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG	EX	Formulary Exclusion
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 2	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	EX	Formulary Exclusion
RISPERDAL ORAL SOLUTION 1 MG/ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	EX	Formulary Exclusion
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone tablet dispersible 0.25 mg oral	Tier 1	ST
risperidone tablet dispersible 0.5 mg oral	Tier 1	
risperidone tablet dispersible 1 mg oral	Tier 1	
risperidone tablet dispersible 2 mg oral	Tier 1	
risperidone tablet dispersible 3 mg oral	Tier 1	
risperidone tablet dispersible 4 mg oral	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 2	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	
Butyrophenones**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Tier 3	
HALDOL INJECTION SOLUTION 5 MG/ML	Tier 3	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 1	
haloperidol lactate injection solution 5 mg/ml	Tier 1	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine tablet dispersible 100 mg oral	Tier 1	
clozapine tablet dispersible 12.5 mg oral	Tier 1	ST
clozapine tablet dispersible 150 mg oral	Tier 1	
clozapine tablet dispersible 150 mg oral	Tier 3	ST
clozapine tablet dispersible 200 mg oral	Tier 1	

Drug Name	Drug Tier	Notes
clozapine tablet dispersible 25 mg oral	Tier 1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST; QL
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine fumarate tablet 100 mg oral	Tier 1	
quetiapine fumarate tablet 150 mg oral	EX	Formulary Exclusion
quetiapine fumarate tablet 200 mg oral	Tier 1	
quetiapine fumarate tablet 25 mg oral	Tier 1	
quetiapine fumarate tablet 300 mg oral	Tier 1	
quetiapine fumarate tablet 400 mg oral	Tier 1	
quetiapine fumarate tablet 50 mg oral	Tier 1	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	EX	Formulary Exclusion
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	EX	Formulary Exclusion
Dibenzoxazepines**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	EX	Formulary Exclusion
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Dihydroindolones**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Tier 3	
Muscarinic Agent - Combinations**		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST

Drug Name	Drug Tier	Notes
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST
Phenothiazines**		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
chlorpromazine hcl solution 25 mg/ml injection	Tier 1	
chlorpromazine hcl solution 50 mg/2ml injection	Tier 1	
chlorpromazine hcl solution 50 mg/2ml injection	Tier 2	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
fluphenazine decanoate injection solution 25 mg/ml	Tier 1	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 2	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 3	
fluphenazine hcl oral elixir 2.5 mg/5ml	Tier 3	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine edisylate solution 10 mg/2ml injection	Tier 1	
prochlorperazine edisylate solution 50 mg/10ml injection	Tier 2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	EX	Formulary Exclusion
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Quinolinone Derivatives**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 2	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Formulary Exclusion
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Tier 2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	
Thienbenzodiazepines**		
olanzapine intramuscular solution reconstituted 10 mg	Tier 1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	Tier 3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Tier 3	
ZYPREXA TABLET 10 MG ORAL	EX	Formulary Exclusion
ZYPREXA TABLET 15 MG ORAL	EX	Formulary Exclusion
ZYPREXA TABLET 2.5 MG ORAL	EX	ST; Formulary Exclusion
ZYPREXA TABLET 2.5 MG ORAL	EX	Formulary Exclusion
ZYPREXA TABLET 20 MG ORAL	EX	Formulary Exclusion
ZYPREXA TABLET 5 MG ORAL	EX	ST; Formulary Exclusion
ZYPREXA TABLET 5 MG ORAL	EX	Formulary Exclusion
ZYPREXA TABLET 7.5 MG ORAL	EX	Formulary Exclusion
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antiseptics & Disinfectants		
Antiseptics & Disinfectants**		
formaldehyde external solution 10 %, 37 %	EX	Formulary Exclusion
glutaraldehyde external solution 25 %	EX	Formulary Exclusion
hydrogen peroxide solution 30 %	EX	Formulary Exclusion
Chlorine Antiseptics**		
benzalkonium chloride external solution	EX	Formulary Exclusion
chlorhexidine gluconate solution 20 %	EX	Formulary Exclusion
Iodine Antiseptics**		
iodine tincture external tincture 2 %	EX	Formulary Exclusion
IODOFLEX EXTERNAL PAD 0.9 %	EX	Formulary Exclusion
iodosorb external gel 0.9 %	EX	Non FDA Exclusion
lugols strong iodine solution 5-10 % external	EX	Formulary Exclusion
lugols strong iodine solution 5-10 % external	EX	Non FDA Exclusion
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 1	QL
ATRIPLA ORAL TABLET 600-200-300 MG	EX	Formulary Exclusion; QL
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Tier 4	
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL
COMBIVIR ORAL TABLET 150-300 MG	EX	Formulary Exclusion; QL
COMPLERA ORAL TABLET 200-25-300 MG	EX	Formulary Exclusion; QL
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	QL
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Tier 5	QL
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL

Drug Name	Drug Tier	Notes
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL
emtricitabine-tenofovir df tablet 100-150 mg oral	Tier 1	QL
emtricitabine-tenofovir df tablet 133-200 mg oral	Tier 1	QL
emtricitabine-tenofovir df tablet 167-250 mg oral	Tier 1	QL
emtricitabine-tenofovir df tablet 200-300 mg oral	Tier 5	QL
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 1	QL
EPZICOM ORAL TABLET 600-300 MG	EX	Formulary Exclusion; QL
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL
KALETRA ORAL SOLUTION 400-100 MG/5ML	EX	Formulary Exclusion
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	EX	Formulary Exclusion; QL
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Tier 1	QL
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	Tier 2	QL
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL
SYMFI LO ORAL TABLET 400-300-300 MG	EX	Formulary Exclusion; QL
SYMFI ORAL TABLET 600-300-300 MG	EX	Formulary Exclusion; QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL
TEMIXYS ORAL TABLET 300-300 MG	Tier 2	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL
triumeq pd oral tablet soluble 60-5-30 mg	Tier 2	QL
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 3	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	EX	Formulary Exclusion; QL
Antiretrovirals - Capsid Inhibitors**		
SUNLENCA ORAL TABLET 300 MG	Tier 3	PA
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 3	PA

Drug Name	Drug Tier	Notes
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 3	PA
YEZTUGO ORAL TABLET 300 MG	Tier 4	PA; Specialty
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 4	PA; Specialty
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
maraviroc oral tablet 150 mg, 300 mg	Tier 1	QL
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	
SELZENTRY TABLET 150 MG ORAL	EX	Formulary Exclusion; QL
SELZENTRY TABLET 25 MG ORAL	Tier 3	QL
SELZENTRY TABLET 300 MG ORAL	EX	Formulary Exclusion; QL
SELZENTRY TABLET 75 MG ORAL	Tier 3	QL
Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor**		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	EX	Medical Only Exclusion
Antiretrovirals - Fusion Inhibitors**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 3	QL
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 3	PA; QL
Antiretrovirals - Integrase Inhibitors**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Tier 5	QL
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL
ISENTRESS ORAL PACKET 100 MG	Tier 2	QL
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 2	QL
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	QL
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2	QL

Drug Name	Drug Tier	Notes
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	Tier 1	QL
CRIXIVAN ORAL CAPSULE 400 MG	Tier 3	QL
darunavir oral tablet 600 mg, 800 mg	Tier 1	QL
fosamprenavir calcium oral tablet 700 mg	Tier 1	QL
INVIRASE ORAL TABLET 500 MG	Tier 3	QL
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 3	
LEXIVA ORAL TABLET 700 MG	EX	Formulary Exclusion; QL
NORVIR ORAL CAPSULE 100 MG	EX	Formulary Exclusion; QL
NORVIR ORAL PACKET 100 MG	Tier 3	
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	
NORVIR ORAL TABLET 100 MG	EX	Formulary Exclusion; QL
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 2	QL
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	EX	Formulary Exclusion; QL
REYATAZ ORAL PACKET 50 MG	Tier 3	QL
ritonavir oral tablet 100 mg	Tier 1	QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 3	QL
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG	Tier 2	QL
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 2	QL
efavirenz oral capsule 200 mg, 50 mg	Tier 1	QL
efavirenz oral tablet 600 mg	Tier 1	QL
etravirine oral tablet 100 mg, 200 mg	Tier 1	QL
INTELENCE TABLET 100 MG ORAL	EX	Formulary Exclusion; QL
INTELENCE TABLET 200 MG ORAL	EX	Formulary Exclusion; QL
INTELENCE TABLET 25 MG ORAL	Tier 2	QL
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	Tier 1	QL
nevirapine oral suspension 50 mg/5ml	Tier 1	
nevirapine oral tablet 200 mg	Tier 1	QL

Drug Name	Drug Tier	Notes
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	EX	Formulary Exclusion; QL
SUSTIVA ORAL TABLET 600 MG	EX	Formulary Exclusion; QL
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	EX	Formulary Exclusion
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	EX	Formulary Exclusion; QL
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	Tier 1	
abacavir sulfate oral tablet 300 mg	Tier 1	QL
ZIAGEN ORAL SOLUTION 20 MG/ML	EX	Formulary Exclusion
ZIAGEN ORAL TABLET 300 MG	EX	Formulary Exclusion; QL
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine oral capsule 200 mg	Tier 1	QL
EMTRIVA ORAL CAPSULE 200 MG	EX	Formulary Exclusion; QL
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	
EPIVIR ORAL SOLUTION 10 MG/ML	EX	Formulary Exclusion
EPIVIR ORAL TABLET 150 MG, 300 MG	EX	Formulary Exclusion; QL
lamivudine oral solution 10 mg/ml, 300 mg/30ml	Tier 1	
lamivudine oral tablet 150 mg, 300 mg	Tier 1	QL
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	EX	Medical Only Exclusion
RETROVIR ORAL CAPSULE 100 MG	EX	Formulary Exclusion; QL
RETROVIR ORAL SYRUP 50 MG/5ML	EX	Formulary Exclusion
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	QL
zidovudine oral capsule 100 mg	Tier 1	QL
zidovudine oral syrup 50 mg/5ml	Tier 1	
zidovudine oral tablet 300 mg	Tier 1	QL
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	QL
VIREAD ORAL POWDER 40 MG/GM	Tier 2	QL
VIREAD TABLET 150 MG ORAL	Tier 2	QL
VIREAD TABLET 200 MG ORAL	Tier 2	QL

Drug Name	Drug Tier	Notes
VIREAD TABLET 250 MG ORAL	Tier 2	QL
VIREAD TABLET 300 MG ORAL	EX	Formulary Exclusion; QL
Antiretrovirals Adjuvants**		
TYBOST ORAL TABLET 150 MG	Tier 3	QL
Antiviral Combinations**		
acyclovix combination therapy pack 200-10 mg-%	EX	Non FDA Exclusion
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL
Cmv Agents**		
cidofovir intravenous solution 75 mg/ml	EX	Medical Only Exclusion
foscarnet sodium intravenous solution 6000 mg/250ml	EX	Medical Only Exclusion
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	EX	Medical Only Exclusion
ganciclovir intravenous solution 500 mg/250ml	EX	Medical Only Exclusion
ganciclovir sodium intravenous solution 500 mg/10ml	EX	Medical Only Exclusion
ganciclovir sodium intravenous solution reconstituted 500 mg	EX	Medical Only Exclusion
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA; Specialty
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	EX	Medical Only Exclusion
PREVYMIS ORAL PACKET 120 MG, 20 MG	EX	PA; QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA; QL
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	EX	Formulary Exclusion
VALCYTE ORAL TABLET 450 MG	EX	Formulary Exclusion
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 1	
valganciclovir hcl oral tablet 450 mg	Tier 1	
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	Tier 4	QL

Drug Name	Drug Tier	Notes
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion; QL
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 3	
EPIVIR HBV ORAL TABLET 100 MG	EX	Formulary Exclusion; QL
HEPSERA ORAL TABLET 10 MG	EX	Formulary Exclusion; QL
lamivudine oral tablet 100 mg	Tier 1	QL
VEMLIDY ORAL TABLET 25 MG	Tier 4	
Hepatitis C Agent - Combinations**		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Tier 4	PA; Specialty; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4	PA; Specialty; QL
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 2	Specialty; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	Specialty; QL
ledipasvir-sofosbuvir oral tablet 90-400 mg	EX	PA; Specialty; Formulary Exclusion; QL
MAVYRET ORAL PACKET 50-20 MG	Tier 4	PA; Specialty; QL
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA; Specialty; QL
sofosbuvir-velpatasvir oral tablet 400-100 mg	EX	PA; Specialty; Formulary Exclusion; QL
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; Specialty; QL
ZEPATIER ORAL TABLET 50-100 MG	EX	PA; Specialty; Formulary Exclusion; QL
Hepatitis C Agents**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 4	PA; Specialty
ribavirin oral capsule 200 mg	Tier 4	
ribavirin oral tablet 200 mg	Tier 4	
SOVALDI ORAL PACKET 150 MG, 200 MG	Tier 4	PA; Specialty; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; Specialty; QL
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	Tier 1	

Drug Name	Drug Tier	Notes
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
acyclovir sodium intravenous solution 50 mg/ml	EX	Medical Only Exclusion
acyclovir sodium-nacl intravenous solution 200-0.9 mg/100ml-%	EX	Non FDA Exclusion
SITAVIG BUCCAL TABLET 50 MG	EX	Non Essential Drug Exclusion
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 1	
VALTREX ORAL TABLET 1 GM, 500 MG	EX	Formulary Exclusion
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	EX	Formulary Exclusion
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Hpv Agents - Immunotherapy Agents**		
PAPZIMEOS SUBCUTANEOUS SUSPENSION 500000000000 PU/ML	EX	Medical Only Exclusion
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	EX	Formulary Exclusion
Misc. Antivirals**		
favipiravir oral tablet 200 mg	EX	Non FDA Exclusion
LAGEVRIO ORAL CAPSULE 200 MG	Tier 3	QL
remdesivir intravenous solution reconstituted 100 mg, 150 mg	EX	Medical Only Exclusion
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML	EX	Medical Only Exclusion
TPOXX ORAL CAPSULE 200 MG	Tier 2	PA
VEKLURY INTRAVENOUS SOLUTION 100 MG/20ML	EX	Medical Only Exclusion
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
Neuraminidase Inhibitors**		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tier 1	QL
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 1	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	EX	Formulary Exclusion; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	EX	Formulary Exclusion
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	QL
Rsv Agents - Nucleoside Analogues**		
ribavirin inhalation solution reconstituted 6 gm	EX	Medical Only Exclusion
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	EX	Medical Only Exclusion
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	EX	Formulary Exclusion
labetalol hcl solution 5 mg/ml intravenous	EX	Medical Only Exclusion
labetalol hcl solution 5 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
labetalol hcl solution prefilled syringe 10 mg/2ml intravenous	EX	Medical Only Exclusion
labetalol hcl solution prefilled syringe 20 mg/4ml intravenous	EX	Non FDA Exclusion
labetalol hcl tablet 100 mg oral	Tier 1	
labetalol hcl tablet 200 mg oral	Tier 1	
labetalol hcl tablet 300 mg oral	Tier 1	
labetalol hcl tablet 400 mg oral	Tier 3	
labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
labetalol hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%, 200-0.72 mg/200ml-%, 300-0.72 mg/300ml-%	EX	Medical Only Exclusion
Beta Blockers Cardio-Selective**		
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
betaxolol hcl oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate tablet 10 mg oral	Tier 1	
bisoprolol fumarate tablet 2.5 mg oral	Tier 2	
bisoprolol fumarate tablet 5 mg oral	Tier 1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	EX	Medical Only Exclusion
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	EX	Medical Only Exclusion
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML	EX	Medical Only Exclusion
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML	EX	Medical Only Exclusion
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	EX	Formulary Exclusion
esmolol hcl intravenous solution 100 mg/10ml, 2000 mg/100ml, 2500 mg/250ml	EX	Medical Only Exclusion
esmolol hcl intravenous solution prefilled syringe 100 mg/10ml	EX	Non FDA Exclusion
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	EX	Medical Only Exclusion
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	EX	Formulary Exclusion
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate intravenous solution 5 mg/5ml	EX	Medical Only Exclusion
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	

Drug Name	Drug Tier	Notes
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED 280 MG	EX	Medical Only Exclusion
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
Beta Blockers Non-Selective**		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	EX	Formulary Exclusion
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	EX	Formulary Exclusion
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 2	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG	EX	Formulary Exclusion
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	EX	Non Essential Drug Exclusion
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	EX	Non Essential Drug Exclusion
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol hcl intravenous solution 1 mg/ml	EX	Medical Only Exclusion
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
propranolol hcl solution 20 mg/5ml oral	Tier 1	
propranolol hcl solution 40 mg/5ml oral	Tier 2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 1	
sotalol hcl intravenous solution 150 mg/10ml	EX	Medical Only Exclusion
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Calcium Channel Blockers		
Calcium Channel Blocker-Nsaid Combinations**		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 3	Non Essential Drug Exclusion
Calcium Channel Blockers**		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	EX	Formulary Exclusion
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%	EX	Medical Only Exclusion
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	EX	Formulary Exclusion
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EX	Formulary Exclusion
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	EX	Formulary Exclusion
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	EX	Medical Only Exclusion
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	EX	Non Essential Drug Exclusion
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl er tablet extended release 24 hour 120 mg oral	Tier 1	
diltiazem hcl er tablet extended release 24 hour 180 mg oral	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
diltiazem hcl er tablet extended release 24 hour 240 mg oral	EX	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 300 mg oral	EX	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 360 mg oral	EX	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 420 mg oral	EX	Formulary Exclusion
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	EX	Medical Only Exclusion
diltiazem hcl intravenous solution reconstituted 100 mg	EX	Medical Only Exclusion
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl-dextrose intravenous solution 125-5 mg/125ml-%, 5-125 %-mg/125ml	EX	Non FDA Exclusion
diltiazem hcl-sodium chloride solution 100-0.72 mg/100ml-% intravenous	EX	Medical Only Exclusion
diltiazem hcl-sodium chloride solution 125-0.7 mg/125ml-% intravenous	EX	Non FDA Exclusion
diltiazem hcl-sodium chloride solution 125-0.9 mg/125ml-% intravenous	EX	Non FDA Exclusion
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	EX	Formulary Exclusion
KATERZIA ORAL SUSPENSION 1 MG/ML	EX	Non Essential Drug Exclusion
levamlodipine maleate oral tablet 2.5 mg, 5 mg	EX	Non Essential Drug Exclusion
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EX	Formulary Exclusion
nicardipine hcl in nacl intravenous solution 20-0.86 mg/200ml-%, 20-0.9 mg/200ml-%, 40-0.83 mg/200ml-%, 40-0.9 mg/200ml-%	EX	Medical Only Exclusion
nicardipine hcl in nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%	EX	Non FDA Exclusion
nicardipine hcl intravenous solution 2.5 mg/ml	EX	Medical Only Exclusion
nicardipine hcl oral capsule 20 mg, 30 mg	EX	Formulary Exclusion
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	

Drug Name	Drug Tier	Notes
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20ml	Tier 3	
nisoldipine er tablet extended release 24 hour 17 mg oral	Tier 1	
nisoldipine er tablet extended release 24 hour 20 mg oral	EX	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 25.5 mg oral	EX	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 30 mg oral	EX	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 34 mg oral	Tier 1	
nisoldipine er tablet extended release 24 hour 40 mg oral	EX	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 8.5 mg oral	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	
PROCARDIA ORAL CAPSULE 10 MG	EX	Formulary Exclusion
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG	EX	Formulary Exclusion
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	EX	Formulary Exclusion
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EX	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 100 mg oral	EX	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 120 mg oral	Tier 1	
verapamil hcl er capsule extended release 24 hour 180 mg oral	Tier 1	

Drug Name	Drug Tier	Notes
verapamil hcl er capsule extended release 24 hour 200 mg oral	EX	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 240 mg oral	Tier 1	
verapamil hcl er capsule extended release 24 hour 300 mg oral	EX	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 360 mg oral	EX	Formulary Exclusion
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
verapamil hcl intravenous solution 2.5 mg/ml	EX	Medical Only Exclusion
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	EX	Formulary Exclusion
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	EX	Formulary Exclusion
Cardiotonics		
Cardiac Glycosides**		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Tier 1	
DIGOX ORAL TABLET 125 MCG, 250 MCG	Tier 1	
digoxin injection solution 0.25 mg/ml	EX	Medical Only Exclusion
digoxin oral solution 0.05 mg/ml	Tier 1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	Tier 1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML	EX	Medical Only Exclusion
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	EX	Medical Only Exclusion
LANOXIN TABLET 125 MCG ORAL	Tier 3	
LANOXIN TABLET 250 MCG ORAL	Tier 1	
LANOXIN TABLET 62.5 MCG ORAL	Tier 3	
Inotropes**		
dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml	EX	Medical Only Exclusion
dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%	EX	Medical Only Exclusion
dopamine hcl intravenous solution 40 mg/ml	EX	Medical Only Exclusion
dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	EX	Medical Only Exclusion
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	EX	Medical Only Exclusion
Cardiovascular Agents - Misc.		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	EX	Formulary Exclusion
Cardiac Myosin Inhibitors**		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; Specialty; QL
Cardioplegic Solutions**		
ADENOCAINE INTRAVENOUS SOLUTION PREFILLED SYRINGE	EX	Non FDA Exclusion
cardioplegia del nido formula perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plas/hik/lido perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plasma-tromet perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction high k perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction low dex perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction non-enr perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main low dextrose perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main low trometha perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main plasma-trome perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia maintenance perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegia reperfusate 4:1 perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
cardioplegic perfusion solution	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
cardioplegic soln w/ lidocaine perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
del nido cardioplegia perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
microplegia msa-msg perfusion solution	EX	Non FDA Exclusion; Medical Only Exclusion
PLEGISOL PERFUSION SOLUTION	EX	Medical Only Exclusion
Cardiovascular Anti-Inflammatory/Immune Modulators**		
LODOCO ORAL TABLET 0.5 MG	EX	PA; Formulary Exclusion
Cardiovascular Sglt2 Inhibitors*		
INPEFA ORAL TABLET 200 MG, 400 MG	EX	Formulary Exclusion; QL
Impotence Agent Combinations**		
bi-mix intracavernosal solution reconstituted 150-5 mg	EX	Non FDA Exclusion
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	EX	Non FDA Exclusion
super bi-mix intracavernosal solution reconstituted 150-10 mg	EX	Non FDA Exclusion
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	EX	Non FDA Exclusion
super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg	EX	Non FDA Exclusion
tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg	EX	Non FDA Exclusion
Impotence Agents - Other**		
phenylephrine hcl intracavernosal solution 2 mg/2ml	EX	Non FDA Exclusion
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 2	QL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	EX	Formulary Exclusion; QL
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 1	QL
Nitrate & Vasodilator Combinations**		
BIDIL ORAL TABLET 20-37.5 MG	EX	Formulary Exclusion
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Pde Inhibitor-Endothelin Recptor Antagonist Combinations**		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4	PA; Specialty; QL
Peripheral Vasodilators**		
isoxsuprine hcl tablet 10 mg oral	EX	Formulary Exclusion
isoxsuprine hcl tablet 20 mg oral	EX	Non FDA Exclusion
isoxsuprine hcl tablet 20 mg oral	EX	Formulary Exclusion
papaverine hcl injection solution 30 mg/ml	EX	Non FDA Exclusion
Prostaglandin - Impotence Agents**		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	Tier 3	QL
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	Tier 3	QL
Prostaglandin Vasodilators**		
alprostadil injection solution 500 mcg/ml	Tier 1	
AURLUMYN INTRAVENOUS SOLUTION 100 MCG/ML	EX	Medical Only Exclusion
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	Tier 4	PA; Specialty
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Tier 4	PA; Specialty
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4	PA; Specialty; QL
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4	PA; Specialty; QL
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG	Tier 4	PA; Specialty; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA; Specialty; QL
PROSTIN VR INJECTION SOLUTION 500 MCG/ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML	Tier 4	PA; Specialty
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 4	PA; Specialty
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION	Tier 2	PA; Specialty; QL
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	Tier 4	PA; Specialty; QL
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	Tier 4	PA; Specialty; QL
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	Tier 4	PA; Specialty; QL
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	Tier 4	PA; Specialty; QL
TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION	Tier 2	PA; Specialty; QL
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	Tier 4	PA; Specialty; QL
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 4	PA; Specialty; QL
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4	PA; Specialty; QL
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4	PA; Specialty; QL
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Tier 4	PA; Specialty
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; Specialty; QL
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	EX	PA; Specialty; Formulary Exclusion
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; Specialty; QL
Pulmonary Hypertension - Activin Signaling Inhibitor**		
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 4	PA; Specialty
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
bosentan oral tablet 125 mg, 62.5 mg	Tier 4	PA; Specialty; QL
bosentan oral tablet soluble 32 mg	Tier 4	PA; Specialty; QL
LETAIRIS ORAL TABLET 10 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion; QL
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; Specialty; QL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
TRACLEER TABLET SOLUBLE 32 MG ORAL	EX	PA; Specialty; Formulary Exclusion; QL
TRACLEER TABLET SOLUBLE 32 MG ORAL	Tier 4	PA; Specialty; QL
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ADCIRCA ORAL TABLET 20 MG	EX	PA; Specialty; Formulary Exclusion; QL
ALYQ ORAL TABLET 20 MG	Tier 4	PA; Specialty; QL
LIQREV ORAL SUSPENSION 10 MG/ML	EX	PA; Formulary Exclusion
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML	EX	Medical Only Exclusion
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	EX	PA; Formulary Exclusion
REVATIO ORAL TABLET 20 MG	EX	PA; Formulary Exclusion; QL
sildenafil citrate intravenous solution 10 mg/12.5ml	EX	Medical Only Exclusion
sildenafil citrate oral suspension reconstituted 10 mg/ml	Tier 1	PA
sildenafil citrate oral tablet 20 mg	Tier 1	PA; QL
tadalafil (pah) oral tablet 20 mg	Tier 4	PA; Specialty; QL
TADLIQ ORAL SUSPENSION 20 MG/5ML	EX	PA; Specialty; Formulary Exclusion
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	EX	Medical Only Exclusion
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; Specialty; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 4	PA; Specialty; QL
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**		
avanafil oral tablet 100 mg, 200 mg, 50 mg	Tier 1	ST; QL

Drug Name	Drug Tier	Notes
CIALIS TABLET 10 MG ORAL	EX	Formulary Exclusion; QL
CIALIS TABLET 2.5 MG ORAL	EX	PA; Formulary Exclusion; QL
CIALIS TABLET 20 MG ORAL	EX	Formulary Exclusion; QL
CIALIS TABLET 5 MG ORAL	EX	PA; Formulary Exclusion; QL
LEVITRA ORAL TABLET 10 MG, 20 MG	EX	ST; Formulary Exclusion; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL
STAXYN ORAL TABLET DISPERSIBLE 10 MG	EX	ST; Formulary Exclusion; QL
STENDRA TABLET 100 MG ORAL	EX	ST; Formulary Exclusion; QL
STENDRA TABLET 100 MG ORAL	Tier 3	ST; QL
STENDRA TABLET 200 MG ORAL	EX	ST; Formulary Exclusion; QL
STENDRA TABLET 50 MG ORAL	EX	ST; Formulary Exclusion; QL
STENDRA TABLET 50 MG ORAL	Tier 3	ST; QL
tadalafil tablet 10 mg oral	Tier 1	QL
tadalafil tablet 2.5 mg oral	Tier 1	PA; QL
tadalafil tablet 20 mg oral	Tier 1	QL
tadalafil tablet 5 mg oral	Tier 1	PA; QL
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	ST; QL
vardenafil hcl oral tablet dispersible 10 mg	Tier 1	ST; QL
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion; QL
Septal Agents - Ablation*		
ABLYSINOL INTRA-ARTERIAL SOLUTION	EX	Medical Only Exclusion
dehydrated alcohol intra-arterial solution	EX	Medical Only Exclusion
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	QL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	EX	Formulary Exclusion; QL
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 1	QL
Transthyretin Stabilizers**		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 4	PA; Specialty; QL
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; Specialty; QL
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	PA
Cephalosporins		
Cephalosporin Combinations**		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM	EX	Medical Only Exclusion
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	EX	Medical Only Exclusion
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	
cefadroxil oral tablet 1 gm	Tier 1	
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	EX	Formulary Exclusion
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	EX	Non FDA Exclusion
cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous	EX	Formulary Exclusion
cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous	EX	Non FDA Exclusion
cefazolin sodium injection solution prefilled syringe 3 gm/30ml	EX	Non FDA Exclusion
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg	EX	Medical Only Exclusion
cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/10ml, 2 gm/20ml	EX	Non FDA Exclusion
cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm	EX	Medical Only Exclusion
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	EX	Medical Only Exclusion
cefazolin sodium-dextrose solution 1-4 gm/50ml-% intravenous	EX	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-4 gm/100ml-% intravenous	EX	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-5 gm/100ml-% intravenous	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
cefazolin sodium-dextrose solution 3-4 gm/150ml-% intravenous	EX	Medical Only Exclusion
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG	EX	Formulary Exclusion
Cephalosporins - 2Nd Generation**		
cefaclor er oral tablet extended release 12 hour 500 mg	Tier 3	
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Tier 3	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	EX	Medical Only Exclusion
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	EX	Medical Only Exclusion
cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)	EX	Medical Only Exclusion
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	EX	Medical Only Exclusion
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	EX	Medical Only Exclusion
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime sodium injection solution reconstituted 750 mg	EX	Medical Only Exclusion
cefuroxime sodium intravenous solution reconstituted 1.5 gm	EX	Medical Only Exclusion
Cephalosporins - 3Rd Generation**		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 1	
ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	EX	Medical Only Exclusion
ceftazidime injection solution reconstituted 1 gm, 6 gm	EX	Medical Only Exclusion
ceftazidime intravenous solution reconstituted 2 gm	EX	Medical Only Exclusion
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	EX	Medical Only Exclusion
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg	EX	Medical Only Exclusion
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	EX	Medical Only Exclusion
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	EX	Medical Only Exclusion
FORTAZ INJECTION SOLUTION RECONSTITUTED 1 GM, 500 MG	EX	Medical Only Exclusion
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	EX	Medical Only Exclusion
SUPRAX ORAL CAPSULE 400 MG	EX	Formulary Exclusion
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	Tier 2	
SUPRAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	EX	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	EX	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	Tier 2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML	EX	Formulary Exclusion
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	EX	Medical Only Exclusion
Cephalosporins - 4Th Generation**		
cefepime hcl injection solution reconstituted 1 gm	EX	Medical Only Exclusion
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
cefepime hcl intravenous solution reconstituted 100 gm, 2 gm	EX	Medical Only Exclusion
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	EX	Medical Only Exclusion
Cephalosporins - 5Th Generation**		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	EX	Medical Only Exclusion
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
Cephalosporins - Siderophores**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
Chemicals		
Bases**		
potassium hydroxide external solution 5 %	EX	Non FDA Exclusion
sodium hydroxide external solution 10 %	EX	Non FDA Exclusion
Bulk Chemicals - Er**		
erlotinib hcl (bulk) powder	EX	Non FDA Exclusion
Contraceptives		
Biphasic Contraceptives - Oral**		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 5	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 2	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	EX	Formulary Exclusion
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 5	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
Combination Contraceptives - Oral**		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 5	
alyacen 1/35 oral tablet 1-35 mg-mcg	Tier 5	
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 5	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
AVERI ORAL TABLET 0.15-0.03 MG	Tier 3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AYUNA ORAL TABLET 0.15-30 MG-MCG	Tier 5	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	EX	Formulary Exclusion
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 5	
BEYAZ ORAL TABLET 3-0.02-0.451 MG	EX	Formulary Exclusion
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
briellyn oral tablet 0.4-35 mg-mcg	Tier 5	
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 5	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Tier 5	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Tier 5	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 5	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 5	
CYRED ORAL TABLET 0.15-30 MG-MCG	Tier 5	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	Tier 5	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	Tier 5	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 5	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 5	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	Tier 5	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 5	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 5	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 5	
FALESSA ORAL KIT 20-1-0.1 MCG-MG	EX	Non FDA Exclusion
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	Tier 3	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 5	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 5	
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 5	
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 5	
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	EX	Formulary Exclusion
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	

Drug Name	Drug Tier	Notes
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 5	
JASMIEL ORAL TABLET 3-0.02 MG	Tier 5	
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 5	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 5	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Tier 5	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Tier 5	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 5	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 5	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	Tier 1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	Tier 5	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Tier 5	
LILLOW ORAL TABLET 0.15-30 MG-MCG	Tier 5	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 5	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
LORYNA ORAL TABLET 3-0.02 MG	Tier 5	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 5	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Tier 5	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
marlissa oral tablet 0.15-30 mg-mcg	Tier 5	
MERZEE ORAL CAPSULE 1-20 MG-MCG(24)	Tier 5	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 5	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Tier 5	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 5	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 5	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Tier 3	
NIKKI ORAL TABLET 3-0.02 MG	Tier 5	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	Tier 5	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 5	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Tier 5	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 5	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	Tier 5	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Tier 5	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 5	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	
NYMYO ORAL TABLET 0.25-35 MG-MCG	Tier 5	
OCELLA ORAL TABLET 3-0.03 MG	Tier 5	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 5	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 5	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 5	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 5	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	EX	Formulary Exclusion
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 5	
SYEDA ORAL TABLET 3-0.03 MG	Tier 5	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 5	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 5	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	EX	Formulary Exclusion
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 5	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Tier 5	
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 5	
VESTURA ORAL TABLET 3-0.02 MG	Tier 5	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 5	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 5	
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 5	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 5	
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 5	
YASMIN 28 ORAL TABLET 3-0.03 MG	EX	Formulary Exclusion
YAZ ORAL TABLET 3-0.02 MG	EX	Formulary Exclusion
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Tier 5	
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	Tier 5	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Tier 3	

Drug Name	Drug Tier	Notes
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 5	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 5	
Combination Contraceptives - Vaginal**		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 3	QL
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Tier 5	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Tier 5	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	Tier 5	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	Tier 5	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	EX	Formulary Exclusion
Continuous Contraceptives - Oral**		
AMETHYST ORAL TABLET 90-20 MCG	Tier 5	
DOLISHALE ORAL TABLET 90-20 MCG	Tier 5	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Tier 5	
Copper Contraceptives - Iud**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	EX	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Benefit Exclusion	
Emergency Contraceptives**		
AFTERA ORAL TABLET 1.5 MG	Tier 5	
AFTERPILL ORAL TABLET 1.5 MG	Tier 5	
CURAE ORAL TABLET 1.5 MG	Tier 5	
ECONTRA EZ ORAL TABLET 1.5 MG	Tier 5	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 5	
ELLA ORAL TABLET 30 MG	Tier 2	
HER STYLE ORAL TABLET 1.5 MG	Tier 5	
levonorgestrel oral tablet 1.5 mg	Tier 5	
MY CHOICE ORAL TABLET 1.5 MG	Tier 5	
MY WAY ORAL TABLET 1.5 MG	Tier 5	
NEW DAY ORAL TABLET 1.5 MG	Tier 5	

Drug Name	Drug Tier	Notes
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 5	
OPTION 2 ORAL TABLET 1.5 MG	Tier 5	
REACT ORAL TABLET 1.5 MG	Tier 5	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 5	
Extended-Cycle Contraceptives - Oral**		
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 5	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
FAYOSIM ORAL TABLET 42-21-21-7 DAYS	Tier 5	
ICLEVIA ORAL TABLET 0.15-0.03 MG	Tier 5	
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 5	
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
JOLESSA ORAL TABLET 0.15-0.03 MG	Tier 5	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Tier 5	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	Tier 5	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 5	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	EX	Formulary Exclusion
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	EX	Formulary Exclusion
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Tier 5	
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	Tier 5	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG	EX	Formulary Exclusion
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 5	
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	

Drug Name	Drug Tier	Notes
Four Phase Contraceptives - Oral**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 3	
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Benefit Exclusion	
Progestin Contraceptives - Injectable**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	EX	Formulary Exclusion
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	EX	Formulary Exclusion
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Tier 5	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Tier 5	
Progestin Contraceptives - Iud**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Benefit Exclusion	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Benefit Exclusion	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Benefit Exclusion	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Benefit Exclusion	
Progestin Contraceptives - Oral**		
CAMILA ORAL TABLET 0.35 MG	Tier 5	
DEBLITANE ORAL TABLET 0.35 MG	Tier 5	
EMZAHH ORAL TABLET 0.35 MG	Tier 5	
ERRIN ORAL TABLET 0.35 MG	Tier 5	
HEATHER ORAL TABLET 0.35 MG	Tier 5	
INCASSIA ORAL TABLET 0.35 MG	Tier 5	
JENCYCLA ORAL TABLET 0.35 MG	Tier 5	
LYLEQ ORAL TABLET 0.35 MG	Tier 5	
LYZA ORAL TABLET 0.35 MG	Tier 5	
MELEYA ORAL TABLET 0.35 MG	Tier 5	
NORA-BE ORAL TABLET 0.35 MG	Tier 5	

Drug Name	Drug Tier	Notes
norethindrone oral tablet 0.35 mg	Tier 5	
NORLYDA ORAL TABLET 0.35 MG	Tier 5	
NORLYROC ORAL TABLET 0.35 MG	Tier 5	
ORQUIDEA ORAL TABLET 0.35 MG	Tier 5	
ORTHO MICRONOR ORAL TABLET 0.35 MG	EX	Formulary Exclusion
SHAROBEL ORAL TABLET 0.35 MG	Tier 5	
SLYND ORAL TABLET 4 MG	Tier 3	
TULANA ORAL TABLET 0.35 MG	Tier 5	
Triphasic Contraceptives - Oral**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Tier 5	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 5	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 5	
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	EX	Formulary Exclusion
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 5	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Tier 5	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Tier 5	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Tier 5	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 5	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	Tier 5	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 5	
Corticosteroids		
Glucocorticosteroids**		
active injection d injection kit 10 mg/ml	EX	Non FDA Exclusion
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4	PA; Specialty
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA
betamethasone sodium phosphate injection solution 12 mg/2ml, 6 mg/ml	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
budesonide er oral tablet extended release 24 hour 9 mg	Tier 1	
budesonide oral capsule delayed release particles 3 mg	Tier 1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	EX	Formulary Exclusion
cortisone acetate oral tablet 25 mg	Tier 3	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
deflazacort oral suspension 22.75 mg/ml	Tier 4	PA; Specialty
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 4	PA; Specialty
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	Tier 3	
dexabliss oral tablet therapy pack 1.5 mg (39)	Tier 3	Non Essential Drug Exclusion
dexameth sod phos (pf) +rfid injection solution prefilled syringe 10 mg/ml	EX	Formulary Exclusion
dexamethasone (la) injection suspension 16 mg/ml, 8 mg/ml	EX	Non FDA Exclusion
dexamethasone acetate injection suspension 8 mg/ml	EX	Non FDA Exclusion
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	
dexamethasone oral solution 0.5 mg/5ml	Tier 3	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	EX	Non Essential Drug Exclusion
dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml	EX	Formulary Exclusion
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	Tier 2	
dexamethasone sod phos-nacl intravenous solution 6-0.9 mg/25ml-%	EX	Non FDA Exclusion
dexamethasone sod phosphate pf injection solution 10 mg/ml	Tier 1	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	Tier 1	
dexamethasone sodium phosphate solution 10 mg/ml injection	EX	Non FDA Exclusion
dexamethasone sodium phosphate solution 10 mg/ml injection	Tier 1	

Drug Name	Drug Tier	Notes
dexamethasone sodium phosphate solution 100 mg/10ml injection	Tier 1	
dexamethasone sodium phosphate solution 120 mg/30ml injection	Tier 1	
dexamethasone sodium phosphate solution 20 mg/5ml injection	Tier 1	
dexamethasone sodium phosphate solution 4 mg/ml injection	EX	Non FDA Exclusion
dexamethasone sodium phosphate solution 4 mg/ml injection	Tier 1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	EX	Non FDA Exclusion
DOUBLEDEX INJECTION KIT 10 MG/ML	EX	Non FDA Exclusion
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	Tier 3	Non Essential Drug Exclusion
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	EX	PA; Specialty; Formulary Exclusion
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	EX	PA; Specialty; Formulary Exclusion
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG	EX	Formulary Exclusion
EOHILIA ORAL SUSPENSION 2 MG/10ML	EX	PA; Specialty; Formulary Exclusion
HEMADY ORAL TABLET 20 MG	EX	Non Essential Drug Exclusion
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML	EX	Non FDA Exclusion
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	EX	Non Essential Drug Exclusion
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	Tier 1	
IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	EX	Non FDA Exclusion
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 4	PA; Specialty
KENALOG-10 INJECTION SUSPENSION 10 MG/ML	EX	Formulary Exclusion
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	Tier 3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
KHINDIVI ORAL SOLUTION 1 MG/ML	EX	Non Essential Drug Exclusion; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
MAS CARE-PAK INJECTION KIT 10 MG/ML	EX	Non FDA Exclusion
MEDROL ORAL TABLET THERAPY PACK 4 MG	EX	Formulary Exclusion
MEDROL TABLET 16 MG ORAL	EX	Formulary Exclusion
MEDROL TABLET 2 MG ORAL	Tier 3	
MEDROL TABLET 32 MG ORAL	EX	Formulary Exclusion
MEDROL TABLET 4 MG ORAL	EX	Formulary Exclusion
MEDROL TABLET 8 MG ORAL	EX	Formulary Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	EX	Non FDA Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	Tier 1	
methylprednisolone acetate suspension 50 mg/ml injection	EX	Non FDA Exclusion
methylprednisolone acetate suspension 80 mg/ml injection	EX	Non FDA Exclusion
methylprednisolone acetate suspension 80 mg/ml injection	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablet therapy pack 4 mg	Tier 1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	Tier 1	
MILLIPRED TABLET 5 MG ORAL	Tier 1	Non Essential Drug Exclusion
MILLIPRED TABLET 5 MG ORAL	Tier 3	Non Essential Drug Exclusion
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	Tier 3	Non Essential Drug Exclusion
p-care k40 injection kit 40 mg/ml	EX	Non FDA Exclusion
p-care k80 injection kit 2 x 40 mg/ml	EX	Non FDA Exclusion
PEDIAPRED ORAL SOLUTION 5 MG/5ML	EX	Formulary Exclusion
pod-care 100k injection kit 40 mg/ml	EX	Non FDA Exclusion
prednisolone oral solution 15 mg/5ml	Tier 1	
prednisolone oral tablet 5 mg	EX	Non Essential Drug Exclusion
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Tier 1	
prednisolone sodium phosphate solution 10 mg/5ml oral	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate solution 15 mg/5ml oral	Tier 1	
prednisolone sodium phosphate solution 20 mg/5ml oral	Tier 1	
prednisolone sodium phosphate solution 25 mg/5ml oral	Tier 1	
prednisolone sodium phosphate solution 5 mg/5ml oral	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	EX	Formulary Exclusion
prednisone oral solution 5 mg/5ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML	EX	Non FDA Exclusion
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML	EX	Non FDA Exclusion
PYQUVI ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA; Specialty
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
READYSHARP DEXAMETHASONE INJECTION KIT 10 MG/ML	EX	Non FDA Exclusion
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	EX	Formulary Exclusion
SOLU-CORTEF SOLUTION RECONSTITUTED 1000 MG INJECTION	Tier 3	
SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION	Tier 3	
SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION	Tier 3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG	Tier 3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	Tier 3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	EX	Non Essential Drug Exclusion
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	EX	Non Essential Drug Exclusion
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	EX	PA; Specialty; Formulary Exclusion; QL
topidex injection kit 10 mg/ml	EX	Non FDA Exclusion
triamcinolone acetonide suspension 10 mg/ml injection	Tier 1	
triamcinolone acetonide suspension 40 mg/ml injection	EX	Non FDA Exclusion
triamcinolone acetonide suspension 40 mg/ml injection	Tier 1	
triamcinolone acetonide suspension 50 mg/ml injection	EX	Non FDA Exclusion
triamcinolone acetonide suspension 80 mg/ml injection	EX	Non FDA Exclusion
triamcinolone diacetate injection suspension 40 mg/ml, 80 mg/ml	EX	Non FDA Exclusion
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	EX	Formulary Exclusion
zcort 7-day oral tablet therapy pack 1.5 mg (25)	Tier 3	Non Essential Drug Exclusion
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG	EX	Medical Only Exclusion
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 1	
Steroid Combinations**		
active injection blm-1 injection kit 6 & 0.25 & 1 mg/ml-%-%	EX	Non FDA Exclusion
active injection bm injection kit 6 & 0.25 mg/ml-%	EX	Non FDA Exclusion
active injection dl injection kit 10 & 1 mg/ml-%	EX	Non FDA Exclusion
active injection dlm injection kit 10 & 0.25 & 1 mg/ml-%-%	EX	Non FDA Exclusion
ACTIVE INJECTION KIT L INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
active injection kl-3 combination kit 40-1 mg/ml-%	EX	Non FDA Exclusion
active injection km injection kit 40-0.5 mg/ml-%	EX	Non FDA Exclusion
active injection lm-dep-2 injection kit 40 & 0.25 & 1 mg/ml-%-%	EX	Non FDA Exclusion
active injection m-1 injection kit 10 & 0.25 mg/ml-%	EX	Non FDA Exclusion
beta 1 kit injection kit 30 mg/5ml	EX	Non FDA Exclusion
BETALIDO INJECTION KIT 6 & 1 MG/ML-%	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
BETALOAN SUIK COMBINATION KIT 30 MG/5ML	EX	Non FDA Exclusion
betamethasone combo injection suspension 6 (3-3) mg/ml, 7 (4-3) mg/ml	EX	Non FDA Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	EX	Non FDA Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	Tier 1	
betamethasone sod phos & acet suspension 7 (4-3) mg/ml injection	EX	Non FDA Exclusion
BLT-25 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
bsp 0820 injection kit 30 mg/5ml	EX	Non FDA Exclusion
bupivilog injection kit 40 & 0.5 mg/ml-%	EX	Non FDA Exclusion
CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION	Tier 3	
CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION	EX	Formulary Exclusion
CONTRAST ALLERGY PREMED PACK ORAL KIT 3 X 50 MG & 1 X 50 MG	EX	Non FDA Exclusion
dexameth sod phos-bupiv-epin injection solution prefilled syringe 0.01-0.375 %-1:200000	EX	Non FDA Exclusion
dexamethasone ace & sod phos injection suspension 8-4 mg/ml	EX	Non FDA Exclusion
dexamethasone sod phos-bupiv injection solution prefilled syringe 0.01-0.375 %	EX	Non FDA Exclusion
DEXLIDO INJECTION KIT 10 & 1 MG/ML-%	EX	Non FDA Exclusion
DEXLIDO-M INJECTION KIT 10 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
DMT SUIK COMBINATION KIT 10 MG/ML	EX	Non FDA Exclusion
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
DYURAL-L INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
lidocidex i injection solution 5-10 mg/1.5ml	EX	Non FDA Exclusion
lidolog injection kit 40 & 2 mg/ml-%	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MARBETA-25 INJECTION KIT 6 & 0.25 MG/ML-%	EX	Non FDA Exclusion
MARBETA-L INJECTION KIT 6 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
MARDEX-25 INJECTION KIT 10 & 0.25 MG/ML-%	EX	Non FDA Exclusion
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
methylprednisolone ace-lido injection suspension 40-10 mg/ml, 80-10 mg/ml	EX	Non FDA Exclusion
methylprednisolone-bupivacaine injection suspension 40-5 mg/ml, 80-5 mg/ml	EX	Non FDA Exclusion
mlk f1 injection kit 40 & 0.5 & 2 mg/ml-%-%	EX	Non FDA Exclusion
mlk f2 injection kit 40 & 0.5 & 2 mg/ml-%-%	EX	Non FDA Exclusion
mlk f3 injection kit 40 & 0.5 & 2 mg/ml-%-%	EX	Non FDA Exclusion
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	EX	Non FDA Exclusion
multi-specialty injection kit 40 & 1 mg/ml-%	EX	Non FDA Exclusion
p-care k40g combination kit 40 mg/ml	EX	Non FDA Exclusion
p-care k40mx injection kit 40 & 0.5 & 1 mg/ml-%-%	EX	Non FDA Exclusion
p-care k80g combination kit 40 mg/ml	EX	Non FDA Exclusion
p-care k80mx injection kit 40 & 0.5 & 1 mg/ml-%-%	EX	Non FDA Exclusion
physicians ez use j/t/t kit ii injection kit 40 & 1 mg/ml-%	EX	Non FDA Exclusion
physicians ez use joint/tunnel combination kit 40-1 mg/ml-%	EX	Non FDA Exclusion
physicians ez use m-pred injection kit 40-0.5 mg/ml-%	EX	Non FDA Exclusion
pod-care 100c injection kit 30 mg/5ml	EX	Non FDA Exclusion
pod-care 100cg combination kit 30 mg/5ml	EX	Non FDA Exclusion
pod-care 100cmx injection kit 6 & 0.5 & 1 mg/ml-%-%	EX	Non FDA Exclusion
pod-care 100kg combination kit 40 mg/ml	EX	Non FDA Exclusion
pod-care 100kmx injection kit 40 & 0.5 & 1 mg/ml-%-%	EX	Non FDA Exclusion
POINT OF CARE KM INJECTION KIT 40 & 0.5 MG/ML-%	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
POINT OF CARE L.2 INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
POINT OF CARE L.5 INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
POINT OF CARE LM DEP 2 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP ANESTH + BETAMETH INJECTION KIT 6 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP ANESTH + DEXAMETH INJECTION KIT 10 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP ANESTH + METHYLPRED INJECTION KIT 80 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP BETAMETHASONE INJECTION KIT 30 MG/5ML	EX	Non FDA Exclusion
ROPIDEX INJECTION KIT 10-0.5 MG/ML-%	EX	Non FDA Exclusion
triamcinolone-bupivacaine injection suspension 40-5 mg/ml	EX	Non FDA Exclusion
TRILOAN II SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
TRILOAN SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
TESSALON PERLES ORAL CAPSULE 100 MG	EX	Formulary Exclusion
Antitussive - Opioid**		
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	EX	Formulary Exclusion
HYCODAN ORAL TABLET 5-1.5 MG	EX	Formulary Exclusion
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	Tier 1	
hydromet oral solution 5-1.5 mg/5ml	Tier 1	
Antitussive-Expectorant**		
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Benefit Exclusion	

Drug Name	Drug Tier	Notes
Decongestant & Antihistamine**		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	
promethazine vc oral syrup 6.25-5 mg/5ml	Tier 1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 1	
Decongestant W/ Expectorant**		
GILPHEX TR ORAL TABLET 10-388 MG	EX	Non FDA Exclusion
Iodine Expectorants**		
SSKI ORAL SOLUTION 1 GM/ML	Tier 3	
Misc. Respiratory Inhalants**		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	Tier 3	
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	EX	Formulary Exclusion
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Tier 1	
sodium chloride nebulization solution 0.9 % inhalation (rx)	Tier 1	
sodium chloride nebulization solution 10 % inhalation	EX	Non FDA Exclusion
sodium chloride nebulization solution 10 % inhalation	Tier 1	
sodium chloride nebulization solution 3 % inhalation	Tier 1	
sodium chloride nebulization solution 7 % inhalation	Tier 1	
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 1	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup 15-6.25 mg/5ml, 6.25-15 mg/5ml	Tier 1	
Non-Narc Antitussive-Decongestant-Antihistamine**		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	Tier 1	

Drug Name	Drug Tier	Notes
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	EX	Formulary Exclusion
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 1	
Opioid Antitussive-Antihistamine**		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	Tier 1	
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 1	
promethazine-codeine oral syrup 6.25-10 mg/5ml	Tier 1	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	Tier 3	Non Essential Drug Exclusion
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	Tier 3	
Opioid Antitussive-Decongestant-Antihistamine**		
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	Tier 1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	Tier 1	
Dermatologicals		
Acne Antibiotics**		
ACZONE EXTERNAL GEL 5 %, 7.5 %	EX	Formulary Exclusion
AMZEEQ EXTERNAL FOAM 4 %	Tier 3	ST
CLEOCIN-T EXTERNAL LOTION 1 %	EX	Formulary Exclusion
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN EXTERNAL FOAM 1 %	Tier 1	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
CLINDAGEL EXTERNAL GEL 1 %	EX	Formulary Exclusion
clindamycin phos (once-daily) external gel 1 %	Tier 1	
clindamycin phos (twice-daily) external gel 1 %	Tier 1	
clindamycin phosphate external foam 1 %	Tier 1	
clindamycin phosphate external lotion 1 %	Tier 1	
clindamycin phosphate external solution 1 %	Tier 1	
clindamycin phosphate external swab 1 %	Tier 1	
dapsone external gel 5 %, 7.5 %	Tier 1	
ery external pad 2 %	Tier 1	ST
ERYGEL EXTERNAL GEL 2 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
erythromycin external gel 2 %	Tier 1	
erythromycin external solution 2 %	Tier 1	
EVOCLIN EXTERNAL FOAM 1 %	EX	Formulary Exclusion
KLARON EXTERNAL LOTION 10 %	EX	Formulary Exclusion
sulfacetamide sodium (acne) external lotion 10 %	Tier 1	
Acne Combinations**		
abenor external cream 4-10 %	EX	Non FDA Exclusion
abenor hp external lotion 4-15 %	EX	Non FDA Exclusion
ACANYA EXTERNAL GEL 1.2-2.5 %	EX	Formulary Exclusion
acioxiay external cream 15-4 %	EX	Non FDA Exclusion
adainzde external gel 0.3-2.5-1 %	EX	Non FDA Exclusion
adainzoxia external gel 0.3-2.5-4 %	EX	Non FDA Exclusion
adalina external gel 4-5 %	EX	Non FDA Exclusion
adapalene-benzoyl peroxide external pad 0.1-2.5 %	EX	Non FDA Exclusion
adapalene-benzoyl peroxide gel 0.1-2.5 % external	Tier 1	
adapalene-benzoyl peroxide gel 0.3-2.5 % external	EX	Formulary Exclusion
adeinzde external gel 0.1-2.5-1 %	EX	Non FDA Exclusion
adermica external gel 2.5-1-2-0.025 %	EX	Non FDA Exclusion
adermica hp external gel 2.5-1-2-0.05 %	EX	Non FDA Exclusion
admirazol external cream 6-2-5 %	EX	Non FDA Exclusion
admirazol hp external cream 8.5-2-5 %	EX	Non FDA Exclusion
alixi external cream 6-4 %	EX	Non FDA Exclusion
alixi hp external cream 8.5-4 %	EX	Non FDA Exclusion
alomira external gel 5-1-2-0.05 %	EX	Non FDA Exclusion
alomira hp external gel 5-1-2-0.1 %	EX	Non FDA Exclusion
alomira lp external gel 5-1-2-0.025 %	EX	Non FDA Exclusion
aluris external cream 4-0.05 %	EX	Non FDA Exclusion
aluris external gel 4-0.05 %	EX	Non FDA Exclusion
aluris hp external cream 4-0.1 %	EX	Non FDA Exclusion
aluris hp plus external cream 4-0.1 %	EX	Non FDA Exclusion
aluris lp external cream 4-0.025 %	EX	Non FDA Exclusion
aluris lp plus external cream 4-0.025 %	EX	Non FDA Exclusion
aluris plus external cream 4-0.05 %	EX	Non FDA Exclusion
aluxof external therapy pack 10-4 & 2-4-0.05 %	EX	Non FDA Exclusion
aluxof hp external therapy pack 10-4 & 2-4-0.1 %	EX	Non FDA Exclusion
alvox external cream 4-0.05 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
alvox hp external cream 4-0.1 %	EX	Non FDA Exclusion
apexol cleanser external suspension 2-8 %	EX	Non FDA Exclusion
apexol hp cleanser external suspension 5-10 %	EX	Non FDA Exclusion
aphoria external gel 0.3-2.5-4 %	EX	Non FDA Exclusion
aporix external gel 1-4 %	EX	Non FDA Exclusion
aporix external lotion 1-4 %	EX	Non FDA Exclusion
artilis external gel 1-2.5-4 %	EX	Non FDA Exclusion
artilis hp external gel 1-5-4 %	EX	Non FDA Exclusion
augustil external gel 1-4-2-0.025 %	EX	Non FDA Exclusion
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	EX	Non FDA Exclusion
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	EX	Non FDA Exclusion
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	EX	Non FDA Exclusion
AVAR-E GREEN EXTERNAL CREAM 10-5 %	EX	Non FDA Exclusion
AVAR-E LS EXTERNAL CREAM 10-2 %	EX	Non FDA Exclusion
avidora external cream 1-4-0.025 %	EX	Non FDA Exclusion
avidora external solution 1-4-0.025 %	EX	Non FDA Exclusion
avidora hp external cream 1-4-0.05 %	EX	Non FDA Exclusion
awanis external cream 8.5-2-0.025 %	EX	Non FDA Exclusion
azalta external gel 2-5-0.025 %	EX	Non FDA Exclusion
azalta hp external gel 2-5-0.05 %	EX	Non FDA Exclusion
BENZACLIN EXTERNAL GEL 1-5 %	EX	Formulary Exclusion
BENZACLIN WITH PUMP EXTERNAL GEL 1-5 %	EX	Formulary Exclusion
BENZAMYCIN EXTERNAL GEL 5-3 %	EX	Formulary Exclusion
benzoyl perox-hydrocortisone external lotion 5-0.5 %	EX	Non FDA Exclusion
benzoyl peroxide forte- hc external lotion 7.5-1 %	EX	Non FDA Exclusion
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 1	
bp 10-1 external emulsion 10-1 %	EX	Non FDA Exclusion
bp cleansing wash external emulsion 10-4 %	EX	Non FDA Exclusion
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 %	EX	Non FDA Exclusion
CLINDACIN ETZ EXTERNAL KIT 1 %	EX	Non FDA Exclusion
CLINDACIN PAC EXTERNAL KIT 1 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	Tier 1	
clindamycin-tretinoin external gel 1.2-0.025 %	EX	Non Essential Drug Exclusion
clindavix external kit 1 & 1.8-2 %	EX	Non FDA Exclusion
CLINOIN EXTERNAL CREAM 1.25-0.025-1 %	EX	Non FDA Exclusion
deoxia external gel 1-4 %	EX	Non FDA Exclusion
deoxia external lotion 1-4 %	EX	Non FDA Exclusion
deoxiademtar external gel 1-4-2-0.025 %	EX	Non FDA Exclusion
deoxiatar external solution 1-4-0.025 %	EX	Non FDA Exclusion
deoxiavar external cream 1-4-0.05 %	EX	Non FDA Exclusion
diadimaxia external cream 6-2-5 %	EX	Non FDA Exclusion
diadimaxia external gel 6-2-5 %	EX	Non FDA Exclusion
diaoxia external gel 6-4 %	EX	Non FDA Exclusion
diasaxiatar external cream 8.5-2-0.025 %	EX	Non FDA Exclusion
diasaxiatar external gel 8.5-2-0.025 %	EX	Non FDA Exclusion
diasdimaxia external cream 8.5-2-5 %	EX	Non FDA Exclusion
diasdimaxia external gel 8.5-2-5 %	EX	Non FDA Exclusion
diasoxia external cream 6-4 %, 8.5-4 %	EX	Non FDA Exclusion
diasoxia external gel 8.5-4 %	EX	Non FDA Exclusion
dimoxia external gel 4-5 %	EX	Non FDA Exclusion
draxace lotion cleanser external suspension 2-8 %	EX	Non FDA Exclusion
draxacey external suspension 2-8 %	EX	Non FDA Exclusion
drixece external suspension 5-10 %	EX	Non FDA Exclusion
dynoma external cream 0.05-4 %	EX	Non FDA Exclusion
eceoxia external cream 4-10 %	EX	Non FDA Exclusion
EPIDUO EXTERNAL GEL 0.1-2.5 %	EX	Formulary Exclusion
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	EX	Formulary Exclusion
ethoxia external cream 4-0.05 %	EX	Non FDA Exclusion
fluoxia external cream 0.05-4 %	EX	Non FDA Exclusion
idyyxiatar external gel 5-0.025 %	EX	Non FDA Exclusion
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 %	EX	Non FDA Exclusion
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 %	EX	Non FDA Exclusion
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 %	EX	Non FDA Exclusion
inzdeaxiatar external gel 2.5-1-2-0.025 %	EX	Non FDA Exclusion
inzdeaxiavar external gel 2.5-1-2-0.05 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
inzdeoxia external gel 2.5-1-4 %	EX	Non FDA Exclusion
ithoxia external cream 4-0.1 %	EX	Non FDA Exclusion
lounzdomdioxatar external therapy pack 10-4 & 2-4-0.05 %	EX	Non FDA Exclusion
melzara external cream 10-2-6 %	EX	Non FDA Exclusion
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
NEUAC EXTERNAL KIT 1.2-5 %	EX	Non FDA Exclusion
NUCARACLINPAK EXTERNAL KIT 1 %	EX	Non FDA Exclusion
NUCARARXPAK EXTERNAL KIT 1-2.5 %	EX	Non FDA Exclusion
ONEXTON EXTERNAL GEL 1.2-3.75 %	Tier 2	ST
onzdeaxiademtar external gel 5-1-2-2-0.025 %	EX	Non FDA Exclusion
onzdeaxiademvar external gel 5-1-2-2-0.05 %	EX	Non FDA Exclusion
onzdeaxiatar external gel 5-1-2-0.025 %	EX	Non FDA Exclusion
onzdeaxiavar external gel 5-1-2-0.05 %	EX	Non FDA Exclusion
onzdeaxiazar external gel 5-1-2-0.1 %	EX	Non FDA Exclusion
onzdeoxia external gel 1-5-4 %	EX	Non FDA Exclusion
oxiaice external lotion 4-15 %	EX	Non FDA Exclusion
oxiatar external cream 4-0.025 %	EX	Non FDA Exclusion
oxiavar external cream 4-0.05 %	EX	Non FDA Exclusion
oxiavarry external cream 4-0.05 %	EX	Non FDA Exclusion
oxiavary external cream 4-0.1 %	EX	Non FDA Exclusion
oxiazar external cream 4-0.1 %	EX	Non FDA Exclusion
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	EX	Non FDA Exclusion
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	EX	Non FDA Exclusion
PLEXION EXTERNAL CREAM 9.8-4.8 %	EX	Non FDA Exclusion
PLEXION EXTERNAL LOTION 9.8-4.8 %	EX	Non FDA Exclusion
resorcinol-sulfur external lotion 2-5 %	EX	Non FDA Exclusion
rumilo external cream 15-4 %	EX	Non FDA Exclusion
saroxia external cream 4-0.05 %	EX	Non FDA Exclusion
sirvana external gel 5-0.025 %	EX	Non FDA Exclusion
sorixia external cream 4-0.05 %	EX	Non FDA Exclusion
sss 10-5 external cream 10-5 %	EX	Non FDA Exclusion
sss 10-5 external foam 10-5 %	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 10-2 % external	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 10-5 % external	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	Tier 1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-2 % external	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-2 % external	Tier 1	
sulfacetamide sodium-sulfur liquid 10-5 % external	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-5 % external	Tier 1	
sulfacetamide sodium-sulfur liquid 9.8-4.8 % external	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9-4 % external	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9-4 % external	Tier 1	
sulfacetamide sodium-sulfur liquid 9-4.5 % external	Tier 1	
sulfacetamide sodium-sulfur suspension 10-5 % external	EX	Non FDA Exclusion
sulfacetamide sodium-sulfur suspension 8-4 % external	Tier 1	
sulfacetamide sodium-sulfur suspension 9-4.25 % external	EX	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4 % external	EX	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4.5 % external	Tier 1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	EX	Non FDA Exclusion
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 1	
sulfamez wash external emulsion 10-1 %	EX	Formulary Exclusion
SUMADAN EXTERNAL KIT 9-4.5 %	EX	Non FDA Exclusion
SUMADAN WASH EXTERNAL LIQUID 9-4.5 %	EX	Formulary Exclusion
SUMADAN XLT EXTERNAL KIT 9-4.5 %	EX	Non FDA Exclusion
SUMAXIN CP EXTERNAL KIT 10-4 %	EX	Non FDA Exclusion
SUMAXIN EXTERNAL PAD 10-4 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
tardeoxia external cream 1-4-0.025 %	EX	Non FDA Exclusion
tardimaxia external gel 2-5-0.025 %	EX	Non FDA Exclusion
taroxia external cream 4-0.025 %	EX	Non FDA Exclusion
taroxia external gel 4-0.025 %	EX	Non FDA Exclusion
TWYNEO EXTERNAL CREAM 0.1-3 %	EX	Formulary Exclusion
unzdomdioxiazar external therapy pack 10-4 & 2-4-0.1 %	EX	Non FDA Exclusion
VANOXIDE-HC EXTERNAL LOTION 5-0.5 %	EX	Non FDA Exclusion
vardimaxia external gel 2-5-0.05 %	EX	Non FDA Exclusion
varoxia external cream 4-0.05 %	EX	Non FDA Exclusion
varoxia external gel 4-0.05 %	EX	Non FDA Exclusion
VELTIN EXTERNAL GEL 1.2-0.025 %	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %	EX	Non FDA Exclusion
ZIANA EXTERNAL GEL 1.2-0.025 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 %	EX	Non FDA Exclusion
Acne Products**		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	EX	Non Essential Drug Exclusion
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
adapalene external cream 0.1 %	Tier 1	
adapalene external gel 0.1 %, 0.3 %	Tier 1	
adapalene external pad 0.1 %	EX	ST; Non Essential Drug Exclusion
adapalene external solution 0.1 %	Tier 3	ST
AKLIEF EXTERNAL CREAM 0.005 %	Tier 3	ST
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	ST
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
ARAZLO EXTERNAL LOTION 0.045 %	EX	Formulary Exclusion
ATRALIN EXTERNAL GEL 0.05 %	EX	Formulary Exclusion
AVITA EXTERNAL CREAM 0.025 %	Tier 1	
AVITA EXTERNAL GEL 0.025 %	Tier 1	
AZELEX EXTERNAL CREAM 20 %	Tier 3	ST

Drug Name	Drug Tier	Notes
BENZAC AC WASH EXTERNAL LIQUID 5 %	EX	Formulary Exclusion
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 %	EX	Non FDA Exclusion
BENZEPRO EXTERNAL 5.8 %	EX	Non FDA Exclusion
BENZEPRO EXTERNAL FOAM 5.2 %, 5.3 %, 9.7 %	EX	Non FDA Exclusion
BENZEPRO EXTERNAL LIQUID 6.8 %	EX	Non FDA Exclusion
BENZEPRO FOAMING CLOTHS EXTERNAL 6 %	EX	Non FDA Exclusion
benzoyl peroxide external foam 9.8 %	EX	Non FDA Exclusion
benzoyl peroxide external gel 6.5 %, 8 %	EX	Non FDA Exclusion
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
DIFFERIN EXTERNAL CREAM 0.1 %	EX	Formulary Exclusion
DIFFERIN EXTERNAL GEL 0.3 %	EX	Formulary Exclusion
DIFFERIN EXTERNAL LOTION 0.1 %	Tier 3	ST
ENZOCLEAR EXTERNAL FOAM 9.8 %	EX	Non FDA Exclusion
EPSOLAY EXTERNAL CREAM 5 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
FABIOR EXTERNAL FOAM 0.1 %	EX	Formulary Exclusion
isotretinoin capsule 10 mg oral	Tier 1	
isotretinoin capsule 20 mg oral	Tier 1	
isotretinoin capsule 25 mg oral	EX	Formulary Exclusion
isotretinoin capsule 25 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
isotretinoin capsule 30 mg oral	Tier 1	
isotretinoin capsule 35 mg oral	EX	Formulary Exclusion
isotretinoin capsule 35 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
isotretinoin capsule 40 mg oral	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %	EX	Non FDA Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	EX	Formulary Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	EX	Non FDA Exclusion
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	EX	Formulary Exclusion
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	EX	Formulary Exclusion
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	EX	Formulary Exclusion
tazarotene external foam 0.1 %	EX	Formulary Exclusion
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin gel 0.01 % external	Tier 1	
tretinoin gel 0.025 % external	EX	Formulary Exclusion
tretinoin gel 0.025 % external	Tier 1	
tretinoin gel 0.05 % external	Tier 1	
tretinoin microsphere gel 0.04 % external	Tier 1	
tretinoin microsphere gel 0.04 % external	Tier 1	ST
tretinoin microsphere gel 0.08 % external	Tier 1	
tretinoin microsphere gel 0.1 % external	Tier 1	
tretinoin microsphere gel 0.1 % external	Tier 1	ST
tretinoin microsphere pump gel 0.04 % external	Tier 1	ST
tretinoin microsphere pump gel 0.08 % external	Tier 1	
tretinoin microsphere pump gel 0.1 % external	Tier 1	ST
WINLEVI EXTERNAL CREAM 1 %	Tier 3	
zaclir cleansing external lotion 8 %	EX	Non FDA Exclusion
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
Agents For External Genital And Perianal Warts**		
VEREGEN EXTERNAL OINTMENT 15 %	Tier 3	
Agents For Facial Wrinkles - Hormones**		
sivora external cream 0.3 %	EX	Non FDA Exclusion
Agents For Facial Wrinkles - Retinoids**		
REFISSA EXTERNAL CREAM 0.05 %	Benefit Exclusion	Formulary Exclusion
RENOVA EXTERNAL CREAM 0.02 %	Benefit Exclusion	Formulary Exclusion
RENOVA PUMP EXTERNAL CREAM 0.02 %	Benefit Exclusion	Formulary Exclusion
tretinoin (emollient) external cream 0.05 %	Benefit Exclusion	Formulary Exclusion

Drug Name	Drug Tier	Notes
Alopecia Agents - Janus Kinus (Jak) Inhibitors**		
LEQSELVI ORAL TABLET 8 MG	EX	PA; Specialty; Formulary Exclusion
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; Specialty; QL
Analgesic Combinations - Topical**		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %	EX	Non FDA Exclusion
Analgesics - Topical**		
baclofen (cmpd kit) external cream 2 %	EX	Non FDA Exclusion
enovarx-baclofen external cream 1 %	EX	Non FDA Exclusion
enovarx-tramadol external cream 5 %	EX	Non FDA Exclusion
MISICARUB EXTERNAL CREAM 2 %, 5 %	EX	Non FDA Exclusion
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %	EX	Non FDA Exclusion
NEURAPTINE EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
NEURORUB EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
PRAKETAMIDE EXTERNAL CREAM 5 %	EX	Non FDA Exclusion
Antibiotic Mixtures Topical**		
batizia external ointment 2-2 %	EX	Non FDA Exclusion
baxonil external ointment 1-2 %	EX	Non FDA Exclusion
idaran external ointment 1-2 %	EX	Non FDA Exclusion
nanran external ointment 2-2 %	EX	Non FDA Exclusion
Antibiotic Steroid Combinations - Topical**		
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 3	
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 %	EX	Non FDA Exclusion
Antibiotics - Topical**		
ALTABAX EXTERNAL OINTMENT 1 %	Tier 3	
CENTANY AT EXTERNAL KIT 2 %	EX	Non FDA Exclusion
CENTANY EXTERNAL OINTMENT 2 %	Tier 1	
gentamicin sulfate external cream 0.1 %	Tier 1	
gentamicin sulfate external ointment 0.1 %	Tier 1	
mupirocin calcium external cream 2 %	Tier 1	
mupirocin external ointment 2 %	Tier 1	
XEPI EXTERNAL CREAM 1 %	Tier 3	

Drug Name	Drug Tier	Notes
Antifungals - Topical Combinations**		
ALA-QUIN EXTERNAL CREAM 3-0.5 %	EX	Non FDA Exclusion
ALCORTIN A EXTERNAL GEL 1-2-1 %	EX	Non FDA Exclusion
CLOBEZIN EXTERNAL THERAPY PACK 1-0.05 & 20.6 %	EX	Non FDA Exclusion
clotrimazole-betamethasone external cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 1	
corti-sav external cream 1-1 %	EX	Non FDA Exclusion
dazinia external cream 1-2.5-2 %	EX	Non FDA Exclusion
delibon external cream 2-2.5 %	EX	Non FDA Exclusion
denvita external cream 2-4 %	EX	Non FDA Exclusion
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 %	EX	Non FDA Exclusion
DERMAZENE EXTERNAL CREAM 1-1 %	EX	Non FDA Exclusion
DERMETAZOLE EXTERNAL THERAPY PACK 2 & 20 %	EX	Non FDA Exclusion
difmetioxrime external solution 4-2-1-4 %	EX	Non FDA Exclusion
EXODERM EXTERNAL LOTION 25-1 %	EX	Non FDA Exclusion
fenovia external solution 4-2-1-4 %	EX	Non FDA Exclusion
fervina external lotion 3-5-20 %	EX	Non FDA Exclusion
fidila external shampoo 2-2 %	EX	Non FDA Exclusion
filoma external solution 8-1-1 %	EX	Non FDA Exclusion
frivo external cream 1-4 %	EX	Non FDA Exclusion
fungimez external solution	EX	Non FDA Exclusion
FUNGIZYL AC EXTERNAL CREAM 2-2 %	EX	Non FDA Exclusion
FUNGIZYL AL EXTERNAL LIQUID 2-2 %	EX	Non FDA Exclusion
hexiounyl external lotion 3-5-20 %	EX	Non FDA Exclusion
hixdefrima external solution 8-1-1 %	EX	Non FDA Exclusion
hydrocortisone-iodoquinol external cream 1-1 %	EX	Non FDA Exclusion
imioxia external cream 1-4 %	EX	Non FDA Exclusion
iodoquimez-hc external cream 1-1.9 %	EX	Non FDA Exclusion
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	EX	Non FDA Exclusion
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	EX	Non Essential Drug Exclusion
MYCOZYL HC EXTERNAL GEL 1-0.667 %	EX	Non FDA Exclusion
MYCOZYL HC EXTERNAL LIQUID 1-0.667 %	EX	Non FDA Exclusion
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 1	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG	EX	Non FDA Exclusion
pedizolpak external therapy pack 2 & 2 %	EX	Non FDA Exclusion
phedrax external shampoo 2-2 %	EX	Non FDA Exclusion
pheodoyo external cream 1-2.5-2 %	EX	Non FDA Exclusion
pheoxia external cream 2-4 %	EX	Non FDA Exclusion
pheyo external cream 2.5-2 %	EX	Non FDA Exclusion
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 %	EX	Non FDA Exclusion
QUINJA EXTERNAL GEL 1.25-1 %	EX	Non FDA Exclusion
RECURA EXTERNAL CREAM	EX	Non FDA Exclusion
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	EX	Non Essential Drug Exclusion
VYTONE EXTERNAL CREAM 1-1.9 %	EX	Non FDA Exclusion
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 %	EX	Non FDA Exclusion
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 %	EX	Non FDA Exclusion
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 %	EX	Non FDA Exclusion
ZOLPAK EXTERNAL KIT 1 %	EX	Non FDA Exclusion
Antifungals - Topical**		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	
ciclopirox external gel 0.77 %	Tier 1	
ciclopirox external shampoo 1 %	Tier 1	
ciclopirox external solution 8 %	Tier 1	
ciclopirox olamine external cream 0.77 %	Tier 1	
ciclopirox olamine external suspension 0.77 %	EX	Formulary Exclusion
ciclopirox treatment external kit 8 %	EX	Non FDA Exclusion
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
LOPROX EXTERNAL CREAM 0.77 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
LOPROX EXTERNAL KIT 0.77 %, 0.77 % (SUSP)	EX	Non FDA Exclusion
LOPROX EXTERNAL SHAMPOO 1 %	EX	Formulary Exclusion
LOPROX EXTERNAL SUSPENSION 0.77 %	EX	Formulary Exclusion
MENTAX EXTERNAL CREAM 1 %	Tier 3	
MYCOZYL AL EXTERNAL SOLUTION 1 %	EX	Non FDA Exclusion
naftifine hcl cream 1 % external	Tier 1	
naftifine hcl cream 2 % external	EX	Formulary Exclusion
naftifine hcl external gel 2 %	Tier 1	
NAFTIN EXTERNAL CREAM 2 %	EX	Formulary Exclusion
NAFTIN GEL 1 % EXTERNAL	Tier 3	
NAFTIN GEL 2 % EXTERNAL	EX	Formulary Exclusion
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
nystatin external cream 100000 unit/gm	Tier 1	
nystatin external ointment 100000 unit/gm	Tier 1	
nystatin external powder 100000 unit/gm	Tier 1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
rimi external solution 5 %	EX	Non FDA Exclusion
Anti-Inflammatory Agents - Topical**		
diclofenac epolamine patch 1.3 % external	Tier 1	
diclofenac epolamine patch 1.3 % external	Tier 3	
diclofenac sodium external gel 1 %	Tier 1	QL
diclofenac sodium solution 1.5 % external	Tier 1	QL
diclofenac sodium solution 2 % external	EX	Non Essential Drug Exclusion; Formulary Exclusion
DICLOFONO EXTERNAL GEL 1.6 %	EX	Non FDA Exclusion
enovarx-diclofenac sodium external cream 2.5 %	EX	Non FDA Exclusion
enovarx-ibuprofen external cream 10 %	EX	Non FDA Exclusion
enovarx-naproxen external cream 10 %	EX	Non FDA Exclusion
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
FROTEK EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
KETOPHENE RAPIDPAQ EXTERNAL CREAM 20 %	EX	Non FDA Exclusion
ketorolac tromethamine external gel 2 %	EX	Non FDA Exclusion
KETORUB EXTERNAL CREAM 10 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Benefit Exclusion	ST
LIXOFEN EXTERNAL KIT 1.5 %	EX	Non FDA Exclusion
napro external cream 15 %	EX	Non FDA Exclusion
PENNSAID EXTERNAL SOLUTION 2 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
VENNGEL ONE EXTERNAL KIT 1 %	EX	Non FDA Exclusion
VENNGEL TWO EXTERNAL KIT 1 %	EX	Non FDA Exclusion
VOLTAREN EXTERNAL GEL 1 %	EX	Formulary Exclusion; QL
XICLO EXTERNAL PATCH 1.25 %	EX	Non FDA Exclusion
Anti-Inflammatory Combinations - Topical**		
aif #2 drug preparation kit external cream	EX	Non FDA Exclusion
aif #3 drug preparation kit external cream	EX	Non FDA Exclusion
biifenac 1000 external therapy pack 1.5-4 %	EX	Non FDA Exclusion
biifenac 500 external therapy pack 1.5-4 %	EX	Non FDA Exclusion
capsfenac pak external therapy pack 1.5 & 0.025 %	EX	Non FDA Exclusion
capsinac external therapy pack 0.025-1.5 %	EX	Non FDA Exclusion
DERMACINRX DICLOLIDOL EXTERNAL THERAPY PACK 1 & 5 %	EX	Non FDA Exclusion
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
dfs/ms/menth/cap pak external kit 1.5&25-6-0.025 %	EX	Non FDA Exclusion
diclareal external therapy pack 2 & 0.025 %	EX	Non FDA Exclusion
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 %	EX	Non FDA Exclusion
dicloheal-60 external therapy pack 1.5 & 0.025 %	EX	Non FDA Exclusion
diclona external gel 1-4.5 %	EX	Non FDA Exclusion
diclona+ external patch 1.25-4.5 %	EX	Non FDA Exclusion
diclopr external kit 1 & 10-30 %	EX	Non FDA Exclusion
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 %	EX	Non FDA Exclusion
diclostream external therapy pack 1.5-10 %	EX	Non FDA Exclusion
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 %	EX	Non FDA Exclusion
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 %	EX	Non FDA Exclusion
diclovix external kit 1.5 & 2-2.5-4 %	EX	Non FDA Exclusion
diclovix m external therapy pack 1.5-8 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
diclozor external therapy pack 1 %	EX	Non FDA Exclusion
dimentho external therapy pack 1.5 & 10 %	EX	Non FDA Exclusion
dual complex formula 1 kit external cream	EX	Non FDA Exclusion
fbl kit external cream 15-4-5 %	EX	Non FDA Exclusion
FENOVAR EXTERNAL KIT 1.5-10-15 %	EX	Non FDA Exclusion
gabapentin-naproxen cmpd kit external cream 5-10 %	EX	Non FDA Exclusion
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 %	EX	Non FDA Exclusion
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	EX	Non FDA Exclusion
kapzin dc external therapy pack 0.025-1.5 %	EX	Non FDA Exclusion
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
np #2 drug preparation kit external cream	EX	Non FDA Exclusion
NUDICLO SOLUPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
ORTHAPHEN EXTERNAL KIT 1.5-10-15 %	EX	Non FDA Exclusion
pennsaicin external therapy pack 1.5 & 0.025 %	EX	Non FDA Exclusion
PROFINAC EXTERNAL THERAPY PACK 1.5 %	EX	Non FDA Exclusion
sure result dss premium pack external therapy pack 1.5 & 0.025 %	EX	Non FDA Exclusion
TRIFENA PAIN RELIEF EXTERNAL PATCH 1.2-5-4 %	EX	Non FDA Exclusion
triple complex formula 3 kit external cream 20-2-10 %	EX	Non FDA Exclusion
VAROPHEN EXTERNAL KIT 1.5-10-15 %	EX	Non FDA Exclusion
vp fc kit external cream	EX	Non FDA Exclusion
vp gkl kit external cream 20-2-10 %	EX	Non FDA Exclusion
XICLOFEN EXTERNAL OINTMENT 1-5 %	EX	Non FDA Exclusion
XRYLIX EXTERNAL THERAPY PACK 1.5 %	EX	Non FDA Exclusion
XRYLIX II EXTERNAL THERAPY PACK 1.5 %	EX	Non FDA Exclusion
ziclocin external therapy pack 1.5 & 0.025 %	EX	Non FDA Exclusion
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Antineoplastic Alkylating Agents - Topical**		
VALCHLOR EXTERNAL GEL 0.016 %	Tier 4	PA; Specialty; QL
Antineoplastic Antimetabolites - Topical**		
CARAC EXTERNAL CREAM 0.5 %	Benefit Exclusion	Non Essential Drug Exclusion
EFUDEX EXTERNAL CREAM 5 %	EX	Formulary Exclusion
FLUOROPLEX EXTERNAL CREAM 1 %	Tier 3	
fluorouracil cream 0.5 % external	EX	Non Essential Drug Exclusion
fluorouracil cream 5 % external	Tier 1	
fluorouracil external solution 2 %, 5 %	Tier 1	
TOLAK EXTERNAL CREAM 4 %	EX	Formulary Exclusion
Antineoplastic Or Premalignant Lesion Agent - Comb**		
kazuri external gel 5-1-0.05 %	EX	Non FDA Exclusion
KEFUNOVA EXTERNAL CREAM 5-0.005 %	EX	Non FDA Exclusion
keraxa external gel 3-4 %	EX	Non FDA Exclusion
kerida external gel 5-30-0.1 %	EX	Non FDA Exclusion
kynara external gel 5-1-2 %	EX	Non FDA Exclusion
ORMECA COMBINATION KIT 3 & 46-0.4-1.1 % & MG	EX	Non FDA Exclusion
quidroxzar external gel 5-30-0.1 %	EX	Non FDA Exclusion
quihoxaxia external gel 5-1-2 %	EX	Non FDA Exclusion
quihoxvar external gel 5-1-0.05 %	EX	Non FDA Exclusion
quitar external gel 5-0.025 %	EX	Non FDA Exclusion
roaoxia external gel 3-4 %	EX	Non FDA Exclusion
solaravix external therapy pack 3 %	EX	Non FDA Exclusion
Antineoplastic Or Premalignant Lesions - Topical Misc.**		
PICATO EXTERNAL GEL 0.015 %, 0.05 %	EX	Formulary Exclusion
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**		
diclofenac sodium gel 3 % external	EX	PA; Non FDA Exclusion; QL
diclofenac sodium gel 3 % external	Tier 1	PA; QL
Antineoplastic Retinoids - Topical**		
PANRETIN EXTERNAL GEL 0.1 %	Tier 4	
Antipruritics - Topical**		
doxepin hcl external cream 5 %	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
PRUDOXIN EXTERNAL CREAM 5 %	EX	Non Essential Drug Exclusion
ZONALON EXTERNAL CREAM 5 %	EX	Non Essential Drug Exclusion
Antipsoriatic Combinations**		
calsodore external kit 0.005 %	EX	Non FDA Exclusion
calsodore external therapy pack 0.005-5 %	EX	Non FDA Exclusion
diooxia external cream 0.005-4 %	EX	Non FDA Exclusion
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 %	EX	Non FDA Exclusion
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 %	EX	Non FDA Exclusion
purazil external cream 0.005-4 %	EX	Non FDA Exclusion
TRIONEX EXTERNAL KIT 0.005 %	EX	Non FDA Exclusion
Antipsoriatics - Systemic**		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	QL
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 4	PA; Specialty
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 4	PA; Specialty
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4	PA; Specialty
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	Tier 4	PA; Specialty
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 4	PA; Specialty
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 4	PA; Specialty
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	EX	PA; Specialty; Formulary Exclusion
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	PA; Specialty
methoxsalen rapid oral capsule 10 mg	Tier 1	PA

Drug Name	Drug Tier	Notes
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	EX	PA; Specialty
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	PA; Specialty
OXSORALEN ULTRA ORAL CAPSULE 10 MG	EX	PA; Formulary Exclusion
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	EX	PA; Specialty
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML	EX	PA; Specialty
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	PA; Specialty
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4	PA; Specialty
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	EX	PA; Specialty; Formulary Exclusion
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Tier 4	PA; Specialty
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4	PA; Specialty
SORIATANE ORAL CAPSULE 10 MG, 25 MG	EX	Formulary Exclusion; QL
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA; Specialty; QL
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML	EX	Medical Only Exclusion
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 4	PA; Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4	PA; Specialty
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4	PA; Specialty
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	EX	PA; Specialty; Formulary Exclusion
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 4	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4	PA; Specialty
ustekinumab subcutaneous solution 45 mg/0.5ml	EX	PA; Specialty
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	EX	PA; Specialty
ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	EX	PA; Specialty
ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	EX	PA; Specialty
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	EX	Specialty
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	Specialty
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4	PA; Specialty
Antipsoriatics**		
calcipotriene external cream 0.005 %	Tier 1	
calcipotriene external foam 0.005 %	EX	Non Essential Drug Exclusion
calcipotriene external ointment 0.005 %	Tier 1	
calcipotriene external solution 0.005 %	Tier 1	
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	
calcitriol ointment 3 mcg/gm external	Tier 3	
calcitriol ointment 3 mcg/gm external	Tier 1	
DOVONEX EXTERNAL CREAM 0.005 %	EX	Formulary Exclusion
DRITHO-CREME HP EXTERNAL CREAM 1 %	EX	Non FDA Exclusion
SORILUX EXTERNAL FOAM 0.005 %	EX	Non Essential Drug Exclusion
tazarotene external cream 0.05 %, 0.1 %	Tier 1	
tazarotene external gel 0.05 %, 0.1 %	Tier 1	

Drug Name	Drug Tier	Notes
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	EX	Formulary Exclusion
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	EX	Formulary Exclusion
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	
VTAMA EXTERNAL CREAM 1 %	Tier 3	PA
ZITHRANOL EXTERNAL SHAMPOO 1 %	EX	Non FDA Exclusion
Antiseborrheic Combinations**		
dafilor external shampoo 0.77-2 %	EX	Non FDA Exclusion
dionaris external shampoo 0.77-0.05-3 %	EX	Non FDA Exclusion
divendo external shampoo 0.77-0.05 %	EX	Non FDA Exclusion
haxchlo external shampoo 0.77-0.05 %	EX	Non FDA Exclusion
haxchlodrex external shampoo 0.77-0.05-3 %	EX	Non FDA Exclusion
haxdrax external shampoo 0.77-2 %	EX	Non FDA Exclusion
micuraderm external emulsion	EX	Non FDA Exclusion
NUTRASEB EXTERNAL CREAM	EX	Non FDA Exclusion
PROMISEB EXTERNAL CREAM	EX	Non FDA Exclusion
sodium sulfacetamide-bakuchiol external liquid 10 %	EX	Formulary Exclusion
Antiseborrheic Products**		
glycolic acid solution 70 %	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL FOAM 9.8 %	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL LOTION 9.8 %	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL SHAMPOO 10 %	EX	Non FDA Exclusion
OVACE PLUS WASH EXTERNAL GEL 10 %	EX	Non FDA Exclusion
OVACE PLUS WASH EXTERNAL LIQUID 10 %	EX	Non FDA Exclusion
OVACE WASH EXTERNAL LIQUID 10 %	EX	Non FDA Exclusion
PLEXION NS EXTERNAL SHAMPOO 9.8 %	EX	Non FDA Exclusion
selenium sulfide external lotion 2.5 %	Tier 1	
selenium sulfide external shampoo 2.25 %, 2.3 %	EX	Non FDA Exclusion
SELRX EXTERNAL SHAMPOO 2.3 %	EX	Non FDA Exclusion
sodium sulfacetamide external shampoo 10 %, 9.8 %	EX	Non FDA Exclusion
sodium sulfacetamide wash liquid 10 % external	EX	Non FDA Exclusion
sodium sulfacetamide wash liquid 10 % external	Tier 1	
sulfacetamide sodium (cleans) external gel 10 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
sulfacetamide sodium external liquid 10 %	EX	Non FDA Exclusion
Antiviral Topical Combinations**		
XERESE EXTERNAL CREAM 5-1 %	EX	Non Essential Drug Exclusion
Antivirals - Topical**		
acyclovir external cream 5 %	Tier 1	
acyclovir external ointment 5 %	Tier 1	
DENAVIR EXTERNAL CREAM 1 %	EX	Formulary Exclusion
penciclovir external cream 1 %	Tier 1	
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 3	PA
ZOVIRAX EXTERNAL CREAM 5 %	EX	Formulary Exclusion
ZOVIRAX EXTERNAL OINTMENT 5 %	EX	Formulary Exclusion
Astringents**		
XERAC AC SOLUTION 6.25 % EXTERNAL	EX	Formulary Exclusion
XERAC AC SOLUTION 6.25 % EXTERNAL	EX	Non FDA Exclusion
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**		
ANZUPGO EXTERNAL CREAM 20 MG/GM	EX	PA; Formulary Exclusion; QL
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	EX	PA; Specialty; Formulary Exclusion; QL
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL
Atopic Dermatitis - Monoclonal Antibodies**		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 4	PA; Specialty
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4	PA; Specialty
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	Tier 2	PA; Specialty
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	Tier 4	PA; Specialty
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 4	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 4	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Burn Product Combinations**		
rayasore kit external kit 1 & 10 %	EX	Non FDA Exclusion
Burn Products**		
mafenide acetate external packet 5 %	EX	Non FDA Exclusion
SILVADENE EXTERNAL CREAM 1 %	EX	Formulary Exclusion
silver sulfadiazine external cream 1 %	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
SULFAMYLON EXTERNAL PACKET 5 %	EX	Non FDA Exclusion
Cauterizing Agent Combinations**		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %	EX	Non FDA Exclusion
grafco silver nit applicator external 75-25 %	EX	Non FDA Exclusion
Cauterizing Agents**		
silver nitrate external solution 0.5 %, 10 %, 25 %, 50 %	EX	Non FDA Exclusion
TRI-CHLOR EXTERNAL LIQUID 80 %	EX	Non FDA Exclusion
Corticosteroids - Topical**		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	EX	Non FDA Exclusion
ALA SCALP EXTERNAL LOTION 2 %	Tier 1	ST
ala-cort external cream 1 %, 2.5 %	Tier 1	Insufficient Evidence
alclometasone dipropionate external cream 0.05 %	Tier 1	
alclometasone dipropionate external ointment 0.05 %	Tier 1	
amcinonide external cream 0.1 %	Tier 3	ST
amcinonide external lotion 0.1 %	Tier 3	
amcinonide external ointment 0.1 %	Tier 1	ST
APEXICON E EXTERNAL CREAM 0.05 %	Tier 3	ST
BESER EXTERNAL LOTION 0.05 %	Tier 1	
betamethasone dipropionate aug external cream 0.05 %	Tier 1	
betamethasone dipropionate aug external gel 0.05 %	Tier 1	
betamethasone dipropionate aug external lotion 0.05 %	Tier 1	
betamethasone dipropionate aug external ointment 0.05 %	Tier 1	

Drug Name	Drug Tier	Notes
betamethasone dipropionate external cream 0.05 %	Tier 1	
betamethasone dipropionate external lotion 0.05 %	Tier 1	
betamethasone dipropionate external ointment 0.05 %	Tier 1	
betamethasone valerate external cream 0.1 %	Tier 1	
betamethasone valerate external foam 0.12 %	EX	Non Essential Drug Exclusion
betamethasone valerate external lotion 0.1 %	Tier 1	
betamethasone valerate external ointment 0.1 %	Tier 1	
BRYHALI EXTERNAL LOTION 0.01 %	EX	Non Essential Drug Exclusion
CAPEX EXTERNAL SHAMPOO 0.01 %	Tier 3	
clobetasol prop emollient base external cream 0.05 %	Tier 1	
clobetasol propionate cream 0.025 % external	EX	ST; Non Essential Drug Exclusion
clobetasol propionate cream 0.05 % external	Tier 1	
clobetasol propionate cream 0.05 % external	Tier 1	Insufficient Evidence
clobetasol propionate e external cream 0.05 %	Tier 1	
clobetasol propionate emulsion external foam 0.05 %	Tier 1	
clobetasol propionate external foam 0.05 %	Tier 1	
clobetasol propionate external gel 0.05 %	Tier 1	
clobetasol propionate external liquid 0.05 %	Tier 1	
clobetasol propionate external lotion 0.05 %	Tier 1	
clobetasol propionate external ointment 0.05 %	Tier 1	Insufficient Evidence
clobetasol propionate external shampoo 0.05 %	Tier 1	
clobetasol propionate external solution 0.05 %	Tier 1	
CLOBEX EXTERNAL LOTION 0.05 %	EX	Formulary Exclusion
CLOBEX EXTERNAL SHAMPOO 0.05 %	EX	Formulary Exclusion
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	EX	Formulary Exclusion
clocortolone pivalate external cream 0.1 %	Tier 1	ST
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	
CLODERM EXTERNAL CREAM 0.1 %	EX	ST; Formulary Exclusion
CORDRAN CREAM 0.025 % EXTERNAL	Tier 3	
CORDRAN CREAM 0.05 % EXTERNAL	EX	ST; Formulary Exclusion
CORDRAN EXTERNAL LOTION 0.05 %	EX	Formulary Exclusion
CORDRAN EXTERNAL OINTMENT 0.05 %	Tier 3	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	

Drug Name	Drug Tier	Notes
CUTIVATE EXTERNAL LOTION 0.05 %	EX	Formulary Exclusion
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 %	EX	Formulary Exclusion
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 %	EX	Formulary Exclusion
DESONATE EXTERNAL GEL 0.05 %	EX	ST; Formulary Exclusion
desonide external cream 0.05 %	Tier 1	
desonide external gel 0.05 %	Tier 1	ST
desonide external lotion 0.05 %	Tier 1	
desonide external ointment 0.05 %	Tier 1	
DESOWEN EXTERNAL CREAM 0.05 %	EX	Formulary Exclusion
desoximetasone external cream 0.05 %, 0.25 %	Tier 1	
desoximetasone external gel 0.05 %	Tier 1	
desoximetasone external liquid 0.25 %	Tier 1	
desoximetasone external ointment 0.05 %, 0.25 %	Tier 1	
DESRX EXTERNAL GEL 0.05 %	Tier 1	ST
diflorasone diacetate external cream 0.05 %	EX	ST; Non Essential Drug Exclusion
diflorasone diacetate external ointment 0.05 %	Tier 1	
DIPROLENE AF EXTERNAL CREAM 0.05 %	EX	Formulary Exclusion
DIPROLENE EXTERNAL OINTMENT 0.05 %	EX	Formulary Exclusion
fluocinolone acetonide body external oil 0.01 %	Tier 1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	Tier 1	
fluocinolone acetonide external ointment 0.025 %	Tier 1	
fluocinolone acetonide external solution 0.01 %	Tier 1	
fluocinolone acetonide scalp external oil 0.01 %	Tier 1	
fluocinonide emulsified base external cream 0.05 %	Tier 1	
fluocinonide external cream 0.05 %, 0.1 %	Tier 1	
fluocinonide external gel 0.05 %	Tier 1	
fluocinonide external ointment 0.05 %	Tier 1	
fluocinonide external solution 0.05 %	Tier 1	
flurandrenolide external cream 0.05 %	Tier 1	ST
flurandrenolide external lotion 0.05 %	Tier 1	
flurandrenolide external ointment 0.05 %	Tier 1	
fluticasone propionate external cream 0.05 %	Tier 1	
fluticasone propionate external lotion 0.05 %	Tier 1	
fluticasone propionate external ointment 0.005 %	Tier 1	

Drug Name	Drug Tier	Notes
halcinonide external cream 0.1 %	Tier 1	ST
halcinonide external solution 0.1 %	Tier 3	ST
halobetasol propionate external cream 0.05 %	Tier 1	
halobetasol propionate external foam 0.05 %	EX	Non Essential Drug Exclusion
halobetasol propionate external ointment 0.05 %	Tier 1	
HALOG EXTERNAL CREAM 0.1 %	EX	ST; Formulary Exclusion
HALOG EXTERNAL OINTMENT 0.1 %	Tier 3	ST
HALOG EXTERNAL SOLUTION 0.1 %	Tier 3	ST
hydrocort lotion complete kit external therapy pack 2 %	EX	Non FDA Exclusion
hydrocortisone acetate external cream 2.5 %	Tier 3	
hydrocortisone butyr lipo base external cream 0.1 %	Tier 1	
hydrocortisone butyrate external cream 0.1 %	Tier 1	
hydrocortisone butyrate external lotion 0.1 %	Tier 1	ST
hydrocortisone butyrate external ointment 0.1 %	Tier 1	ST
hydrocortisone butyrate external solution 0.1 %	Tier 1	
hydrocortisone complete kit external therapy pack 2 %	EX	Non FDA Exclusion
hydrocortisone external cream 1 %, 2.5 %	Tier 1	Insufficient Evidence
hydrocortisone external ointment 1 %, 2.5 %	Tier 1	Insufficient Evidence
hydrocortisone external solution 2.5 %	Tier 3	ST
hydrocortisone lotion 2 % external	Tier 1	ST
hydrocortisone lotion 2.5 % external	Tier 1	
hydrocortisone valerate external cream 0.2 %	Tier 1	
hydrocortisone valerate external ointment 0.2 %	Tier 1	
HYDROXATE EXTERNAL GEL 2 %	EX	Non FDA Exclusion
HYDROXYM EXTERNAL CREAM 2 %	EX	Non FDA Exclusion
HYDROXYM EXTERNAL GEL 2 %	EX	Non FDA Exclusion
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%)	Tier 3	Non Essential Drug Exclusion
IMPOYZ EXTERNAL CREAM 0.025 %	EX	ST; Non Essential Drug Exclusion
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	EX	Formulary Exclusion
LEXETTE FOAM 0.05 % EXTERNAL	EX	Non Essential Drug Exclusion
LEXETTE FOAM 0.05 % EXTERNAL	EX	Non Essential Drug Exclusion; Formulary Exclusion
LOCOID EXTERNAL LOTION 0.1 %	EX	ST; Formulary Exclusion
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
LUXIQ EXTERNAL FOAM 0.12 %	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
MICORT HC EXTERNAL CREAM 2.5 %	EX	Non Essential Drug Exclusion
mometasone furoate external cream 0.1 %	Tier 1	Insufficient Evidence
mometasone furoate external ointment 0.1 %	Tier 1	Insufficient Evidence
mometasone furoate external solution 0.1 %	Tier 1	
NOLIX EXTERNAL CREAM 0.05 %	Tier 1	ST
NOLIX EXTERNAL LOTION 0.05 %	Tier 1	
NUCORT EXTERNAL LOTION 2 %	EX	Non FDA Exclusion
OLUX EXTERNAL FOAM 0.05 %	Benefit Exclusion	Formulary Exclusion
OLUX-E EXTERNAL FOAM 0.05 %	Benefit Exclusion	Formulary Exclusion
PANDEL EXTERNAL CREAM 0.1 %	Tier 3	ST
prednicarbate external ointment 0.1 %	Tier 1	
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 3	ST
SYNALAR EXTERNAL CREAM 0.025 %	EX	Formulary Exclusion
SYNALAR EXTERNAL OINTMENT 0.025 %	EX	Formulary Exclusion
SYNALAR EXTERNAL SOLUTION 0.01 %	EX	Formulary Exclusion
TASOPROL EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion
TEMOVATE EXTERNAL CREAM 0.05 %	EX	Formulary Exclusion
TEMOVATE EXTERNAL OINTMENT 0.05 %	EX	Formulary Exclusion
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 3	ST
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	EX	Formulary Exclusion
TOPICORT EXTERNAL GEL 0.05 %	EX	Formulary Exclusion
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	EX	Formulary Exclusion
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	EX	Formulary Exclusion
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
TOVET EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion
triamcinolone acetonide external aerosol solution 0.147 mg/gm	Tier 1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide ointment 0.025 % external	Tier 1	
triamcinolone acetonide ointment 0.05 % external	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
triamcinolone acetonide ointment 0.1 % external	Tier 1	
triamcinolone acetonide ointment 0.1 % external	Tier 1	Insufficient Evidence
triamcinolone acetonide ointment 0.5 % external	Tier 1	Insufficient Evidence
triamcinolone in absorbase external ointment 0.05 %	EX	Non Essential Drug Exclusion
TRIAMVEX (CREAM) EXTERNAL KIT 0.1 %	EX	Non FDA Exclusion
TRIANEX EXTERNAL OINTMENT 0.05 %	Tier 1	Non Essential Drug Exclusion
TRIDERM EXTERNAL CREAM 0.1 %, 0.5 %	Tier 1	
TRIDESILON EXTERNAL CREAM 0.05 %	EX	Non FDA Exclusion
TRITOCIN EXTERNAL OINTMENT 0.05 %	Tier 1	Non Essential Drug Exclusion
ULTRAVATE EXTERNAL LOTION 0.05 %	EX	Non Essential Drug Exclusion
VANOS EXTERNAL CREAM 0.1 %	Benefit Exclusion	Formulary Exclusion
VERDESO EXTERNAL FOAM 0.05 %	Tier 3	
Depigmenting Agents**		
BLANCHE EXTERNAL CREAM 4 %	Benefit Exclusion	Non FDA Exclusion
hydroquinone cream 4 % external	Benefit Exclusion	Non FDA Exclusion
hydroquinone cream 4 % external	EX	Non FDA Exclusion
kaxm external emulsion 4 %	EX	Non FDA Exclusion
keido external emulsion 6 %	EX	Non FDA Exclusion
kexm external emulsion 6 %	EX	Non FDA Exclusion
kutea external emulsion 8 %	EX	Non FDA Exclusion
kuxm external emulsion 8 %	EX	Non FDA Exclusion
medorfa external emulsion 6 %	EX	Non FDA Exclusion
medorfa hp external emulsion 8 %	EX	Non FDA Exclusion
medorfa hp plus external emulsion 8 %	EX	Non FDA Exclusion
medorfa lp external emulsion 4 %	EX	Non FDA Exclusion
medorfa plus external emulsion 6 %	EX	Non FDA Exclusion
Depigmenting Combinations**		
kataraxap external emulsion 4-0.025-0.025 %	EX	Non FDA Exclusion
KATARVIA EXTERNAL EMULSION 4-0.025 %	EX	Non FDA Exclusion
katarya external emulsion 4-0.5-0.025 %	EX	Non FDA Exclusion
kataryaxn external emulsion 4-0.5-0.025 %	EX	Non FDA Exclusion
ketarya external emulsion 6-0.5-0.025 %	EX	Non FDA Exclusion
kevaraxap external emulsion 6-0.05-0.025 %	EX	Non FDA Exclusion
kevartia external emulsion 6-0.05 %	EX	Non FDA Exclusion
kevarya external emulsion 6-0.5-0.05 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
keya external emulsion 6-0.5 %	EX	Non FDA Exclusion
kotaraxap external emulsion 5-0.025-0.025 %	EX	Non FDA Exclusion
kutar external emulsion 8-0.025 %	EX	Non FDA Exclusion
kutarvia external emulsion 8-0.025 %	EX	Non FDA Exclusion
kutaryaxm external emulsion 8-0.5-0.025 %	EX	Non FDA Exclusion
kutaryaxmpa external emulsion 8-0.5-0.025 %	EX	Non FDA Exclusion
kuvarya external emulsion 8-0.5-0.05 %	EX	Non FDA Exclusion
kuvarye external emulsion 8-1-0.05 %	EX	Non FDA Exclusion
mavilo external emulsion 5-0.025-0.025 %	EX	Non FDA Exclusion
mavilo hp external emulsion 6-0.05-0.025 %	EX	Non FDA Exclusion
mavilo lp external emulsion 4-0.025-0.025 %	EX	Non FDA Exclusion
mecorix external emulsion 8-0.5-0.025 %	EX	Non FDA Exclusion
mecorix hp external emulsion 8-0.5-0.05 %	EX	Non FDA Exclusion
mecorix plus external emulsion 8-0.5-0.025 %	EX	Non FDA Exclusion
mekam external emulsion 6-0.5-0.025 %	EX	Non FDA Exclusion
mekam hp external emulsion 6-0.5-0.05 %	EX	Non FDA Exclusion
melidu external emulsion 4-0.5-0.025 %	EX	Non FDA Exclusion
melondis external emulsion 4-0.5-0.025 %	EX	Non FDA Exclusion
melondis plus external emulsion 4-0.5-0.025 %	EX	Non FDA Exclusion
mimora external emulsion 6-0.5 %	EX	Non FDA Exclusion
mokura external emulsion 8-0.025 %	EX	Non FDA Exclusion
mokura lp external emulsion 4-0.025 %	EX	Non FDA Exclusion
mokura mod external emulsion 6-0.05 %	EX	Non FDA Exclusion
mokura plus external emulsion 8-0.025 %	EX	Non FDA Exclusion
molexi external emulsion 4-2.5-0.025 %	EX	Non FDA Exclusion
mythius external emulsion 8-1-0.05 %	EX	Non FDA Exclusion
myvori external cream 10-4 %	EX	Non FDA Exclusion
prooxia external cream 10-4 %	EX	Non FDA Exclusion
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 %	Benefit Exclusion	Formulary Exclusion
yaxatarxyn external emulsion 4-0.5-0.025 %	EX	Non FDA Exclusion
yokatar external emulsion 4-2.5-0.025 %	EX	Non FDA Exclusion
Emollient Combinations**		
lactic acid e external cream 10-3500 %-unt/30gm	EX	Formulary Exclusion
Emollient/Keratolytic Agents**		
CEM-UREA EXTERNAL SOLUTION 45 %	EX	Formulary Exclusion
CEROVEL EXTERNAL LOTION 40 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
DERMACINRX UREA EXTERNAL CREAM 41 %	EX	Non FDA Exclusion
DERMACURE EXTERNAL CREAM 41 %	EX	Non FDA Exclusion
HYDRO 40 EXTERNAL FOAM 40 %	EX	Formulary Exclusion
KERALAC EXTERNAL CREAM 47 %	EX	Non FDA Exclusion
protexa external cream 42 %	EX	Non FDA Exclusion
UMECTA MOUSSE EXTERNAL FOAM 40 %	EX	Formulary Exclusion
URAMAXIN EXTERNAL GEL 45 %	EX	Formulary Exclusion
urea cream 20 % external (rx)	EX	Non FDA Exclusion
urea cream 39 % external	EX	Non FDA Exclusion
urea cream 39 % external	EX	Formulary Exclusion
urea cream 39.5 % external	EX	Non FDA Exclusion
urea cream 40 % external	EX	Non FDA Exclusion
urea cream 40 % external	EX	Formulary Exclusion
urea cream 41 % external	EX	Non FDA Exclusion
urea cream 45 % external	EX	Formulary Exclusion
urea cream 47 % external	EX	Non FDA Exclusion
urea cream 47 % external	EX	Formulary Exclusion
urea external foam 35 %	EX	Non FDA Exclusion
urea lotion 40 % external	EX	Non FDA Exclusion
urea lotion 40 % external	EX	Formulary Exclusion
urea nail external gel 45 %	EX	Formulary Exclusion
UREDEB EXTERNAL CREAM 39 %	EX	Non FDA Exclusion
uremez-40 external cream 40 %	EX	Non FDA Exclusion
URESOL EXTERNAL CREAM 42.5 %	EX	Non FDA Exclusion
UTOPIC EXTERNAL CREAM 41 %	EX	Non FDA Exclusion
xurea external cream 39 %	EX	Non FDA Exclusion
Emollient/Keratolytic Combinations**		
PRONAL EXTERNAL GEL 40-10 %	EX	Non FDA Exclusion
urea hydrating external foam 35 %	EX	Formulary Exclusion
xirun external gel 40-10 %	EX	Non FDA Exclusion
Emollients**		
ammonium lactate external cream 12 %	Tier 1	
ammonium lactate external lotion 12 %	Tier 1	
lactic acid external lotion 10 %	EX	Formulary Exclusion
vitamin c brightening serum external liquid	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Enzymes - Topical**		
NEXOBRID EXTERNAL GEL 8.8 %	EX	Medical Only Exclusion
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	QL
Eyelid Cleansers & Lubricants**		
ACUICYN EXTERNAL SOLUTION	EX	Non FDA Exclusion
AVENOVA EXTERNAL SOLUTION 0.01 %	EX	Non FDA Exclusion
HYPOCYN EXTERNAL SOLUTION	EX	Non FDA Exclusion
Glabellar Lines (Frown Lines) Agents**		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Benefit Exclusion	Formulary Exclusion
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	EX	Formulary Exclusion
Hair Growth Agent - Combinations**		
finapid external solution 0.1-5 %	EX	Non FDA Exclusion
finapod external solution 0.1-7 %	EX	Non FDA Exclusion
finapodtar external solution 0.1-7-0.025 %	EX	Non FDA Exclusion
flyprogpidtar external solution 0.1-0.1-5-0.025 %	EX	Non FDA Exclusion
harisis external solution 0.1-0.1-5-0.025 %	EX	Non FDA Exclusion
harviva external solution 0.1-5 %	EX	Non FDA Exclusion
harviva hp external solution 0.1-7 %	EX	Non FDA Exclusion
hemtara external solution 0.05-5 %	EX	Non FDA Exclusion
hemtara hp external solution 0.05-7 %	EX	Non FDA Exclusion
hentis external solution 5-0.1-0.025 %	EX	Non FDA Exclusion
hentis hp external solution 7-0.1-0.025 %	EX	Non FDA Exclusion
hesmilla external solution 0.05-5-2-0.5 %	EX	Non FDA Exclusion
hevona external solution 0.01-5-0.025 %	EX	Non FDA Exclusion
holixia external solution 0.1-7 %	EX	Non FDA Exclusion
holizar external solution 7-0.025 %	EX	Non FDA Exclusion
honista external solution 0.1-7-0.025 %	EX	Non FDA Exclusion
hovitra external solution 7-4 %	EX	Non FDA Exclusion
oxopid external solution 0.05-5 %	EX	Non FDA Exclusion
oxopidaxiaqup external solution 0.05-5-2-0.5 %	EX	Non FDA Exclusion
oxopod external solution 0.05-7 %	EX	Non FDA Exclusion
pidprogtar external solution 5-0.1-0.025 %	EX	Non FDA Exclusion
podoxia external solution 7-4 %	EX	Non FDA Exclusion
podprog external solution 0.1-7 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
podprogtar external solution 7-0.1-0.025 %	EX	Non FDA Exclusion
podtar external solution 7-0.025 %	EX	Non FDA Exclusion
tetpidtar external solution 0.01-5-0.025 %	EX	Non FDA Exclusion
Imidazole-Related Antifungals - Topical**		
clotrimazole external cream 1 %	Tier 1	
clotrimazole external solution 1 %	Tier 1	
econazole nitrate external cream 1 %	Tier 1	
econazole nitrate external foam 1 %	EX	New to Market Exclusion
ECOZA EXTERNAL FOAM 1 %	Tier 3	
ERTACZO EXTERNAL CREAM 2 %	EX	Non Essential Drug Exclusion
EXELDERM EXTERNAL CREAM 1 %	Tier 3	
EXELDERM EXTERNAL SOLUTION 1 %	Tier 3	
EXTINA EXTERNAL FOAM 2 %	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
JUBLIA EXTERNAL SOLUTION 10 %	Tier 2	
ketoconazole external cream 2 %	Tier 1	
ketoconazole external foam 2 %	EX	Non Essential Drug Exclusion
ketoconazole external shampoo 2 %	Tier 1	
KETODAN EXTERNAL FOAM 2 %	EX	Non Essential Drug Exclusion
KETODAN EXTERNAL KIT 2 %	EX	Non FDA Exclusion
luliconazole external cream 1 %	Tier 3	
LUZU EXTERNAL CREAM 1 %	Tier 3	
oxiconazole nitrate external cream 1 %	Tier 1	
OXISTAT EXTERNAL CREAM 1 %	EX	Formulary Exclusion
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
sulconazole nitrate external cream 1 %	Tier 3	
sulconazole nitrate external solution 1 %	Tier 3	
XOLEGEL EXTERNAL GEL 2 %	Tier 3	Non Essential Drug Exclusion
Immunomodulators Imidazoquinolinamines - Topical**		
ALDARA EXTERNAL CREAM 5 %	EX	Formulary Exclusion
imiquimod external cream 3.75 %, 5 %	Tier 1	
imiquimod pump external cream 3.75 %	Tier 1	
ZYCLARA EXTERNAL CREAM 3.75 %	EX	Formulary Exclusion
ZYCLARA PUMP CREAM 2.5 % EXTERNAL	Tier 2	
ZYCLARA PUMP CREAM 3.75 % EXTERNAL	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Immunosuppressive Agents - Topical Combinations**		
elyzia external cream 4-0.1 %	EX	Non FDA Exclusion
elyzia external ointment 4-0.1 %	EX	Non FDA Exclusion
oxianuji external ointment 4-0.03 %	EX	Non FDA Exclusion
oxianujo external cream 4-0.1 %	EX	Non FDA Exclusion
oxianujo external ointment 4-0.1 %	EX	Non FDA Exclusion
Interleukin-31 Receptor Antagonists - Systemic**		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG	EX	PA; Specialty; Formulary Exclusion
Keratolytic/Antimitotic/Vesicant Agents**		
ACNESIC EXTERNAL GEL 0.5 %	EX	Non FDA Exclusion
bensal hp external ointment 3 %	EX	Non FDA Exclusion
cantharidin external solution 0.7 %	EX	Non FDA Exclusion; Medical Only Exclusion
CONDYLOX EXTERNAL GEL 0.5 %	EX	Formulary Exclusion
KERALYT EXTERNAL GEL 6 %	EX	Non FDA Exclusion
KERALYT EXTERNAL SHAMPOO 6 %	EX	Non FDA Exclusion
KERALYT SCALP EXTERNAL KIT 6 %	EX	Non FDA Exclusion
PODOCON-25 EXTERNAL SOLUTION 25 %	EX	Non FDA Exclusion
podofilox external gel 0.5 %	Tier 1	
podofilox external solution 0.5 %	Tier 1	
rayasal external cream 5.9 %	EX	Non FDA Exclusion
SALEX EXTERNAL SHAMPOO 6 %	EX	Non FDA Exclusion
SALICATE EXTERNAL LIQUID 10 %	EX	Non FDA Exclusion
salicylic acid er external solution 28.5 %	EX	Non FDA Exclusion
salicylic acid external foam 6 %	EX	Non FDA Exclusion
salicylic acid external gel 6 %	EX	Non FDA Exclusion
salicylic acid external ointment 3 %	EX	Non FDA Exclusion
salicylic acid external shampoo 6 %	EX	Non FDA Exclusion
salicylic acid external solution 26 %	EX	Non FDA Exclusion
salicylic acid wart remover external liquid 27.5 %	EX	Non FDA Exclusion
salicylic acid-cleanser external kit 6 % cream	EX	Non FDA Exclusion
salimez external cream 6 %	EX	Non FDA Exclusion
salimez forte external cream 10 %	EX	Non FDA Exclusion
SALVAX EXTERNAL FOAM 6 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SALYCIM EXTERNAL CREAM 6 %	EX	Non FDA Exclusion
salyntra external gel 6 %	EX	Non FDA Exclusion
ULTRASAL-ER EXTERNAL SOLUTION 28.5 %	EX	Non FDA Exclusion
VIRASAL EXTERNAL LIQUID 27.5 %	EX	Non FDA Exclusion
XALIX EXTERNAL SOLUTION 28 %	EX	Non FDA Exclusion
YCANTH EXTERNAL SOLUTION 0.7 %	EX	Medical Only Exclusion
Keratolytic/Antimitotic/Vesicant Combinations**		
geametdray external gel 5-2-17 %	EX	Non FDA Exclusion
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	EX	Non FDA Exclusion
guanendrux external cream 10-5-40 %	EX	Non FDA Exclusion
pyrogallic acid external ointment 25-2 %	EX	Non FDA Exclusion
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %	EX	Non FDA Exclusion
UREA-SALICYLIC ACID EXTERNAL CREAM 39.5-2 %	EX	Non FDA Exclusion
weleris external gel 2-17 %	EX	Non FDA Exclusion
Liniment Combinations**		
fordagel external kit 4-10-30 %	EX	Non FDA Exclusion
Liniments**		
methyl salicylate external liquid	EX	Formulary Exclusion
turpentine external spirit	EX	Formulary Exclusion
Local Anesthetics - Topical**		
7T LIDO EXTERNAL GEL 2 %	EX	Non FDA Exclusion; QL
ANACAINE EXTERNAL OINTMENT 10 %	EX	Non FDA Exclusion
ASTERO EXTERNAL GEL 4 %	EX	Non FDA Exclusion
BRUSELIX EXTERNAL CREAM 3.88 %	EX	Non FDA Exclusion; QL
BRUSELIX EXTERNAL GEL 3.88 %	EX	Non FDA Exclusion
DERMACINRX LIDOCAINE EXTERNAL GEL 5 %	EX	Non FDA Exclusion
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %	EX	Non FDA Exclusion
dyclopro external solution 0.5 %	Tier 3	
eha external lotion 4 %	EX	Non FDA Exclusion; QL
enovarx-lidocaine hcl external cream 10 %, 5 %	EX	Non FDA Exclusion
gen7t external lotion 3.5 %	EX	Non FDA Exclusion
gen7t external patch 3.5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	EX	Medical Only Exclusion; QL
LDO PLUS EXTERNAL GEL 4 %	EX	Non FDA Exclusion
lidocaine external patch 5 %	Tier 1	QL
lidocaine hcl cream 3 % external (rx)	EX	Non FDA Exclusion; QL
lidocaine hcl cream 4.12 % external	EX	Non FDA Exclusion
lidocaine hcl external lotion 3 %	EX	Non FDA Exclusion
lidocaine hcl external solution 4 %	Tier 1	QL
lidocaine hcl urethral/mucosal external gel 2 %	EX	Medical Only Exclusion; QL
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	EX	Medical Only Exclusion; QL
lidocaine ointment 5 % external	EX	Non FDA Exclusion; QL
lidocaine ointment 5 % external	Tier 1	QL
LIDOCAN PATCH 5 % EXTERNAL	EX	Non FDA Exclusion; QL
LIDOCAN PATCH 5 % EXTERNAL	Tier 1	QL
lidocanna external patch 4 %	EX	Non FDA Exclusion
LIDODERM EXTERNAL PATCH 5 %	EX	Formulary Exclusion; QL
lidopin external cream 3 %, 3.25 %	EX	Non FDA Exclusion; QL
LIDOREX EXTERNAL GEL 2.8 %	EX	Non FDA Exclusion
LIDORUB EXTERNAL CREAM 7.5 %	EX	Non FDA Exclusion
lidorx external gel 3 %	EX	Non FDA Exclusion
LIDO-SORB EXTERNAL LOTION 3 %	EX	Non FDA Exclusion
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL CREAM 3.88 %	EX	Non FDA Exclusion; QL
LIDOTRAL EXTERNAL GEL 3.88 %, 5 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL LIQUID 2 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL SOLUTION 5 %	EX	Non FDA Exclusion
LIDOTRAL ROLL-ON EXTERNAL GEL 5 %	EX	Non FDA Exclusion
LIDOTRAN EXTERNAL CREAM 3.88 %	EX	Non FDA Exclusion; QL
LIDTOPIC EXTERNAL CREAM 7.5 %	EX	Non FDA Exclusion
LIDTOPIC MAX EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
LYDEXA EXTERNAL CREAM 4.12 %	EX	Non FDA Exclusion
NEUROZYL EXTERNAL CREAM 4.12 %	EX	Non FDA Exclusion
PRAMOX EXTERNAL GEL 1 %	EX	Non FDA Exclusion
premium lidocaine external ointment 5 %	EX	Non FDA Exclusion; QL
PROXIVOL EXTERNAL GEL 2 %	EX	Non FDA Exclusion; QL
QUTENZA (2 PATCH) EXTERNAL KIT 8 %	EX	Non FDA Exclusion
QUTENZA (4 PATCH) EXTERNAL KIT 8 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
QUTENZA EXTERNAL KIT 8 %	EX	Non FDA Exclusion
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL
TRILOCAINE EXTERNAL CREAM 4.12 %	EX	Non FDA Exclusion
zionodil 100 external lotion 3 %	EX	Non FDA Exclusion
zionodil external lotion 3 %	EX	Non FDA Exclusion
ZTLIDO EXTERNAL PATCH 1.8 %	EX	Non Essential Drug Exclusion
ZYLOTROL-L EXTERNAL KIT 4 %	EX	Non FDA Exclusion
Macrolide Immunosuppressants - Topical**		
ELIDEL EXTERNAL CREAM 1 %	EX	ST; Formulary Exclusion
hovyn external solution 0.1 %	EX	Non FDA Exclusion
HYFTOR EXTERNAL GEL 0.2 %	Tier 4	PA
nujo external solution 0.1 %	EX	Non FDA Exclusion
nuju external cream 0.1 %	EX	Non FDA Exclusion
pimecrolimus external cream 1 %	Tier 1	ST; Insufficient Evidence
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	EX	ST; Formulary Exclusion
tacrolimus external ointment 0.03 %, 0.1 %	Tier 1	ST; Insufficient Evidence
veven external cream 0.1 %	EX	Non FDA Exclusion
Melanocortin Receptor Agonists (Uv Protective)**		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	EX	Medical Only Exclusion
Microtubule Inhibitors - Topical**		
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	
Misc. Dermatological Products**		
ALADERM PLUS EXTERNAL EMULSION	EX	Non FDA Exclusion
alevamax external cream	EX	Non FDA Exclusion
ALEVICYN ANTIPRURITIC EXTERNAL GEL	EX	Non FDA Exclusion
ALEVICYN ANTIPRURITIC SG EXTERNAL GEL	EX	Non FDA Exclusion
atopaderm external cream	EX	Non FDA Exclusion
ATOPICLAIR EXTERNAL CREAM	EX	Non FDA Exclusion
CERACADE EXTERNAL EMULSION	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CERAMAX EXTERNAL CREAM	EX	Non FDA Exclusion
CERAMAX EXTERNAL LOTION	EX	Non FDA Exclusion
DERMASO PLUS EXTERNAL CREAM	EX	Non FDA Exclusion
DEXERYL EXTERNAL CREAM	EX	Non FDA Exclusion
ELETONE EXTERNAL CREAM	EX	Non FDA Exclusion
EMULSION SB EXTERNAL EMULSION	EX	Non FDA Exclusion
ENTTY SPRAY EXTERNAL EMULSION	EX	Non FDA Exclusion
EPICERAM EXTERNAL EMULSION	EX	Non FDA Exclusion
GENADUR COMBINATION KIT	EX	Non FDA Exclusion
GENADUR EXTERNAL LIQUID	EX	Non FDA Exclusion
HALUCORT EXTERNAL GEL	EX	Non FDA Exclusion
HPR PLUS EXTERNAL CREAM	EX	Non FDA Exclusion
HPR PLUS EXTERNAL FOAM	EX	Non FDA Exclusion
HPR PLUS HYDROGEL EXTERNAL KIT	EX	Non FDA Exclusion
HYLAGUARD EXTERNAL CREAM	EX	Non FDA Exclusion
HYLATOPIC PLUS EXTERNAL CREAM	EX	Non FDA Exclusion
HYLATOPIC PLUS EXTERNAL LOTION	EX	Non FDA Exclusion
iliderm external emulsion	EX	Non FDA Exclusion
KAMDOY EXTERNAL EMULSION	EX	Non FDA Exclusion
KIVIK EXTERNAL EMULSION	EX	Non FDA Exclusion
LEVICYN EXTERNAL GEL	EX	Non FDA Exclusion
LOYON EXTERNAL SOLUTION	EX	Non FDA Exclusion
MIMYX EXTERNAL CREAM	EX	Non FDA Exclusion
NEOSALUS EXTERNAL CREAM	EX	Non FDA Exclusion
NEOSALUS EXTERNAL FOAM	EX	Non FDA Exclusion
NEOSALUS EXTERNAL LOTION	EX	Non FDA Exclusion
NUVAIL EXTERNAL SOLUTION	EX	Non FDA Exclusion
PENLEN EXTERNAL EMULSION	EX	Non FDA Exclusion
PHLAG SPRAY EXTERNAL EMULSION	EX	Non FDA Exclusion
PR CREAM EXTERNAL KIT	EX	Non FDA Exclusion
PRESERA EXTERNAL FOAM	EX	Non FDA Exclusion
PRUCLAIR EXTERNAL CREAM	EX	Non FDA Exclusion
PRUMYX EXTERNAL CREAM	EX	Non FDA Exclusion
remigen external cream	EX	Non FDA Exclusion
SEBUDERM EXTERNAL GEL	EX	Non FDA Exclusion
STRATA CTX EXTERNAL GEL	EX	Non FDA Exclusion
STRATA MARK EXTERNAL GEL	EX	Non FDA Exclusion
STRATA XRT EXTERNAL GEL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
suvicort external emulsion	EX	Non FDA Exclusion
SYNERDERM EXTERNAL EMULSION	EX	Non FDA Exclusion
TETRIX EXTERNAL CREAM	EX	Non FDA Exclusion
XERALUX EXTERNAL CREAM	EX	Non FDA Exclusion
Misc. Topical Combinations**		
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT)	EX	Non FDA Exclusion
dermacinrx surgical combopak external kit	EX	Non FDA Exclusion
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT)	EX	Non FDA Exclusion
PRE & POST SX POUCH EXTERNAL THERAPY PACK 4 & 2 & 5 %	EX	Non FDA Exclusion
Misc. Topical**		
arnica flower tincture	EX	Formulary Exclusion
boric acid external granules	EX	Formulary Exclusion
DRYSOL EXTERNAL SOLUTION 20 %	EX	Formulary Exclusion
PROSILK EXTERNAL GEL	EX	Non FDA Exclusion
QBREXZA EXTERNAL PAD 2.4 %	Tier 3	
SOFDRA EXTERNAL GEL 12.45 %	EX	PA; Formulary Exclusion
Ornithine Decarboxylase (Odc) Inhibitors - Topical**		
VANIQA EXTERNAL CREAM 13.9 %	Benefit Exclusion	Formulary Exclusion
Oxaborole-Related Antifungals - Topical**		
KERYDIN EXTERNAL SOLUTION 5 %	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
tavaborole external solution 5 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	ST
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	EX	PA; Formulary Exclusion
ZORYVE EXTERNAL FOAM 0.3 %	EX	PA; Formulary Exclusion
Photodynamic Therapy Agents - Topical**		
AMELUZ EXTERNAL GEL 10 %	EX	Formulary Exclusion
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Prostaglandins - Topical**		
bimatoprost external solution 0.03 %	Benefit Exclusion	Formulary Exclusion
LATISSE EXTERNAL SOLUTION 0.03 %	Benefit Exclusion	Formulary Exclusion
Rosacea Agents**		
azelaic acid external gel 15 %	Tier 1	
brimonidine tartrate external gel 0.33 %	Tier 1	
dazomon external gel 0.25 %	EX	Non FDA Exclusion
doxycycline oral capsule delayed release 40 mg	Benefit Exclusion	PA
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA; QL
FINACEA EXTERNAL FOAM 15 %	EX	Formulary Exclusion
FINACEA EXTERNAL GEL 15 %	EX	Formulary Exclusion
ivermectin external cream 1 %	Tier 1	ST
METROCREAM EXTERNAL CREAM 0.75 %	EX	Formulary Exclusion
METROGEL EXTERNAL GEL 1 %	EX	Formulary Exclusion
METROLOTION EXTERNAL LOTION 0.75 %	EX	Formulary Exclusion
metronidazole external cream 0.75 %	Tier 1	
metronidazole external gel 0.75 %, 1 %	Tier 1	
metronidazole external lotion 0.75 %	EX	Formulary Exclusion
MIRVASO EXTERNAL GEL 0.33 %	EX	Formulary Exclusion
NORITATE EXTERNAL CREAM 1 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	Benefit Exclusion	PA
remyda external gel 0.25 %	EX	Non FDA Exclusion
RHOFADE EXTERNAL CREAM 1 %	Tier 3	
ROSADAN EXTERNAL CREAM 0.75 %	Tier 1	
ROSADAN EXTERNAL GEL 0.75 %	Tier 1	
ROSADAN EXTERNAL KIT 0.75 % CREAM, 0.75 % GEL	EX	Non FDA Exclusion
SOOLANTRA EXTERNAL CREAM 1 %	EX	ST; Formulary Exclusion
ZILXI EXTERNAL FOAM 1.5 %	Tier 2	ST
Rosacea Combinations**		
aveida external gel 1-1 %	EX	Non FDA Exclusion
aveidaoxia external gel 1-1-4 %	EX	Non FDA Exclusion
dazaveidaoxia external gel 0.25-1-1-4 %	EX	Non FDA Exclusion
idaoxia external gel 1-4 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
rensoti external cream 1-4-1 %	EX	Non FDA Exclusion
restimo external gel 1-1 %	EX	Non FDA Exclusion
rocelix external cream 4-1 %	EX	Non FDA Exclusion
rositara external gel 1-1-4 %	EX	Non FDA Exclusion
rovis external gel 0.25-1-1-4 %	EX	Non FDA Exclusion
Scabicides & Pediculicides**		
CROTAN EXTERNAL LOTION 10 %	Tier 1	
ELIMITE EXTERNAL CREAM 5 %	EX	Formulary Exclusion
ivermectin external lotion 0.5 %	Tier 1	
lindane external shampoo 1 %	Tier 1	
malathion external lotion 0.5 %	Tier 1	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	
OVIDE EXTERNAL LOTION 0.5 %	EX	Formulary Exclusion
permethrin external cream 5 %	Tier 1	
PRURADIK EXTERNAL LOTION 10 %	EX	Non Essential Drug Exclusion
SKLICE EXTERNAL LOTION 0.5 %	EX	Formulary Exclusion
spinosad suspension 0.9 % external	Tier 3	
spinosad suspension 0.9 % external	Tier 1	
sulfurated lime external solution	EX	Non FDA Exclusion
Scar Treatment Products - Combinations**		
silipac external kit	EX	Non FDA Exclusion
Scar Treatment Products**		
beau rx external gel	EX	Non FDA Exclusion
CELACYN EXTERNAL GEL	EX	Non FDA Exclusion
COPASIL EXTERNAL GEL	EX	Non FDA Exclusion
DERMELLE EXTERNAL GEL	EX	Non FDA Exclusion
JUVAZIN EXTERNAL GEL	EX	Non FDA Exclusion
KELARX EXTERNAL GEL	EX	Non FDA Exclusion
RECEDO EXTERNAL GEL	EX	Non FDA Exclusion
scarcin external gel	EX	Non FDA Exclusion
scarcin external liquid	EX	Non FDA Exclusion
scarsilk external gel	EX	Non FDA Exclusion
STRATA TRIZ EXTERNAL GEL	EX	Non FDA Exclusion
Seborrheic Keratosis Products*		
ESKATA EXTERNAL SOLUTION 40 %	EX	Medical Only Exclusion
Skin Cleansers**		
EPICYN EXTERNAL SOLUTION	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
HYCLODEX EXTERNAL SOLUTION 0.012 %	EX	Non FDA Exclusion
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %	EX	Non FDA Exclusion
HYPOCYN EXTERNAL SOLUTION 0.012 %	EX	Non FDA Exclusion
Skin Protectants**		
benzoin compound external tincture	EX	Formulary Exclusion
benzoin external tincture	EX	Formulary Exclusion
SCARTRATE EXTERNAL CREAM 5-2.25 %	EX	Non FDA Exclusion
Steroid-Local Anesthetic Combinations**		
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	EX	Formulary Exclusion
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST; Formulary Exclusion
HYDROCAINE EXTERNAL CREAM 3-0.5 %	EX	Non FDA Exclusion
hydrocortisone ace-pramoxine external cream 2.5-1 %	EX	Formulary Exclusion
lidocaine-hydrocortisone ace external cream 1-1 %	EX	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 3.88-1 %, 5-1 %	EX	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE EXTERNAL LOTION 3.88-1 %, 5-1 %	EX	Non FDA Exclusion
NOVACORT EXTERNAL GEL 1-2 %	EX	Non FDA Exclusion
PRAMOSONE CREAM 1-1 % EXTERNAL	Tier 3	ST; Formulary Exclusion
PRAMOSONE CREAM 1-2.5 % EXTERNAL	EX	Formulary Exclusion
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	EX	Formulary Exclusion
PRAMOSONE OINTMENT 1-1 % EXTERNAL	Tier 3	ST; Formulary Exclusion
PRAMOSONE OINTMENT 1-2.5 % EXTERNAL	EX	Formulary Exclusion
pramoxine-hc external cream 1-2.35 %	EX	Non FDA Exclusion
RADIAURA EXTERNAL CREAM 3-0.5 %	EX	Non FDA Exclusion
Tar Products**		
coal tar external solution 20 %	EX	Non FDA Exclusion
Tissue Replacements**		
AFFINITY EXTERNAL SHEET 1.5 CM X 1.5 CM , 2.5 CM X 2.5 CM	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
AMNIOCORE AMNIOTIC MEMBRANE EXTERNAL SHEET 2 CM X 12 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 6 CM X 16 CM , 6 CM X 6 CM , 6 CM X 9 CM , 9 CM X 20 CM	EX	Non FDA Exclusion
AMNIOCORE HUMAN TISSUE EXTERNAL SHEET 9 CM X 20 CM	EX	Formulary Exclusion
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 20 MG, 40 MG	EX	Non FDA Exclusion; Medical Only Exclusion
AMNIOTEXT EXTERNAL SHEET 1 CM X 1 CM , 10 CM X 10 CM , 2 CM X 2 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
amphenol-40 injection suspension reconstituted 40 mg	EX	Medical Only Exclusion
APLIGRAF EXTERNAL DISK	EX	Medical Only Exclusion
BIOVANCE EXTERNAL SHEET 1 CM X 2 CM , 2 CM X 3 CM , 4 CM X 4 CM , 6 CM X 6 CM	EX	Non FDA Exclusion
CORETEXT INJECTION SUSPENSION 1 ML, 2 ML	EX	Non FDA Exclusion; Medical Only Exclusion
CYGNUS DUAL EXTERNAL SHEET 2 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM	EX	Non FDA Exclusion
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	EX	Non FDA Exclusion
EPIFIX EXTERNAL DISK 14 MM , 18 MM , 24 MM	EX	Non FDA Exclusion
EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 4.5 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM	EX	Non FDA Exclusion
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	EX	Non FDA Exclusion; Medical Only Exclusion
GRAFIX CORE 1.5CM X 2CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 16MM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 2CM X 3CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 3CM X 4CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 5CM X 5CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
GRAFIX PRIME 16MM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 2CM X 3CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 3CM X 4CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 5CM X 5CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX XC 7.5CM X 15CM EXTERNAL	EX	Non FDA Exclusion
KARDIAMEMBRANE EXTERNAL SHEET 4 CM X 8 CM , 6 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
NEOX 100 EXTERNAL SHEET 2 CM X 2 CM , 3 CM X 3 CM , 4 CM X 4 CM , 7 CM X 7 CM	EX	Non FDA Exclusion
NEOX CORD 1K EXTERNAL SHEET 1 CM X 2 CM , 1.5 CM X 1.5 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2.5 CM X 2.5 CM , 3 CM X 3 CM , 4 CM X 3 CM , 6 CM X 3 CM , 8 CM X 3 CM	EX	Non FDA Exclusion
NOVACHOR EXTERNAL SHEET 1.5 CM X2.75 CM , 2.5 CM X 2.5 CM	EX	Non FDA Exclusion
NUCEL INJECTION LIQUID 0.5 ML, 1 ML, 2 ML, 2.5 ML	EX	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD EXTERNAL DISK 1.6 CM , 14 MM	EX	Non FDA Exclusion
NUSHIELD EXTERNAL SHEET 2 CM X 3 CM , 2 CM X 4 CM , 3.2 CM X 3.2 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 6 CM X 6 CM	EX	Non FDA Exclusion
OSTEOCONDUCTIVE MATRIX PLUS INJECTION 10 ML, 2 ML, 5 ML	EX	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTION LIQUID 0.25 ML, 0.5 ML, 1 ML, 2 ML, 4 ML	EX	Non FDA Exclusion; Medical Only Exclusion
PALINGEN HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
PALINGEN INOVOFLO INJECTION LIQUID 0.25 ML, 0.5 ML, 1 ML, 2 ML	EX	Non FDA Exclusion; Medical Only Exclusion
PALINGEN MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
PROTEXT INJECTION SUSPENSION 0.25 ML, 0.5 ML, 1 ML, 2 ML	EX	Non FDA Exclusion; Medical Only Exclusion
simpligraft external sheet 2 cm x 3 cm , 4 cm x 4 cm , 4 cm x 8 cm	EX	Non FDA Exclusion
STRATAGRAFT EXTERNAL SHEET	EX	Medical Only Exclusion
STRAVIX EXTERNAL SHEET 2 CM X 4 CM , 6 CM X 3 CM	EX	Non FDA Exclusion
TRANSCYTE EXTERNAL SHEET	EX	Formulary Exclusion
TRUSKIN EXTERNAL SHEET 2 CM X 4 CM , 4 CM X 8 CM	EX	Non FDA Exclusion
VIA MATRIX EXTERNAL SHEET 2 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM	EX	Non FDA Exclusion
Topical Anesthetic Combinations**		
1ST MEDX-PATCH/ LIDOCAINE EXTERNAL PATCH 4-0.0375-5-20 %	EX	Non FDA Exclusion
ACCUCAINE COMBINATION KIT 1 %	EX	Medical Only Exclusion
agoneaze external kit 2.5-2.5 %	EX	Non FDA Exclusion
anodyne lpt external kit 2.5-2.5 %	EX	Non FDA Exclusion
APRIZIO PAK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
APRIZIO PAK II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
CADIRAMD EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
CETACAINE EXTERNAL AEROSOL 2-2-14 %	EX	Non FDA Exclusion
CETACAINE EXTERNAL GEL 2-2-14 %	EX	Non FDA Exclusion
CETACAINE EXTERNAL LIQUID 2-2-14 %	EX	Non FDA Exclusion
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 %	EX	Non FDA Exclusion
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 %	EX	Non FDA Exclusion
dermalid external therapy pack 5 %	EX	Non FDA Exclusion
ELEMAR PATCH EXTERNAL KIT 5-6 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
EMPRICAINE-II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
emreal external kit 2.5-2.5 %	EX	Non FDA Exclusion
enznonuty external ointment 20-10-10 %	EX	Non FDA Exclusion
gen7t plus external lotion 3.5-7 %	EX	Non FDA Exclusion
GEN7T PLUS EXTERNAL PATCH 3.5-7 %	EX	Non FDA Exclusion
l.e.t. (racepinephrine) external gel 4-0.05-0.5 %	EX	Non FDA Exclusion
l.e.t. (racepinephrine) external solution 4-0.05-0.5 %	EX	Non FDA Exclusion
l.e.t. external gel 4-0.05-0.5 %	EX	Non FDA Exclusion
l.e.t. external solution 4-0.05-0.5 %	EX	Non FDA Exclusion
levatio external patch 0.03-5 %	EX	Non FDA Exclusion
LIDO BDK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	QL
lidocaine-prilocaine external kit 2.5-2.5 %	EX	Non FDA Exclusion
lidocaine-tetracaine external cream 7-7 %	Tier 3	Non Essential Drug Exclusion; QL
lido-epinephrine-tetracaine external solution 4-0.05-0.5 %	EX	Non FDA Exclusion
lidolite external kit 5 %	EX	Non FDA Exclusion
lidopac external kit 5 %	EX	Non FDA Exclusion
lidopril external kit 2.5-2.5 %	EX	Non FDA Exclusion
lidopril xr external kit 2.5-2.5 %	EX	Non FDA Exclusion
LIDOPURE PATCH EXTERNAL KIT 5 %	EX	Non FDA Exclusion
lido-racepinephrine-tetracaine external gel 4-0.05-0.5 %	EX	Non FDA Exclusion
lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %	EX	Non FDA Exclusion
lidosol external kit 5 %	EX	Non FDA Exclusion
lidosol-50 external kit 5 %	EX	Non FDA Exclusion
lidostream external kit 5 & 10 %	EX	Non FDA Exclusion
LIDOTHOL EXTERNAL GEL 4.5-5 %	EX	Non FDA Exclusion
LIDOTHOL EXTERNAL PATCH 4-1 %, 4.5-5 %	EX	Non FDA Exclusion
LIDOTOR EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 %	EX	Non FDA Exclusion
lidovix l external kit 5 %	EX	Non FDA Exclusion
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	EX	Non FDA Exclusion
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MOXICAINE EXTERNAL KIT 5 %	EX	Non FDA Exclusion
nendrux external gel 5-40 %	EX	Non FDA Exclusion
nobela external ointment 20-10-10 %	EX	Non FDA Exclusion
nolira external cream 23-7 %	EX	Non FDA Exclusion
NUVAKAAN-II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
nynutey external cream 23-7 %	EX	Non FDA Exclusion
paingo kft external kit 2.5-2.5-10-30 %	EX	Non FDA Exclusion
PLIAGLIS EXTERNAL CREAM 7-7 %	Tier 3	Non Essential Drug Exclusion; QL
PLIAGLIS EXTERNAL KIT 7-7 %	EX	Non FDA Exclusion
premium scar external patch 2-4-30 %	EX	Non FDA Exclusion
prepiv supply combination kit 2.5-2.5 & 0.9 %	EX	Non FDA Exclusion
PRILO PATCH EXTERNAL KIT 2.5-2.5 & 5 %	EX	Non FDA Exclusion
PRILO PATCH II EXTERNAL KIT 2.5-2.5 & 5 %	EX	Non FDA Exclusion
priloheal plus 30 external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilolid external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilovix external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilovix lite external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilovix lite plus external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilovix plus external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilovix ultralite external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilovix ultralite plus external kit 2.5-2.5 %	EX	Non FDA Exclusion
prilovixil external kit 2.5-2.5 %	EX	Non FDA Exclusion
PRIZOPAK II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
PRIZOTRAL-II EXTERNAL KIT 2.5-2.5 & 3.88 %	EX	Non FDA Exclusion
REAL HEAL-I EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
RELADOR PAK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
SKYADERM-LP EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	EX	Non FDA Exclusion
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %	EX	Non FDA Exclusion
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	EX	Non FDA Exclusion
SYNERA EXTERNAL PATCH 70-70 MG	Tier 3	
SYNTHERMA PLUS EXTERNAL KIT 5-6 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
topical l.e.t. external gel 4-0.09-0.5 %	EX	Non FDA Exclusion
TRUBREXA EXTERNAL PATCH 4.75-0.025 %	EX	Non FDA Exclusion
valladerm-90 external kit 2.5-2.5 %	EX	Non FDA Exclusion
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	EX	Non FDA Exclusion
vexatrol external kit 2.5-2.5 %	EX	Non FDA Exclusion
wayzen external gel 5-40 %	EX	Non FDA Exclusion
wpr plus wound healing system external therapy pack 4 & 10-30 %	EX	Non FDA Exclusion
XYLIDERM EXTERNAL KIT 5 %	EX	Non FDA Exclusion
zeruvia external patch 4-1 %	EX	Non FDA Exclusion
ZILACAINE PATCH EXTERNAL THERAPY PACK 5 %	EX	Non FDA Exclusion
ziloval external kit 5 %	EX	Non FDA Exclusion
Topical Anesthetic Gases**		
CRYODOSE TA EXTERNAL AEROSOL	EX	Non FDA Exclusion
ethyl chloride external aerosol	EX	Non FDA Exclusion
GEBAUERS PAIN EASE EXTERNAL AEROSOL	EX	Non FDA Exclusion
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	EX	Non FDA Exclusion
HURRI-FREEZE MEDIUM STREAM EXTERNAL AEROSOL	EX	Non FDA Exclusion
HURRI-FREEZE MIST SPRAY EXTERNAL AEROSOL	EX	Non FDA Exclusion
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external gel 1 %	Tier 4	PA; Specialty; QL
TARGRETIN EXTERNAL GEL 1 %	EX	PA; Specialty; Formulary Exclusion; QL
Topical Steroid Combinations**		
acioxia external gel 0.5-0.1 %	EX	Non FDA Exclusion
BESER EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 1	ST
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 1	ST
chlohux external shampoo 0.05-2 %	EX	Non FDA Exclusion
chlooxia external cream 0.05-4 %	EX	Non FDA Exclusion
chlooxia external ointment 0.05-4 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
chlooxia external solution 0.05-4 %	EX	Non FDA Exclusion
clobetavix external kit 0.05 %	EX	Non FDA Exclusion
CLODAN EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion
diochloy external solution 0.005-0.05 %	EX	Non FDA Exclusion
divinix external cream 0.05-4 %	EX	Non FDA Exclusion
divinix external ointment 0.05-4 %	EX	Non FDA Exclusion
divinix external solution 0.05-4 %	EX	Non FDA Exclusion
domela external cream 0.01-4 %	EX	Non FDA Exclusion
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Tier 3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	
FLUOPAR EXTERNAL KIT 0.1 & 5 %	EX	Non FDA Exclusion
fluovix external therapy pack 0.1 %	EX	Non FDA Exclusion
fluovix plus external therapy pack 0.1 %	EX	Non FDA Exclusion
ilexor external shampoo 0.05-2 %	EX	Non FDA Exclusion
MOMETACURE EXTERNAL THERAPY PACK 0.1 & 5 %	EX	Non FDA Exclusion
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 %	EX	Non FDA Exclusion
oxiachlo external solution 0.05-4 %	EX	Non FDA Exclusion
plenura external solution 0.005-0.05 %	EX	Non FDA Exclusion
QUINIXIL EXTERNAL THERAPY PACK 0.1 & 5 %	EX	Non FDA Exclusion
sanadermrx skin repair external kit 0.1 & 5 %	EX	Non FDA Exclusion
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	EX	Non FDA Exclusion
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	EX	Non FDA Exclusion
SILA III EXTERNAL THERAPY PACK 0.1 %	EX	Non FDA Exclusion
SYNALAR (CREAM) EXTERNAL KIT 0.025 %	EX	Non FDA Exclusion
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 %	EX	Non FDA Exclusion
SYNALAR TS EXTERNAL KIT 0.01 %	EX	Non FDA Exclusion
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	EX	ST; Formulary Exclusion
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Tier 3	ST; Formulary Exclusion
teliora external gel 0.1-0.5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
tetoxia external cream 0.01-4 %	EX	Non FDA Exclusion
triadime external kit 0.1 & 5 %	EX	Non FDA Exclusion
triadime-80 external kit 5-0.1 %	EX	Non FDA Exclusion
TRIASIL EXTERNAL THERAPY PACK 0.1 %	EX	Non FDA Exclusion
triheal-80 external kit 0.1 & 5 %	EX	Non FDA Exclusion
TRILOCICLO EXTERNAL KIT 0.1 & 8 %	EX	Non FDA Exclusion
TRIVIX EXTERNAL KIT 0.1 & 5 %	EX	Non FDA Exclusion
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Tier 3	ST; Formulary Exclusion
Type Ii 5-Alpha Reductase Inhibitors**		
finasteride tablet 1 mg oral	EX	Formulary Exclusion
finasteride tablet 1 mg oral	Benefit Exclusion	Formulary Exclusion
PROPECIA ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion
Wound Care - Growth Factor Agents**		
REGRANEX EXTERNAL GEL 0.01 %	Tier 3	
Wound Care Combinations**		
b & c external ointment	EX	Non FDA Exclusion
balsam peru-castor oil external ointment	EX	Non FDA Exclusion
bpco external ointment	EX	Non FDA Exclusion
LIDOTREX (ALOE VERA) EXTERNAL GEL 2 %	EX	Non FDA Exclusion
REGENECARE EXTERNAL GEL 2 %	EX	Non FDA Exclusion
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT	EX	Non FDA Exclusion
SCARCARE GEL-PAD KIT/LARGE EXTERNAL KIT	EX	Non FDA Exclusion
VENELEX EXTERNAL OINTMENT	EX	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 %	EX	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM OIL EMULSION STRIP EXTERNAL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 %	EX	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	EX	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	EX	Non FDA Exclusion
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
xeroform petrolatum dres 4"x4" external pad 3 %	EX	Non FDA Exclusion
xeroform petrolatum dres 5"x9" external pad 3 %	EX	Non FDA Exclusion
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	EX	Non FDA Exclusion
Wound Cleansers/Decubitus Ulcer Therapy**		
ALEVICYN DERMAL SPRAY EXTERNAL SOLUTION	EX	Non FDA Exclusion
DELUO EXTERNAL SOLUTION	EX	Non FDA Exclusion
lavare wound wash external gel	EX	Non FDA Exclusion
LEVICYN DERMAL SPRAY EXTERNAL SOLUTION	EX	Non FDA Exclusion
MICROCYN EXTERNAL GEL	EX	Non FDA Exclusion
MICROCYN EXTERNAL LIQUID 0.023 %	EX	Non FDA Exclusion
MICROCYN SKIN AND WOUND EXTERNAL GEL	EX	Non FDA Exclusion
VASHE WOUND EXTERNAL SOLUTION	EX	Non FDA Exclusion
Wound Dressings**		
abravo external emulsion	EX	Non FDA Exclusion
aceso ag external pad 4"x4"	EX	Non FDA Exclusion
ACTICOAT 7 EXTERNAL PAD 2"X2" , 4"X5"	EX	Non FDA Exclusion
ACTICOAT 7 EXTERNAL SHEET 6"X6"	EX	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL EXTERNAL PAD 2"X2" , 4"X4"	EX	Non FDA Exclusion
ACTICOAT EXTERNAL SHEET 16"X16" , 4"X4" , 4"X48" , 4"X8" , 5"X5" , 8"X16"	EX	Non FDA Exclusion
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
ACTICOAT FLEX 3 EXTERNAL SHEET 16"X16" , 2"X2" , 4"X48" , 4"X8" , 8"X16"	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ACTICOAT FLEX 7 EXTERNAL SHEET 1"X24" , 16"X16" , 2"X2" , 4"X5" , 6"X6" , 8"X16"	EX	Non FDA Exclusion
ACTICOAT SURGICAL EXTERNAL PAD 4"X10" , 4"X13-3/4" , 4"X4-3/4" , 4"X8"	EX	Non FDA Exclusion
ALLEVYN AG ADHESIVE EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	EX	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	EX	Non FDA Exclusion
ALLEVYN AG GENTLE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	EX	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	EX	Non FDA Exclusion
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	EX	Non FDA Exclusion
ALLEVYN AG SACRUM 9"X9" EXTERNAL	EX	Non FDA Exclusion
ALLEVYN GENTLE EXTERNAL PAD	EX	Non FDA Exclusion
AQUACEL AG BURN EXTERNAL PAD 4"X5"	EX	Non FDA Exclusion
AQUACEL AG FOAM EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM	EX	Non FDA Exclusion
ARIDA EXTERNAL GEL	EX	Non FDA Exclusion
atopavo external emulsion	EX	Non FDA Exclusion
AVO CREAM EXTERNAL EMULSION	EX	Non FDA Exclusion
AZADROX EXTERNAL GEL	EX	Non FDA Exclusion
BASADROX EXTERNAL GEL	EX	Non FDA Exclusion
BIAFINE EXTERNAL EMULSION	EX	Non FDA Exclusion
bilayer matrix wound dressing external sheet 5 cm x 5 cm	EX	Non FDA Exclusion
BIONECT EXTERNAL CREAM 0.2 %	EX	Non FDA Exclusion
BIONECT EXTERNAL FOAM 0.2 %	EX	Non FDA Exclusion
BIONECT EXTERNAL GEL 0.2 %	EX	Non FDA Exclusion
BIOSTEP AG EXTERNAL SHEET 2"X2" , 4"X4"	EX	Non FDA Exclusion
BIOSTEP EXTERNAL SHEET 4"X4" , 5 CM X 5 CM	EX	Non FDA Exclusion
COLLANEX EXTERNAL POWDER	EX	Non FDA Exclusion
COLLATYL EXTERNAL GEL	EX	Non FDA Exclusion
CURAFOAM AG FOAM DRESSING EXTERNAL PAD 4"X4"	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CURITY HYPERTONIC NACL STRIP EXTERNAL	EX	Non FDA Exclusion
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	EX	Non FDA Exclusion
DERPIXA EXTERNAL GEL	EX	Non FDA Exclusion
DURAFIBER AG EXTERNAL PAD 2"X2" , 3/4"X18" , 4"X4" , 4"X4-3/4" , 6"X6" , 8"X11-3/4"	EX	Non FDA Exclusion
DURAFIBER EXTERNAL PAD 4"X4-3/4"	EX	Non FDA Exclusion
DYNAFOAM AG FOAM DRESSING EXTERNAL PAD 4"X4"	EX	Non FDA Exclusion
DYNAGINATE AG CA ALG ROPE 30CM EXTERNAL 1/4" X 12"	EX	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X5" EXTERNAL PAD	EX	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD	EX	Non FDA Exclusion
ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET 10X12.7CM , 5X5CM	EX	Non FDA Exclusion
ENDOFORM DERMAL/FENESTRATED EXTERNAL SHEET 10X12.7CM , 5X5CM	EX	Non FDA Exclusion
FILSUVEZ EXTERNAL GEL 10 %	Tier 4	PA; Specialty
foraxa external emulsion	EX	Non FDA Exclusion
haproderm external gel	EX	Non FDA Exclusion
HYDROFERA BLUE 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE 6"X6" EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE READY FOAM EXTERNAL PAD	EX	Non FDA Exclusion
hygel external gel 2.5 %	EX	Non FDA Exclusion
INNOVAMATRIX AC EXTERNAL DISK 15 MM	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
INNOVAMATRIX AC EXTERNAL SHEET 2 CM X 2 CM , 4 CM X 4 CM , 4 CM X 6 CM , 5 CM X 5 CM	EX	Non FDA Exclusion
KENDALL ALGINATE 12" ROPE EXTERNAL	EX	Non FDA Exclusion
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL AMORPHOUS WOUND EXTERNAL GEL	EX	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL HYDROGEL WOUND DRESS EXTERNAL	EX	Non FDA Exclusion
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
KERAGEL EXTERNAL GEL	EX	Non FDA Exclusion
KERAGELT EXTERNAL GEL	EX	Non FDA Exclusion
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL SHEET	EX	Non FDA Exclusion
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET	EX	Non FDA Exclusion
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET	EX	Non FDA Exclusion
KERASTAT EXTERNAL CREAM	EX	Non FDA Exclusion
KERASTAT EXTERNAL GEL 5 %	EX	Non FDA Exclusion
L-MESITRAN SOFT WOUND EXTERNAL GEL	EX	Non FDA Exclusion
LUXAMEND EXTERNAL CREAM	EX	Non FDA Exclusion
MEDIHONEY CA ALGINATE 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
MEDIHONEY CA ALGINATE 4"X5" EXTERNAL PAD	EX	Non FDA Exclusion
MEDIHONEY WOUND &BURN DRESSING EXTERNAL PASTE	EX	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	EX	Non FDA Exclusion
MEPILEX AG EXTERNAL PAD 4"X4"	EX	Non FDA Exclusion
MICROMATRIX WOUND POWDER EXTERNAL POWDER	EX	Non FDA Exclusion
MIRO3D FIBERS EXTERNAL 100 MG, 250 MG, 500 MG, 700 MG	EX	Non FDA Exclusion
MIRO3D WOUND MATRIX EXTERNAL 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	EX	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT EXTERNAL SHEET 2X2CM , 2X3CM , 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	EX	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ EXTERNAL SHEET 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	EX	Non FDA Exclusion
MIRODRY WOUND MATRIX EXTERNAL SHEET 2 CM X 2 CM , 3 CM X 3 CM , 4 CM X 4 CM , 5 CM X 10 CM , 5 CM X 5 CM , 5 CM X 7 CM	EX	Non FDA Exclusion
MIROTRACT WOUND MATRIX DEVICE 3 MM X 5 CM , 3 MM X 9 CM , 5 MM X 5 CM , 5 MM X 9 CM	EX	Non FDA Exclusion
NORMLGEL AG EXTERNAL GEL	EX	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	EX	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 5X7CM , 7X10CM , 7X20CM	EX	Non FDA Exclusion
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	EX	Non FDA Exclusion
OCM WOUND CARE MATRIX EXTERNAL DEVICE 1.6 GM	EX	Non FDA Exclusion
OMEZA COLLAGEN MATRIX EXTERNAL LIQUID 1.6 GM	EX	Non FDA Exclusion
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	EX	Non FDA Exclusion
PROTYL AG EXTERNAL GEL 1 %	EX	Non FDA Exclusion
PURAPLY 1.6CM EXTERNAL DISK	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PURAPLY ANTIMICRO 3.76X3.76CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X2CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X4CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3.02CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3X4CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 4X4CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 5X5CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 6X9CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 8X16CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY EXTERNAL SHEET 2X4CM , 5X5CM , 6X9CM	EX	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 5X5CM EXTERNAL SHEET 0.1 %	EX	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 6X9CM EXTERNAL SHEET 0.1 %	EX	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL EXTERNAL SHEET	EX	Non FDA Exclusion
RADIAPLEXRX EXTERNAL GEL	EX	Non FDA Exclusion
RESTORE SILVER DRESSING EXTERNAL PAD 2"X2" , 4"X4" , 4"X4.75" , 4"X5" , 6"X8"	EX	Non FDA Exclusion
RTD WOUND CARE DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
safrycyn external cream 0.2 %	EX	Non FDA Exclusion
SILIGENTLE AG FOAM DRESSING EXTERNAL PAD 2"X2"	EX	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES EXTERNAL PAD 2"X2" , 4"X4" , 4"X5" , 6"X6"	EX	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3" , 4"X5"	EX	Non FDA Exclusion
SILVRSTAT WOUND DRESSING EXTERNAL GEL	EX	Non FDA Exclusion
SOLOX EXTERNAL GEL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SONAFINE EXTERNAL EMULSION	EX	Non FDA Exclusion
STRATA GRT EXTERNAL GEL	EX	Non FDA Exclusion
TEGADERM AG MESH EXTERNAL PAD 2"X2" , 4"X5" , 4"X8" , 8"X8"	EX	Non FDA Exclusion
vexasyn external gel	EX	Non FDA Exclusion
WOUNDGELHA MATRIX EXTERNAL GEL 2.5 %	EX	Non FDA Exclusion
XCELLISTEM WOUND POWDER EXTERNAL POWDER	EX	Non FDA Exclusion
zanabin hydrogel external gel	EX	Non FDA Exclusion
zenifiber ag external pad 2"x2" , 4"x5" , 6"x6" , 8"x8"	EX	Non FDA Exclusion
zenifoam ag external pad 2"x2" , 4"x5"	EX	Non FDA Exclusion
zenphor wound gel external gel	EX	Non FDA Exclusion
zenphor wound pad external pad	EX	Non FDA Exclusion
Wound Treatment - Autologous Cellular Gene Therapy**		
ZEVASKYN (UP TO 12 SHEETS) EXTERNAL SHEET	EX	Medical Only Exclusion
Wound Treatment - Gene Therapy**		
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML	EX	Medical Only Exclusion
Diagnostic Products		
Diagnostic Biologicals**		
alfalfa injection solution 1:20	EX	Medical Only Exclusion
almond (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
alternaria alternat (diagnost) injection solution 1:20	EX	Medical Only Exclusion
american elm (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
american lobster (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
APLISOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	EX	Medical Only Exclusion
apple (diagnostic) injection solution 1:10 , 1:40	EX	Medical Only Exclusion
aspergillus fumigat (diagnost) injection solution 1:20	EX	Medical Only Exclusion
aspergillus fumigatus intradermal solution 1:20	EX	Medical Only Exclusion
atlantic cod (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
atlantic salmon (diagnostic) injection solution 1:20	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
atlantic/eastern oyster(diagn) injection solution 1:20	EX	Medical Only Exclusion
aureobasidium pullulans intradermal solution 1:20	EX	Medical Only Exclusion
avocado (diagnostic) injection solution 1:10	EX	Medical Only Exclusion
banana (diagnostic) injection solution 1:10 , 1:40	EX	Medical Only Exclusion
beef (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
bipolaris sorokin (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
black walnut (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
black willow (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
blue crab (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
botrytis cinerea (diagnostic) intradermal solution 1:20	EX	Medical Only Exclusion
brazil nut (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
brown shrimp (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
candida albicans skn tst antgn injection solution 1:10	EX	Medical Only Exclusion
candida albicans skn tst antgn intradermal solution	EX	Medical Only Exclusion
CANDIN INTRADERMAL SOLUTION	EX	Medical Only Exclusion
cantaloupe (diagnostic) injection solution 1:10	EX	Medical Only Exclusion
casein (diagnostic) injection solution 1:100	EX	Medical Only Exclusion
cashew nut (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
celery (diagnostic) injection solution 1:40	EX	Medical Only Exclusion
chicken meat (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
cladosporium sphaer (diagnost) injection solution 1:20	EX	Medical Only Exclusion
cocoa bean (diagnostic) injection solution 1:10	EX	Medical Only Exclusion
coconut (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
corn (zea mays) (diagnostic) injection solution 1:40	EX	Medical Only Exclusion
cow milk (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
crab (diagnostic) injection solution 1:10	EX	Medical Only Exclusion
dog epithelium (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
eastern cottonwood(diagnostic) injection solution 1:20	EX	Medical Only Exclusion
egg white (diagnostic) injection solution 1:100	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
english plantain (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
english walnut (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
hazelnut (filbert)(diagnostic) injection solution 1:20	EX	Medical Only Exclusion
horse epithelium (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
lambs quarters (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
mosquito (diagnostic) intradermal solution 1:100	EX	Medical Only Exclusion
mountain cedar (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
mouse epithelium (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
nettle (diagnostic) injection solution 1:40	EX	Medical Only Exclusion
northern quahog clam(diagnost) injection solution 1:20	EX	Medical Only Exclusion
oat (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
oat grain (diagnostic) injection solution 1:10	EX	Medical Only Exclusion
orange (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
peanut (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
pecan nut (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
penicillium notatum (diagnost) injection solution 1:20	EX	Medical Only Exclusion
penicillium notatum (diagnost) intradermal solution 1:20	EX	Medical Only Exclusion
pineapple (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
pistachio nut (diagnostic) injection solution 1:10	EX	Medical Only Exclusion
pork (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
red maple (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
red oak (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
rice (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
saccharomyces cerevisiae intradermal solution 1:20	EX	Medical Only Exclusion
sagebrush (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
sea scallops (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
sesame seed (diagnostic) injection solution 1:10 , 1:20	EX	Medical Only Exclusion
shrimp (diagnostic) injection solution 1:10	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
soybean (diagnostic) injection solution 1:10 , 1:40	EX	Medical Only Exclusion
SPHERUSOL INTRADERMAL SOLUTION 127 MCG/0.1ML	EX	Medical Only Exclusion
strawberry (diagnostic) injection solution 1:10 , 1:40	EX	Medical Only Exclusion
sweet cherry (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
sweet corn (diagnostic) injection solution 1:10	EX	Medical Only Exclusion
tomato (diagnostic) injection solution 1:10 , 1:40	EX	Medical Only Exclusion
trichophyton mentag (diagnost) subcutaneous solution 1:20	EX	Medical Only Exclusion
TUBERSOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	EX	Medical Only Exclusion
western juniper (diagnostic) injection solution 1:40	EX	Medical Only Exclusion
white alder (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
white ash (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
white birch (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
white potato (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
whole egg (diagnostic) injection solution 1:100	EX	Medical Only Exclusion
whole grain barley(diagnostic) injection solution 1:20	EX	Medical Only Exclusion
whole wheat (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
Diagnostic Drugs**		
adenosine (diagnostic) intravenous solution 3 mg/ml	EX	Medical Only Exclusion
ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG	EX	Formulary Exclusion
BLUDIGO INTRAVENOUS SOLUTION 8 MG/ML	EX	Medical Only Exclusion
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG	EX	Medical Only Exclusion
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG	EX	Medical Only Exclusion
cosyntropin injection solution reconstituted 0.25 mg	EX	Medical Only Exclusion
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
CYTALUX INTRAVENOUS SOLUTION 3.2 MG/1.6ML	EX	Medical Only Exclusion
dipyridamole intravenous solution 5 mg/ml	EX	Medical Only Exclusion
d-xylose powder	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM	EX	Medical Only Exclusion
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	EX	Medical Only Exclusion
glucagon hcl (diagnostic) injection solution reconstituted 1 mg	EX	Medical Only Exclusion
GVOKE VIALDX INTRAVENOUS SOLUTION 1 MG/0.2ML	EX	Medical Only Exclusion
HISTATROL INJECTION SOLUTION 2.75 MG/ML	EX	Medical Only Exclusion
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML	EX	Medical Only Exclusion
IC GREEN INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
IC GREEN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
indigo carmine injection solution 8 mg/ml	EX	Non FDA Exclusion
indocyanine green intravenous solution reconstituted 25 mg	EX	Medical Only Exclusion
isosulfan blue subcutaneous solution 1 %	EX	Medical Only Exclusion
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG	EX	Medical Only Exclusion
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML	EX	Medical Only Exclusion
LUMISIGHT INTRAVENOUS SOLUTION RECONSTITUTED 39 MG	EX	Medical Only Exclusion
MACRILEN ORAL PACKET 60 MG	EX	Medical Only Exclusion
methacholine chloride inhalation kit	EX	Non FDA Exclusion
METOPIRONE ORAL CAPSULE 250 MG	EX	Formulary Exclusion
PRE-PEN INTRADERMAL SOLUTION 0.25 ML	EX	Medical Only Exclusion
PROVOCHOLINE INHALATION KIT	Tier 3	
PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED 100 MG	EX	Formulary Exclusion
regadenoson intravenous solution 0.4 mg/5ml	EX	Medical Only Exclusion
R-GENE 10 INTRAVENOUS SOLUTION 10 %	EX	Medical Only Exclusion
SECREFLO INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG	EX	Medical Only Exclusion
sincalide injection solution reconstituted 5 mcg	EX	Medical Only Exclusion
SPY AGENT GREEN INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
SPY- MIS KIT INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
SPY-PHI KIT INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	EX	Medical Only Exclusion
VUEBLU INJECTION SOLUTION 50 MG/10ML	EX	Medical Only Exclusion
Diagnostic Infection Test Combinations**		
BD VERITOR SARS-COV-2/FLU A+B IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB ASSAY IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB CNTRL IN VITRO KIT	EX	Non FDA Exclusion
LUCIRA COVID-19 & FLU TEST IN VITRO KIT	EX	Non FDA Exclusion
SOFIA2 FLU+SARS ANTIGEN FIA IN VITRO KIT	EX	Non FDA Exclusion
STATUS COVID-19/FLU A&B IN VITRO KIT	EX	Non FDA Exclusion
TYFAST FLU A/B COVID-19 MULTIP IN VITRO KIT	EX	Non FDA Exclusion
Diagnostic Products, Misc.**		
BREEZA FOR ORAL IODINATED CONT ORAL SOLUTION	EX	Non FDA Exclusion
BREEZA NEUTRAL ABD/PELVIC IMAG ORAL SOLUTION	EX	Non FDA Exclusion
Diagnostic Radiopharmaceuticals - Brain**		
AMYVID INTRAVENOUS SOLUTION 500-1900 MBQ/ML	EX	Medical Only Exclusion
DATSCAN INTRAVENOUS SOLUTION 185 MBQ/2.5ML	EX	Medical Only Exclusion
fluorodopa f 18 intravenous solution 37-1480 mbq/ml	EX	Medical Only Exclusion
NEURACEQ INTRAVENOUS SOLUTION 1.4-135 MCI/ML	EX	Medical Only Exclusion
TAUVID INTRAVENOUS SOLUTION 300-1900 MBQ/ML, 300-3700 MBQ/ML	EX	Medical Only Exclusion
VIZAMYL INTRAVENOUS SOLUTION 4.05 MCI/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Diagnostic Radiopharmaceuticals - Cardiac**		
ammonia n 13 intravenous solution 3.75-260 mci/ml, 3.75-37.5 mci/ml	EX	Medical Only Exclusion
CARDIOGEN-82 INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion
CARDIOLITE INTRAVENOUS KIT	EX	Medical Only Exclusion
FLYRCADO INTRAVENOUS SOLUTION 5-55 MCI/ML	Tier 3	
MYOVIEW 30ML INTRAVENOUS KIT	EX	Medical Only Exclusion
MYOVIEW INTRAVENOUS KIT	EX	Medical Only Exclusion
technetium tc 99m sestamibi intravenous kit	EX	Medical Only Exclusion
thallous chloride tl 201 intravenous solution 2 mci/ml	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Endocrine**		
ADREVIEW INTRAVENOUS SOLUTION 10 MCI/5ML	EX	Medical Only Exclusion
DETECTNET INTRAVENOUS SOLUTION 1 MCI/ML	EX	Medical Only Exclusion
DOTATOC GA 68 INTRAVENOUS SOLUTION 0.5-4 MCI/ML	EX	Medical Only Exclusion
indium in 111 dtpa intrathecal solution	EX	Medical Only Exclusion
indium in-111 pentetreotide intravenous kit	EX	Medical Only Exclusion
NETSPOT INTRAVENOUS KIT	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Gases**		
xenon xe 133 inhalation gas 10 mci, 20 mci	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Hepatobiliary**		
CHOLETEC INTRAVENOUS KIT	EX	Medical Only Exclusion
technetium tc 99m mebrofenin intravenous kit	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Lymphatic System*		
LYMPHOSEEK INJECTION KIT	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Miscellaneous**		
CERIANNA INTRAVENOUS SOLUTION 4-100 MCI/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
fludeoxyglucose f 18 intravenous solution 20-200 mci/ml, 20-300 mci/ml, 20-500 mci/ml	EX	Medical Only Exclusion
gallium citrate ga 67 intravenous solution 2 mci/ml	EX	Medical Only Exclusion
LEU TECHNELITE COMBINATION KIT	EX	Medical Only Exclusion
NEUROLITE INTRAVENOUS KIT	EX	Medical Only Exclusion
TECHNELITE COMBINATION KIT	EX	Medical Only Exclusion
technet tc 99m sulfur colloid combination kit	EX	Medical Only Exclusion
technetium tc 99m pyrophos intravenous kit	EX	Medical Only Exclusion
volumex intravenous solution prefilled syringe 25 mcci/ml	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Prostatic**		
AXUMIN INTRAVENOUS SOLUTION 9-221 MCI/ML	EX	Medical Only Exclusion
gallium ga 68 gozetotide intravenous solution 0.5-5 mci/ml	EX	Medical Only Exclusion
ILLUCCIX CONFIGURATION A INTRAVENOUS KIT 25 MCG	EX	Medical Only Exclusion
ILLUCCIX CONFIGURATION B INTRAVENOUS KIT 25 MCG	EX	Medical Only Exclusion
LOCAMETZ INTRAVENOUS KIT 25 MCG	EX	Medical Only Exclusion
POSLUMA INTRAVENOUS SOLUTION 296-5846 MBQ/ML	EX	Medical Only Exclusion
PYLARIFY INTRAVENOUS SOLUTION 1-80 MCI/ML	EX	Medical Only Exclusion
PYLARIFY INTRAVENOUS SOLUTION PREFILLED SYRINGE 9 MCI	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Renal**		
dmsa intravenous kit	Tier 3	
Diagnostic Radiopharmaceuticals - Skeletal**		
sodium fluoride f 18 intravenous solution 10-200 mci/ml	EX	Medical Only Exclusion
technetium tc 99m medronate intravenous kit	EX	Medical Only Exclusion
Diagnostic Radiopharmaceuticals- Immune Cell Radiolabeling*		
CERETEC INTRAVENOUS KIT	EX	Medical Only Exclusion
indium in 111 oxyquinoline intravenous solution 1 mci/ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Diagnostic Supplies**		
cervical specimen collection swab	EX	Non FDA Exclusion
ultrasound gel external gel	EX	Non FDA Exclusion
Diagnostic Tests**		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT	EX	Medical Only Exclusion
A1CNOW + PROFESSIONAL SYSTEM IN VITRO KIT	Tier 3	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	EX	Formulary Exclusion; QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	EX	Formulary Exclusion; QL
ACCUTREND GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVANCE INTUITION TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVOCATE REDI-CODE IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVOCATE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
AGAMATRIX AMP TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
AGAMATRIX JAZZ TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
AGAMATRIX PRESTO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ASSURE 3 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ASSURE 4 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ASSURE II CHECK IN VITRO STRIP	EX	Formulary Exclusion; QL
ASSURE II IN VITRO STRIP	EX	Formulary Exclusion; QL
ASSURE PLATINUM IN VITRO STRIP	EX	Formulary Exclusion; QL
ASSURE PRISM MULTI TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ASSURE PRO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
BIOTEL CARE TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
blood glucose test in vitro strip	EX	Formulary Exclusion; QL
blood glucose test strips 333 in vitro strip	EX	Formulary Exclusion; QL
BLULINK GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CARESENS N GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CARESENS S GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CARETOUCH TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
cholesterol and lipid test in vitro diagnostic test	EX	Non FDA Exclusion
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	EX	Formulary Exclusion; QL
CLEVER CHEK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CLEVER CHOICE MICRO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
CLEVER CHOICE NO CODING IN VITRO STRIP	EX	Formulary Exclusion; QL
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	EX	Formulary Exclusion; QL
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2	QL
CONTOUR PLUS TEST IN VITRO STRIP	Tier 2	QL
CONTOUR TEST IN VITRO STRIP	Tier 2	QL
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
cvs glucose meter test strips in vitro strip	EX	Formulary Exclusion; QL
cvs true metrix glucose test in vitro strip	EX	Formulary Exclusion; QL
D-CARE BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
diatrue plus test in vitro strip	EX	Formulary Exclusion; QL
DUO-CARE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
DX1 ORAGENOMIC DNA SCREEN KIT	EX	Medical Only Exclusion
DX2 ORAGENOMIC DNA SCREEN KIT	EX	Medical Only Exclusion
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
easy plus ii glucose test in vitro strip	EX	Formulary Exclusion; QL
EASY STEP TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
easy talk blood glucose test in vitro strip	EX	Formulary Exclusion; QL
easy talk plus ii test strips in vitro strip	EX	Formulary Exclusion; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
EASY TOUCH TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
easy trak blood glucose test in vitro strip	EX	Formulary Exclusion; QL
easy trak ii glucose test in vitro strip	EX	Formulary Exclusion; QL
EASYGLUCO IN VITRO STRIP	EX	Formulary Exclusion; QL
EASYGLUCO PLUS IN VITRO STRIP	EX	Formulary Exclusion; QL
EASYMAX 15 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EASYMAX TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EASYPRO PLUS IN VITRO STRIP	EX	Formulary Exclusion; QL
element compact test in vitro strip	EX	Formulary Exclusion; QL
ELEMENT TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
eq blood glucose test in vitro strip	EX	Formulary Exclusion; QL
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE G2 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE G3 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVOLUTION AUTOCODE IN VITRO STRIP	EX	Formulary Exclusion; QL
EXACTECH R-S-G TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EXACTECH TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA 6 CONNECT IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA GD20 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA TN'G ADVANCE PRO IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA TN'G/TN'G VOICE IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORACARE GD40 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
FORACARE PREMIUM V10 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORACARE TEST N GO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	EX	Formulary Exclusion; QL
FORTISCARE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 2	QL
FREESTYLE LITE TEST IN VITRO STRIP	Tier 2	QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 2	QL
FREESTYLE TEST IN VITRO STRIP	Tier 2	QL
ge100 blood glucose test in vitro strip	EX	Formulary Exclusion; QL
GENULTIMATE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ght test in vitro strip	EX	Formulary Exclusion; QL
GLUCO PERFECT 3 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	EX	Formulary Exclusion; QL
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
GLUCOCARD SHINE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
GLUCOCARD VITAL TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
GLUCOCARD X-SENSOR IN VITRO STRIP	EX	Formulary Exclusion; QL
GLUCOCOM TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
glucose meter test in vitro strip	EX	Formulary Exclusion; QL
gnp easy touch glucose test in vitro strip	EX	Formulary Exclusion; QL
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP	EX	Formulary Exclusion; QL
GNP TRUETRACK TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
goodsense blood glucose in vitro strip	EX	Formulary Exclusion; QL
HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
home pap kit in vitro kit 2.5 %	EX	Medical Only Exclusion
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
IGLUCOSE TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP	EX	ST; Formulary Exclusion; QL
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
INFINITY VOICE IN VITRO STRIP	EX	Formulary Exclusion; QL
kroger blood glucose test in vitro strip	EX	Formulary Exclusion; QL
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
kroger premium glucose test in vitro strip	EX	Formulary Exclusion; QL
kroger test in vitro strip	EX	Formulary Exclusion; QL
LIBERTY NEXT GENERATION TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
liberty test in vitro strip	EX	Formulary Exclusion; QL
medicated dna collection 2 kit	EX	Non FDA Exclusion; Medical Only Exclusion
medicated dna collection kit	EX	Medical Only Exclusion
medicated dna collection kit	EX	Non FDA Exclusion; Medical Only Exclusion
meijer blood glucose test in vitro strip	EX	Formulary Exclusion; QL
meijer essential glucose test in vitro strip	EX	Formulary Exclusion; QL
meijer premium glucose test in vitro strip	EX	Formulary Exclusion; QL
MEIJER TRUETEST TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MEIJER TRUETRACK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MICRODOT TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MM BLULINK GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MM EASY TOUCH GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
MYGLUCOHEALTH TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
NEUTEK 2TEK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
NOVA MAX GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
one drop test in vitro strip	EX	Formulary Exclusion; QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Tier 2	QL
ONETOUCH ULTRA IN VITRO STRIP	Tier 2	QL
ONETOUCH ULTRA TEST IN VITRO STRIP	Tier 2	QL
ONETOUCH VERIO IN VITRO STRIP	Tier 2	QL
OPTIUM TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
OPTIUMEZ TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ph strips in vitro diagnostic test	Tier 3	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	EX	Formulary Exclusion; QL
pharmacist choice no coding in vitro strip	EX	Formulary Exclusion; QL
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	EX	Formulary Exclusion; QL
POCKETCHEM EZ TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	EX	Formulary Exclusion; QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 2	QL
premium blood glucose test in vitro strip	EX	Formulary Exclusion; QL
PRO DNA COLLECTION KIT 2 %	EX	Medical Only Exclusion
pro voice v8/v9 glucose in vitro strip	EX	Formulary Exclusion; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	EX	Formulary Exclusion; QL
professional dna collection kit	EX	Medical Only Exclusion
PTS PANELS EGLU TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
PTS PANELS GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
PTS PANELS LIPID PANEL+EGLU IN VITRO STRIP	EX	Formulary Exclusion; QL
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
QUICKTEK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION CONFIRM/MICRO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION GLUCOSE TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION PREMIER TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION PRIME TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION ULTIMA TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SMART SENSE PREMIUM TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SMART SENSE VALUE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SOLUS V2 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SURE EDGE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
tgt blood glucose test in vitro strip	EX	Formulary Exclusion; QL
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT	EX	Medical Only Exclusion
true focus blood glucose strip in vitro strip	EX	Formulary Exclusion; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
TRUETEST TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
TRUETRACK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
udsx medicated system combination kit 20 mg	EX	Non FDA Exclusion
udsxmp medicated system combination kit 20 mg	EX	Non FDA Exclusion
ULTRATRAK PRO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ULTRATRAK ULTIMATE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
UNISTRIP1 GENERIC IN VITRO STRIP	EX	Formulary Exclusion; QL
verasens blood glucose test in vitro strip	EX	Formulary Exclusion; QL
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
Digital Diagnostic Aids**		
CANVAS DX DIAGNOSIS AID AUTISM	EX	Non FDA Exclusion
Infection Tests**		
ACCULA SARS-COV-2 IN VITRO KIT	EX	Non FDA Exclusion
BD VERITOR SYSTEM GROUP A STRP IN VITRO KIT	EX	Non FDA Exclusion
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT	EX	Non FDA Exclusion
BINAXNOW COVID-19 AG CARD IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2 ASSAY IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2 CONTROL IN VITRO KIT	EX	Non FDA Exclusion
covid-19 otc antigen 1-pack in vitro kit	Benefit Exclusion	Non FDA Exclusion
covid-19 otc antigen 2-pack in vitro kit	Benefit Exclusion	Non FDA Exclusion
covid-19 specimen collection kit	Benefit Exclusion	Non FDA Exclusion
CUE COVID-19 TEST IN VITRO CARTRIDGE	EX	Non FDA Exclusion
CUE HEALTH MONITORING SYSTEM IN VITRO	EX	Non FDA Exclusion
DXTERITY COVID-19 HOME TEST IN VITRO KIT	EX	Non FDA Exclusion
ECOTEST COVID-19 RAPID TEST IN VITRO KIT	EX	Non FDA Exclusion
EVERLYWELL COVID-19 HOME TEST IN VITRO KIT	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
FASTEP COVID-19 RAPID TEST IN VITRO KIT	EX	Non FDA Exclusion
ID NOW COVID-19 2.0 TEST IN VITRO KIT	EX	Non FDA Exclusion
ID NOW COVID-19 CONTROL IN VITRO KIT	EX	Non FDA Exclusion
ID NOW COVID-19 IN VITRO KIT	EX	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 CONTR IN VITRO KIT	EX	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 IN VITRO KIT	EX	Non FDA Exclusion
ID NOW RSV CONTROL SWAB IN VITRO KIT	EX	Non FDA Exclusion
ID NOW RSV IN VITRO KIT	EX	Non FDA Exclusion
ID NOW STREP A2 CONTROL SWAB IN VITRO KIT	EX	Non FDA Exclusion
ID NOW STREP A2 IN VITRO KIT	EX	Non FDA Exclusion
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT	EX	Non FDA Exclusion
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	EX	Non FDA Exclusion
LYRA DIRECT SARS-COV-2 ASSAY IN VITRO KIT	EX	Non FDA Exclusion
LYRA SARS-COV-2 ASSAY IN VITRO KIT	EX	Non FDA Exclusion
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE + STREP A TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE DIPSTICK STREP A TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE INFLUENZA A+B TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE IN-LINE STREP A TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE SARS ANTIGEN TEST IN VITRO KIT	EX	Non FDA Exclusion
SIMPLICITY COVID-19 AT-HOME IN VITRO KIT	EX	Non FDA Exclusion
SOFIA INFLUENZA A+B FIA IN VITRO KIT	EX	Non FDA Exclusion
SOFIA SARS ANTIGEN FIA IN VITRO KIT	EX	Non FDA Exclusion
SOFIA STREP A FIA IN VITRO KIT	EX	Non FDA Exclusion
SOFIA STREP A+ FIA IN VITRO KIT	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SOFIA2 SARS ANTIGEN FIA IN VITRO KIT	EX	Non FDA Exclusion
XPERT XPRESS SARS-COV-2 IN VITRO KIT	EX	Non FDA Exclusion
Miscellaneous Contrast Media Combinations**		
BL-C INJECTION KIT	EX	Non FDA Exclusion
BL-CONTRAST INJECTION KIT	EX	Non FDA Exclusion
Miscellaneous Contrast Media**		
CLARISCAN INTRAVENOUS SOLUTION 10 MMOL/20ML, 2.5 MMOL/5ML, 5 MMOL/10ML, 50 MMOL/100ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion
CLARISCAN INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/20ML, 5 MMOL/10ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion
DEFINITY INTRAVENOUS SUSPENSION 6.52 MG/ML	EX	Medical Only Exclusion
DEFINITY RT INTRAVENOUS SUSPENSION 6.52 MG/ML	EX	Medical Only Exclusion
DOTAREM INTRAVENOUS SOLUTION 10 MMOL/20ML, 2.5 MMOL/5ML, 5 MMOL/10ML, 50 MMOL/100ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion
DOTAREM INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/20ML, 5 MMOL/10ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion
ELUCIREM INTRAVENOUS SOLUTION 0.5 MMOL/ML	EX	Medical Only Exclusion
EOVIST INTRAVENOUS SOLUTION 0.25 MMOL/ML	EX	Medical Only Exclusion
EXEM INTRAUTERINE FOAM 10 ML	EX	Medical Only Exclusion
GADAVIST INTRAVENOUS SOLUTION 1 MMOL/ML	EX	Medical Only Exclusion
GADAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML	EX	Medical Only Exclusion
gadobutrol intravenous solution 1 mmol/ml	EX	Medical Only Exclusion
gadoterate meglumine intravenous solution 10 mmol/20ml, 2.5 mmol/5ml, 5 mmol/10ml, 50 mmol/100ml, 7.5 mmol/15ml	EX	Medical Only Exclusion
gadoteridol intravenous solution 279.3 mg/ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
LUMASON INJECTION SUSPENSION RECONSTITUTED 60.7-25 MG	EX	Medical Only Exclusion
MULTIHANCE INTRAVENOUS SOLUTION 529 MG/ML	EX	Medical Only Exclusion
OMNISCAN INJECTION INJECTABLE 287 MG/ML	EX	Medical Only Exclusion
OMNISCAN INTRAVENOUS SOLUTION 287 MG/ML	EX	Medical Only Exclusion
OPTISON INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
PROHANCE INTRAVENOUS SOLUTION 279.3 MG/ML	EX	Medical Only Exclusion
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML	EX	Medical Only Exclusion
XENOVIEW INHALATION GAS 1 %	EX	Medical Only Exclusion
Multiple Skin Tests**		
cockroach mixed (diagnostic) injection solution 1:20	EX	Medical Only Exclusion
sheep sorrel-dock (diagostic) injection solution 1:20	EX	Medical Only Exclusion
short-giant ragweed (diagnost) injection solution 1:20	EX	Medical Only Exclusion
T.R.U.E. TEST EXTERNAL DIAGNOSTIC TEST	EX	Formulary Exclusion
Radiographic Contrast Media - Barium**		
barium sulfate powder	EX	Formulary Exclusion
ENTERO VU ORAL SUSPENSION 24 %	EX	Formulary Exclusion
E-Z-DISK ORAL TABLET 700 MG	EX	Formulary Exclusion
E-Z-HD ORAL SUSPENSION RECONSTITUTED 98 %	EX	Formulary Exclusion
LIQUID E-Z-PAQUE ORAL SUSPENSION 60 %	EX	Formulary Exclusion
LIQUID POLIBAR PLUS COMBINATION SUSPENSION 105 %	EX	Non FDA Exclusion
NEULUMEX ORAL SUSPENSION 0.1 %	EX	Formulary Exclusion
READI-CAT 2 ORAL SUSPENSION 2 %	EX	Formulary Exclusion
SITZMARKS COMBO PACKAGE ORAL CAPSULE THERAPY PACK	EX	Non FDA Exclusion
SITZMARKS FOR KIDS ORAL CAPSULE	EX	Non FDA Exclusion
SITZMARKS ORAL CAPSULE	EX	Non FDA Exclusion
TAGITOL V ORAL SUSPENSION 40 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
VANILLA SILQ COMBINATION SUSPENSION 2.1 %	EX	Non FDA Exclusion
VARIBAR HONEY ORAL SUSPENSION 40 %	EX	Formulary Exclusion
VARIBAR NECTAR ORAL SUSPENSION 40 %	EX	Formulary Exclusion
VARIBAR PUDDING ORAL PASTE 40 %	EX	Formulary Exclusion
VARIBAR THIN HONEY ORAL SUSPENSION 40 %	EX	Formulary Exclusion
VARIBAR THIN LIQUID ORAL SUSPENSION RECONSTITUTED 40 %	EX	Formulary Exclusion
Radiographic Contrast Media - Iodinated**		
CONRAY INJECTION SOLUTION 60 %	EX	Medical Only Exclusion
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	EX	Medical Only Exclusion
CYSTOGRAFIN URETHRAL SOLUTION 30 %	EX	Medical Only Exclusion
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	EX	Medical Only Exclusion
diatrizoate meglumine & sodium oral solution 66-10 %	EX	Formulary Exclusion
GASTROGRAFIN ORAL SOLUTION 66-10 %	EX	Formulary Exclusion
iodixanol intravenous solution 270 mg/ml, 320 mg/ml	EX	Medical Only Exclusion
iohexol epidural solution 240 mg/ml, 300 mg/ml	EX	Non FDA Exclusion
iopamidol injection solution 41 %, 61 %	EX	Medical Only Exclusion
iopamidol intravenous solution 41 %, 51 %, 61 %, 76 %	EX	Medical Only Exclusion
ISOVUE-200 INTRAVENOUS SOLUTION 41 %	EX	Medical Only Exclusion
ISOVUE-250 INTRAVENOUS SOLUTION 51 %	EX	Medical Only Exclusion
ISOVUE-300 INTRAVENOUS SOLUTION 61 %	EX	Medical Only Exclusion
ISOVUE-370 INTRAVENOUS SOLUTION 76 %	EX	Medical Only Exclusion
ISOVUE-M 200 INJECTION SOLUTION 41 %	EX	Medical Only Exclusion
ISOVUE-M 300 INJECTION SOLUTION 61 %	EX	Medical Only Exclusion
LIPIODOL INJECTION OIL 480 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
MD-GASTROVIEW ORAL SOLUTION 66-10 %	EX	Formulary Exclusion
OMNIPAQUE COMBINATION SOLUTION 300 MG/ML, 350 MG/ML	EX	Medical Only Exclusion
OMNIPAQUE INTRAVENOUS SOLUTION 140 MG/ML, 350 MG/ML	EX	Medical Only Exclusion
OMNIPAQUE ORAL SOLUTION 12 MG/ML, 9 MG/ML	EX	Formulary Exclusion
OMNIPAQUE SOLUTION 180 MG/ML INJECTION	EX	Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	EX	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	EX	Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	EX	Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	EX	Medical Only Exclusion
VISIPAQUE INTRAVENOUS SOLUTION 270 MG/ML, 320 MG/ML	EX	Medical Only Exclusion
Dietary Products/Dietary Management Products		
Dietary Management Product Combinations**		
ASTAMED MYO ORAL CAPSULE	EX	Non FDA Exclusion
AXONA ORAL PACKET	Benefit Exclusion	Non FDA Exclusion
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	EX	Non FDA Exclusion
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG	EX	Non FDA Exclusion
CEREFOLIN ORAL TABLET 6-1-50-5 MG	EX	Non FDA Exclusion
DEPLIN 15 ORAL CAPSULE 15-90.314 MG	EX	Non FDA Exclusion
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG	Benefit Exclusion	Non FDA Exclusion
ELFOLATE PLUS ORAL TABLET 3-35-2 MG	EX	Non FDA Exclusion
ENLYTE ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
FOLBIC RF ORAL TABLET 1.13-25-2 MG	EX	Non FDA Exclusion
FOLTANX ORAL TABLET 3-35-2 MG	EX	Non FDA Exclusion
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG	EX	Non FDA Exclusion
FOLTX ORAL TABLET 1.13-25-2 MG	EX	Non FDA Exclusion
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT	EX	Non FDA Exclusion
FOSTEUM PLUS ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
LDL CARE ORAL POWDER	EX	Non FDA Exclusion
LIMBREL250 ORAL CAPSULE 250-50 MG	EX	Non FDA Exclusion
LIMBREL500 ORAL CAPSULE 500-50 MG	EX	Non FDA Exclusion
l-methylfolate ca me-cbl nac oral tablet 6-90.314-2-600 mg	EX	Non FDA Exclusion
l-methylfolate forte capsule 15-90.314 mg oral	EX	Non FDA Exclusion
l-methylfolate forte capsule 7.5-90.314 mg oral	EX	Non FDA Exclusion
l-methylfolate forte capsule 7.5-90.314 mg oral	Benefit Exclusion	Non FDA Exclusion
l-methylfolate-algae oral capsule 15-90.314 mg	EX	Non FDA Exclusion
l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg	EX	Non FDA Exclusion
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	EX	Non FDA Exclusion
l-methyl-mc nac oral tablet 6-2-600 mg	EX	Non FDA Exclusion
l-methyl-mc oral tablet 6-1-50-5 mg	EX	Non FDA Exclusion
lormate oral capsule	Benefit Exclusion	Non FDA Exclusion
medactiv oral tablet	EX	Non FDA Exclusion
METAFOLBIC ORAL TABLET 6-1-50-5 MG	EX	Non FDA Exclusion
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	EX	Non FDA Exclusion
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG	EX	Non FDA Exclusion
METANX FC ORAL CAPSULE 3-35-2 MG	EX	Non FDA Exclusion
METANX ORAL CAPSULE 3-90.314-2-35 MG	EX	Non FDA Exclusion
METANX RR ORAL CAPSULE 3-2-35-500 MG	EX	Non FDA Exclusion
METANXPRO NERVE HEALTH ORAL CAPSULE 3-2-35-500 MG	EX	Non FDA Exclusion
methaver oral capsule	Benefit Exclusion	Non FDA Exclusion
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	EX	Non FDA Exclusion
neoke bhb oral powder	EX	Non FDA Exclusion
NICAPRIN ORAL TABLET	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
nicazyme oral tablet	Benefit Exclusion	Non FDA Exclusion
omnivex oral tablet	Benefit Exclusion	Non FDA Exclusion
PODIAPN ORAL CAPSULE	EX	Non FDA Exclusion
pro-critic oral packet	Benefit Exclusion	Non FDA Exclusion
PROLEEVA ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
proleva oral tablet	Benefit Exclusion	Non FDA Exclusion
PROTEOLIN ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
RHEUMATE ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
ribozel oral capsule	Benefit Exclusion	Non FDA Exclusion
TOBAKIENT ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
VASCULERA ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
vb6 p5p oral powder	EX	Non FDA Exclusion
westab max oral tablet 2.5-25-2 mg	Benefit Exclusion	Non FDA Exclusion
xyzbac oral tablet	Benefit Exclusion	Non FDA Exclusion
zyvexol oral tablet	Benefit Exclusion	Non FDA Exclusion
Dietary Management Products**		
AVAILNEX ORAL TABLET CHEWABLE 750 MG	EX	Non FDA Exclusion
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG	EX	Non FDA Exclusion
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	EX	Non FDA Exclusion
ENTERAGAM ORAL PACKET 5 GM	EX	Non FDA Exclusion
GALAXTRA ORAL POWDER	EX	Non FDA Exclusion
LIMBREL ORAL CAPSULE 250 MG, 500 MG	EX	Non FDA Exclusion
l-methylfolate calcium oral tablet 15 mg, 7.5 mg	EX	Non FDA Exclusion
l-methylfolate oral tablet 15 mg, 7.5 mg	EX	Non FDA Exclusion
VASCAZEN ORAL CAPSULE 1 GM	EX	Non FDA Exclusion
XAQUIL XR ORAL TABLET EXTENDED RELEASE 25.5 MG	EX	Non FDA Exclusion
Nutritional Supplements - Diet Aids**		
APP SLIM RMS ORAL CAPSULE	EX	Non FDA Exclusion
Nutritional Supplements**		
AMINOPMRMS ORAL CAPSULE	EX	Non FDA Exclusion
ASILNASALRMS ORAL CAPSULE	EX	Non FDA Exclusion
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ENU NUTRITIONAL SHAKE ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
ENU PRO3 PLUS ORAL POWDER	Benefit Exclusion	Non FDA Exclusion
equacare jr oral powder	Benefit Exclusion	Non FDA Exclusion
ESSENTIAL CARE JR ORAL POWDER	Benefit Exclusion	Non FDA Exclusion
FIBERSOURCE HN ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN BETTERMILK 15 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BUILD 10PE ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BUILD 20/20 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PKU ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BURST ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN COMPLETE 10PE ORAL BAR	EX	Non FDA Exclusion
GLYTACTIN RESTORE 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RESTORE 5 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10PE ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN RTD 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RTD 15 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RTD LITE 15 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN SWIRL 15 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN SWIRL 15PE ORAL PACKET	EX	Non FDA Exclusion
HCU EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
HCU EXPRESS 15 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
HCU EXPRESS 20 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
HOMACTIN AA PLUS ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
HOMACTIN AA PLUS ORAL PACKET	EX	Non FDA Exclusion
ISOVACTIN AA PLUS ORAL PACKET	EX	Non FDA Exclusion
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID	EX	Non FDA Exclusion
KATE FARMS STANDARD 1.4 ENTERAL LIQUID	EX	Non FDA Exclusion
KETOVIE 3:1 ORAL LIQUID	EX	Non FDA Exclusion
KETOVIE 4:1 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
KETOVIE ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
KETOVIE PEPTIDE ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
MSUD EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
NOURISH ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	Benefit Exclusion	Non FDA Exclusion
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE	Benefit Exclusion	Non FDA Exclusion
PKU EASY MICROTABS PLUS ORAL TABLET DELAYED RELEASE	EX	Non FDA Exclusion
PKU EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
PKU EXPRESS 15 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
PKU EXPRESS 20 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
PKU GO ORAL PACKET	EX	Non FDA Exclusion
thrivacin 30 oral liquid	Benefit Exclusion	Non FDA Exclusion
thrivacin detox oral liquid	Benefit Exclusion	Non FDA Exclusion
TYLACTIN BUILD 20PE TYR ORAL PACKET	EX	Non FDA Exclusion
TYLACTIN COMPLETE 15 PE ORAL BAR	EX	Non FDA Exclusion
TYLACTIN RESTORE 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
TYLACTIN RESTORE 5PE ORAL PACKET	EX	Non FDA Exclusion
TYLACTIN RTD 15 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
TYR EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
TYR EXPRESS 15 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
TYR EXPRESS 20 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
VILACTIN AA PLUS ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
VILACTIN AA PLUS ORAL PACKET	EX	Non FDA Exclusion
Sweeteners**		
sodium saccharin granules	Benefit Exclusion	Formulary Exclusion
sodium saccharin powder	Benefit Exclusion	Formulary Exclusion
Digestive Aids		
Digestive Enzyme Combinations**		
enzadyne oral capsule	EX	Non FDA Exclusion
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	

Drug Name	Drug Tier	Notes
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	EX	Formulary Exclusion
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	EX	Formulary Exclusion
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 4	PA; Specialty
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	EX	Formulary Exclusion
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
acetazolamide sodium injection solution reconstituted 500 mg	EX	Medical Only Exclusion
dichlorphenamide oral tablet 50 mg	Tier 4	PA; Specialty
KEVEYIS ORAL TABLET 50 MG	EX	PA; Specialty; Formulary Exclusion
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 4	PA; Specialty
Diuretic Combinations**		
ALDACTAZIDE TABLET 25-25 MG ORAL	EX	Formulary Exclusion
ALDACTAZIDE TABLET 50-50 MG ORAL	Tier 3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
DYAZIDE ORAL CAPSULE 37.5-25 MG	EX	Formulary Exclusion
MAXZIDE ORAL TABLET 75-50 MG	EX	Formulary Exclusion
MAXZIDE-25 ORAL TABLET 37.5-25 MG	EX	Formulary Exclusion
spironolactone-hctz oral tablet 25-25 mg	Tier 1	
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Loop Diuretics**		
bumetanide injection solution 0.25 mg/ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
EDECRIN ORAL TABLET 25 MG	EX	Formulary Exclusion
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML	EX	PA; Formulary Exclusion; QL
ethacrynate sodium intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion
ethacrynic acid oral tablet 25 mg	Tier 1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	EX	PA; Specialty; Formulary Exclusion; QL
furosemide in sodium chloride intravenous solution 100-0.9 mg/100ml-%	EX	Formulary Exclusion
furosemide injection solution 10 mg/ml	EX	Medical Only Exclusion
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
furosemide solution 10 mg/ml oral	Tier 1	
furosemide solution 8 mg/ml oral	Tier 3	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
torsemide tablet 10 mg oral	Tier 1	
torsemide tablet 100 mg oral	Tier 1	
torsemide tablet 20 mg oral	Tier 2	
torsemide tablet 20 mg oral	Tier 1	
torsemide tablet 5 mg oral	Tier 1	
Osmotic Diuretics**		
mannitol intravenous solution 20 %, 25 %	EX	Medical Only Exclusion
OSMITROL INTRAVENOUS SOLUTION 10 %, 15 %, 20 %	EX	Medical Only Exclusion
Potassium Sparing Diuretics**		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
amiloride hcl oral tablet 5 mg	Tier 1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	EX	Formulary Exclusion
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	EX	Formulary Exclusion
spironolactone oral suspension 25 mg/5ml	Tier 1	

Drug Name	Drug Tier	Notes
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Thiazides And Thiazide-Like Diuretics**		
chlorothiazide sodium intravenous solution reconstituted 500 mg	EX	Medical Only Exclusion
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
THALITONE ORAL TABLET 15 MG	Tier 3	
Endocrine And Metabolic Agents - Misc.		
Abortifacient - Progesterone Receptor Antagonists**		
MIFEPREX ORAL TABLET 200 MG	Benefit Exclusion	Formulary Exclusion
mifepristone tablet 200 mg oral	Benefit Exclusion	Formulary Exclusion
mifepristone tablet 200 mg oral	EX	Formulary Exclusion
Acid Sphingomyelinase Deficiency (Asmd) - Agents**		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG	EX	Medical Only Exclusion
Adenosine Deaminase Scid Treatment - Agents**		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 4	PA; Specialty
Alkaptonuria (Aku) Treatment - Agents**		
HARLIKU ORAL TABLET 2 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Alpha-Mannosidosis Treatment - Agents**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
Aromatic Amino Acid Decarboxylate Deficiency - Agents**		
KEBILIDI INJECTION SUSPENSION 280000000000 VG/0.5ML	EX	Medical Only Exclusion
Atp-Sensitive Potassium Channel Activators**		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Tier 4	PA; Specialty
Bisphosphonates**		
ACTONEL ORAL TABLET 150 MG, 35 MG	EX	ST; Formulary Exclusion; QL
alendronate sodium oral solution 70 mg/75ml	Tier 1	QL
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	QL
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	EX	ST; Formulary Exclusion; QL
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	EX	Non Essential Drug Exclusion; QL
BONIVA ORAL TABLET 150 MG	EX	Formulary Exclusion; QL
FOSAMAX ORAL TABLET 70 MG	EX	Formulary Exclusion; QL
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 3	QL
ibandronate sodium intravenous solution 3 mg/3ml	Tier 1	
ibandronate sodium oral tablet 150 mg	Tier 1	QL
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	EX	Medical Only Exclusion
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML	Tier 3	PA; Specialty; QL
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Tier 1	ST; QL
risedronate sodium oral tablet delayed release 35 mg	EX	ST; Formulary Exclusion; QL
zoledronic acid intravenous concentrate 4 mg/5ml	Tier 1	PA; Specialty
zoledronic acid solution 4 mg/100ml intravenous	Tier 3	PA; Specialty
zoledronic acid solution 5 mg/100ml intravenous	Tier 1	PA; Specialty; QL
Calcimimetic Agents**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Tier 4	QL

Drug Name	Drug Tier	Notes
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML	EX	Medical Only Exclusion
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	EX	Formulary Exclusion; QL
Calcitonins**		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	QL
calcitonin (salmon) nasal solution 200 unit/act	Tier 1	QL
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	EX	Formulary Exclusion; QL
Carnitine Replenisher - Agents**		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	Tier 3	
CARNITOR ORAL SOLUTION 1 GM/10ML	EX	Formulary Exclusion
CARNITOR ORAL TABLET 330 MG	EX	Formulary Exclusion
CARNITOR SF ORAL SOLUTION 1 GM/10ML	EX	Formulary Exclusion
levocarnitine injection solution 500 mg/ml	EX	Non FDA Exclusion
levocarnitine intravenous solution 200 mg/ml	Tier 1	
levocarnitine oral solution 1 gm/10ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
levocarnitine sf oral solution 1 gm/10ml	Tier 1	
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
XPHOZAH ORAL TABLET 20 MG, 30 MG	EX	PA; Formulary Exclusion
Corticotropin**		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4	PA; Specialty
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA; Specialty
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4	PA; Specialty
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 4	PA; Specialty
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 4	PA; Specialty; QL
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Cortisol Synthesis Inhibitors**		
ISTURISA TABLET 1 MG ORAL	Tier 4	PA; Specialty; QL
ISTURISA TABLET 10 MG ORAL	Tier 3	PA; Specialty; QL
ISTURISA TABLET 5 MG ORAL	Tier 4	PA; Specialty; QL
RECORLEV ORAL TABLET 150 MG	EX	PA; Specialty; Formulary Exclusion; QL
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	Tier 1	
Fabry Disease - Agents**		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML	EX	PA; Specialty; Formulary Exclusion
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Tier 4	PA; Specialty; QL
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; Specialty; QL
Gaa Deficiency Treatment - Agents**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4	PA; Specialty
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	PA; Specialty; Formulary Exclusion
OPFOLDA ORAL CAPSULE 65 MG	EX	PA; Specialty; Formulary Exclusion
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG	EX	PA; Specialty; Formulary Exclusion
Gnrh/Lhrh Antagonists**		
cetrorelix acetate subcutaneous kit 0.25 mg	Benefit Exclusion	PA; Specialty
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	EX	PA; Specialty; Formulary Exclusion
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Benefit Exclusion	PA; Specialty
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	Benefit Exclusion	PA; Specialty
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	EX	PA; Specialty; Formulary Exclusion
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; QL
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Growth Hormone Releasing Hormones (Ghrh)**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 4	QL
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 4	PA; Specialty; QL
Growth Hormones**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 4	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 4	PA; Specialty
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	EX	PA; Specialty; Formulary Exclusion
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG	EX	PA; Specialty; Formulary Exclusion
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	EX	PA; Specialty; Formulary Exclusion
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 4	PA; Specialty
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	EX	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	EX	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	EX	PA; Specialty; Formulary Exclusion
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 4	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 4	PA; Specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	EX	PA; Specialty; Formulary Exclusion
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG	EX	PA; Specialty; Formulary Exclusion
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	EX	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
SKYTROFA CARTRIDGE 0.7 MG SUBCUTANEOUS	EX	New to Market Exclusion
SKYTROFA CARTRIDGE 1.4 MG SUBCUTANEOUS	EX	New to Market Exclusion
SKYTROFA CARTRIDGE 1.8 MG SUBCUTANEOUS	EX	New to Market Exclusion
SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 2.1 MG SUBCUTANEOUS	EX	New to Market Exclusion
SKYTROFA CARTRIDGE 2.5 MG SUBCUTANEOUS	EX	New to Market Exclusion
SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS	Tier 4	PA; Specialty
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 4	PA; Specialty
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	EX	PA; Specialty; Formulary Exclusion
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	EX	PA; Specialty; Formulary Exclusion
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN ORAL PACKET 2 GM	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA; Specialty
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA; Specialty
Homocystinuria Treatment - Agents**		
betaine powder oral	EX	PA; Non FDA Exclusion
betaine powder oral	Tier 4	PA
CYSTADANE ORAL POWDER	EX	PA; Formulary Exclusion
Hyperammonemia Treatment - Agents**		
CARBAGLU ORAL TABLET SOLUBLE 200 MG	EX	PA; Specialty; Formulary Exclusion
carglumic acid oral tablet soluble 200 mg	Tier 4	PA; Specialty
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol intravenous solution 1 mcg/ml	EX	Medical Only Exclusion
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	EX	Formulary Exclusion
doxercalciferol intravenous solution 4 mcg/2ml	EX	Medical Only Exclusion
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	EX	Formulary Exclusion
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	EX	Medical Only Exclusion
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	EX	Medical Only Exclusion
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	EX	Formulary Exclusion
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	EX	Formulary Exclusion
ROCALTROL ORAL SOLUTION 1 MCG/ML	EX	Formulary Exclusion
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	EX	Medical Only Exclusion
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Hypoparathyroid Treatment - Parathyroid Hormone Analogs**		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Tier 4	PA; Specialty; QL
Hypophosphatasia (Hpp) Agents**		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4	PA; Specialty
Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4	PA; Specialty
Leptin Analogues**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 4	PA; Specialty
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	EX	PA; Specialty; Formulary Exclusion; QL
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4	PA; Specialty; QL
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Tier 4	PA; Specialty; QL
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 4	PA; Specialty
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents**		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Lysosomal Acid Lipase (Lal) Deficiency - Agents**		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	EX	Medical Only Exclusion
Melanocortin 4 (Mc4) Receptor Agonists**		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Benefit Exclusion	PA; Specialty
Molybdenum Cofactor Deficiency (Mocd) - Agents**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Tier 4	PA; Specialty
Mucopolysaccharidosis I (Mps I) - Agents**		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	EX	Medical Only Exclusion
Mucopolysaccharidosis Ii (Mps Ii) - Agents**		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Tier 4	PA; Specialty; QL
Mucopolysaccharidosis Iv (Mps Iv) - Agents**		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	EX	Medical Only Exclusion
Mucopolysaccharidosis Vi (Mps Vi) - Agents**		
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion
Mucopolysaccharidosis Vii (Mps Vii) - Agents**		
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	EX	Medical Only Exclusion
Natriuretic Peptides**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; Specialty
Neurokinin 3 (Nk3) Receptor Antagonists**		
VEOZAH ORAL TABLET 45 MG	Tier 3	

Drug Name	Drug Tier	Notes
Non-Steroidal Mineralocorticoid Receptor Antagonists**		
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA; QL
Ovulation Stimulants-Gonadotropins**		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	EX	PA; Formulary Exclusion
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Benefit Exclusion	PA; Specialty
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	Benefit Exclusion	PA; Specialty
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	Benefit Exclusion	PA; Specialty
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Benefit Exclusion	PA; Specialty
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Benefit Exclusion	PA; Specialty
NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	Tier 1	PA
NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR	Tier 2	PA
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Benefit Exclusion	PA
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	Tier 3	PA
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	Tier 1	PA
Ovulation Stimulants-Synthetic**		
CLOMID ORAL TABLET 50 MG	Benefit Exclusion	PA
clomiphene citrate tablet 50 mg oral	EX	PA
clomiphene citrate tablet 50 mg oral	Tier 1	PA
clomiphene citrate tablet 50 mg oral	Benefit Exclusion	PA
MILOPHENE ORAL TABLET 50 MG	Tier 1	PA
Parathyroid Hormone And Derivatives**		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	EX	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	EX	PA; Specialty; Formulary Exclusion; QL
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Tier 3	PA; Specialty; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	EX	PA; Specialty; Formulary Exclusion; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Tier 4	PA; Specialty; QL
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 4	PA; Specialty; QL
Phenylketonuria Treatment - Agents**		
JAVYGTOR ORAL PACKET 100 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
JAVYGTOR ORAL TABLET 100 MG	EX	PA; Specialty; Formulary Exclusion
KUVAN ORAL PACKET 100 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
KUVAN ORAL TABLET 100 MG	EX	PA; Specialty; Formulary Exclusion
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Tier 4	PA; Specialty; QL
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 4	PA; Specialty
sapropterin dihydrochloride oral tablet 100 mg	Tier 4	PA; Specialty
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 4	PA; Specialty
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 4	PA; Specialty
Rank Ligand (Rankl) Inhibitors**		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	EX	
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	EX	
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	EX	PA; Specialty
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML	EX	PA; Specialty
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	EX	PA; Specialty

Drug Name	Drug Tier	Notes
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	EX	Specialty
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4	PA; Specialty
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4	PA; Specialty; QL
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4	PA; Specialty
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	EX	Specialty
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4	PA; Specialty; QL
Sclerostin Inhibitors**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	EX	PA; Specialty; Formulary Exclusion; QL
Selective Estrogen Receptor Modulators (Serms)**		
EVISTA ORAL TABLET 60 MG	EX	Formulary Exclusion
OSPHENA ORAL TABLET 60 MG	Tier 3	
raloxifene hcl oral tablet 60 mg	Tier 5	
Selective Vasopressin V2-Receptor Antagonists**		
JYNARQUE ORAL TABLET 15 MG, 30 MG	EX	PA; Specialty; Formulary Exclusion; QL
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	EX	PA; Specialty; Formulary Exclusion; QL
SAMSCA ORAL TABLET 15 MG, 30 MG	EX	PA; Specialty; Formulary Exclusion; QL
tolvaptan oral tablet 15 mg, 30 mg	Tier 4	PA; Specialty; QL
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Tier 4	PA; Specialty; QL
Somatostatic Agents**		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML	EX	PA; Specialty; Formulary Exclusion
lanreotide acetate solution 120 mg/0.5ml subcutaneous	EX	PA; Specialty; Formulary Exclusion
lanreotide acetate solution 120 mg/0.5ml subcutaneous	Tier 4	PA; Specialty
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	PA; Specialty
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	Tier 4	PA; Specialty
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	PA; Specialty
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 4	PA; Specialty
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	EX	PA; Specialty; Formulary Exclusion
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	EX	PA; Specialty; Formulary Exclusion
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	EX	PA; Specialty; Formulary Exclusion
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 4	PA; Specialty
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	EX	PA; Specialty; Formulary Exclusion
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	Tier 4	PA; Specialty
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	Tier 4	PA; Specialty
Tripeptidyl Peptidase 1 Deficiency Treatment - Agents**		
BRINEURA KIT 2 X 150 MG/5ML	EX	Medical Only Exclusion
Urea Cycle Disorder - Agents**		
AMMONUL INTRAVENOUS SOLUTION 10-10 %	EX	Medical Only Exclusion
BUPHENYL ORAL POWDER 3 GM/TSP	EX	PA; Specialty; Formulary Exclusion
BUPHENYL ORAL TABLET 500 MG	EX	PA; Specialty; Formulary Exclusion
citrulline easy oral tablet extended release 1 gm	EX	Non FDA Exclusion
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	EX	PA; Specialty; Formulary Exclusion
PHEBURANE ORAL PELLET 483 MG/GM	Tier 4	PA; Specialty
RAVICTI ORAL LIQUID 1.1 GM/ML	EX	PA; Specialty; Formulary Exclusion
sod benz-sod phenylacet intravenous solution 10-10 %	EX	Medical Only Exclusion
sodium phenylbutyrate oral powder 3 gm/tsp	Tier 4	PA; Specialty
sodium phenylbutyrate oral tablet 500 mg	Tier 4	PA; Specialty
V1a/V2-Arginine Vasopressin (Avp) Receptor Antagonists**		
VAPRISOL INTRAVENOUS SOLUTION 20-5 MG/100ML-%	Tier 3	
Vasopressin**		
DDAVP INJECTION SOLUTION 4 MCG/ML	EX	Formulary Exclusion
DDAVP NASAL SOLUTION 0.01 %	EX	Formulary Exclusion
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	EX	Formulary Exclusion
DDAVP PF INJECTION SOLUTION 4 MCG/ML	EX	Formulary Exclusion
desmopressin ace spray refrig nasal solution 0.01 %	Tier 1	
desmopressin acetate injection solution 4 mcg/ml	Tier 1	
desmopressin acetate nasal solution 1.5 mg/ml	EX	Non FDA Exclusion
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Tier 1	
desmopressin acetate pf injection solution 4 mcg/ml	Tier 1	
desmopressin acetate spray nasal solution 0.01 %	Tier 1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Tier 3	
STIMATE NASAL SOLUTION 1.5 MG/ML	Tier 2	
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG	EX	Medical Only Exclusion
vasopressin +rfid intravenous solution 20 unit/ml	EX	Non FDA Exclusion
vasopressin intravenous solution prefilled syringe 5 unit/5ml	EX	Non FDA Exclusion
vasopressin solution 20 unit/ml intravenous	EX	Non FDA Exclusion
vasopressin solution 20 unit/ml intravenous	Tier 1	
vasopressin solution 20 unit/ml intravenous	Tier 3	

Drug Name	Drug Tier	Notes
vasopressin-dextrose intravenous solution 20-5 ut/100ml-%, 50-5 ut/50ml-%	EX	Non FDA Exclusion
vasopressin-dextrose intravenous solution prefilled syringe 5-5 unit/5ml-%	EX	Non FDA Exclusion
vasopressin-sodium chloride injection solution prefilled syringe 2-0.9 unit/2ml-%	EX	Non FDA Exclusion
vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous	EX	Medical Only Exclusion
vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous	EX	Medical Only Exclusion
vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-%	Tier 3	
X-Linked Hypophosphatemia (Xlh) Treatment - Agents**		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4	PA; Specialty
Estrogens		
Estrogen & Androgen**		
COVARYX HS ORAL TABLET 0.625-1.25 MG	EX	Formulary Exclusion
COVARYX ORAL TABLET 1.25-2.5 MG	EX	Formulary Exclusion
EEMT HS ORAL TABLET 0.625-1.25 MG	EX	Formulary Exclusion
EEMT ORAL TABLET 1.25-2.5 MG	EX	Formulary Exclusion
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	EX	Formulary Exclusion
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	EX	Formulary Exclusion
est estrogens-methyltest oral tablet 0.625-1.25 mg, 1.25-2.5 mg	EX	Formulary Exclusion
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	EX	Formulary Exclusion
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	EX	Formulary Exclusion
Estrogen & Progestin**		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
ACTIVELLA ORAL TABLET 1-0.5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	EX	ST; Formulary Exclusion
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
FEMHRT ORAL TABLET 0.5-2.5 MG-MCG	EX	Formulary Exclusion
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	Tier 3	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Estrogen-Progestin-Gnrh Antagonist**		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA
Estrogens**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	EX	Formulary Exclusion
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	

Drug Name	Drug Tier	Notes
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	EX	ST; Formulary Exclusion
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
ec-rx estradiol transdermal cream 0.4 %, 0.6 %	EX	Non FDA Exclusion
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
estradiol gel 0.25 mg/0.25gm transdermal	Tier 1	ST
estradiol gel 0.5 mg/0.5gm transdermal	Tier 1	ST
estradiol gel 0.75 mg/0.75gm transdermal	Tier 1	ST
estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal	Tier 1	
estradiol gel 1 mg/gm transdermal	Tier 1	ST
estradiol gel 1.25 mg/1.25gm transdermal	Tier 1	ST
estradiol implant pellet 6 mg	EX	Non FDA Exclusion
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	EX	Formulary Exclusion
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	

Drug Name	Drug Tier	Notes
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
BAXDELA ORAL TABLET 450 MG	Tier 3	QL
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3	
CIPRO ORAL TABLET 250 MG, 500 MG	EX	Formulary Exclusion
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	EX	Medical Only Exclusion
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	Tier 1	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	EX	Medical Only Exclusion
levofloxacin intravenous solution 25 mg/ml	EX	Medical Only Exclusion
levofloxacin oral solution 25 mg/ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	EX	Medical Only Exclusion
moxifloxacin hcl intravenous solution 400 mg/250ml	EX	Medical Only Exclusion
moxifloxacin hcl oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists**		
MOTEGRITY ORAL TABLET 1 MG, 2 MG	EX	Formulary Exclusion; QL
prucalopride succinate oral tablet 1 mg, 2 mg	Tier 1	QL
Bile Acid Synthesis Disorder Agents**		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; Specialty
CTEXLI ORAL TABLET 250 MG	Tier 4	PA; Specialty
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**		
TRULANCE ORAL TABLET 3 MG	Tier 2	
Farnesoid X Receptor (Fxr) Agonists**		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; Specialty
Gallstone Solubilizing Agents**		
ACTIGALL ORAL CAPSULE 300 MG	EX	Formulary Exclusion
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; Specialty
RELTONE ORAL CAPSULE 200 MG, 400 MG	EX	Non Essential Drug Exclusion
URSO 250 ORAL TABLET 250 MG	EX	Formulary Exclusion
URSO FORTE ORAL TABLET 500 MG	EX	Formulary Exclusion
ursodiol capsule 200 mg oral	EX	Non Essential Drug Exclusion
ursodiol capsule 300 mg oral	Tier 1	
ursodiol capsule 400 mg oral	EX	Non Essential Drug Exclusion
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	EX	Non FDA Exclusion
Gastrointestinal Antiallergy Agents**		
cromolyn sodium oral concentrate 100 mg/5ml	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	EX	Formulary Exclusion
Gastrointestinal Chloride Channel Activators**		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	EX	Formulary Exclusion; QL
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL
Gastrointestinal Stimulants**		
dexpanthenol injection solution 250 mg/ml	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
GIMOTI NASAL SOLUTION 15 MG/ACT	EX	Non Essential Drug Exclusion
metoclopramide hcl injection solution 5 mg/ml	EX	Medical Only Exclusion
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
metoclopramide hcl oral tablet dispersible 10 mg, 5 mg	Tier 3	
REGLAN ORAL TABLET 10 MG	EX	Formulary Exclusion
Glucagon-Like Peptide-2 (Glp-2) Analogs**		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 4	PA; Specialty; QL
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists**		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA; Specialty; QL
Ibs Agent - 5-Ht4 Receptor Partial Agonists**		
ZELNORM ORAL TABLET 6 MG	EX	ST; Formulary Exclusion
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL
Ibs Agent - Mu-Opioid Receptor Agonists**		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
IBSRELA ORAL TABLET 50 MG	EX	PA; Formulary Exclusion
Ileal Bile Acid Transporter (Ibat) Inhibitors**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 4	PA; Specialty; QL
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 4	PA; Specialty; QL
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 4	PA; Specialty
Inflammatory Bowel Agents**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	EX	Formulary Exclusion
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	EX	Formulary Exclusion
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	EX	Formulary Exclusion
AZULFIDINE ORAL TABLET 500 MG	EX	Formulary Exclusion
balsalazide disodium oral capsule 750 mg	Tier 1	
CANASA RECTAL SUPPOSITORY 1000 MG	EX	Formulary Exclusion
COLAZAL ORAL CAPSULE 750 MG	EX	Formulary Exclusion
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	EX	Formulary Exclusion
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	EX	Formulary Exclusion
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	
mesalamine er oral capsule extended release 500 mg	Tier 1	
mesalamine oral capsule delayed release 400 mg	Tier 1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	Tier 1	
mesalamine rectal enema 4 gm	Tier 1	
mesalamine rectal suppository 1000 mg	Tier 1	
mesalamine-cleanser rectal kit 4 gm	Tier 1	
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	Tier 3	
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	EX	Formulary Exclusion
ROWASA RECTAL KIT 4 GM	Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet delayed release 500 mg	Tier 1	
Integrin Receptor Antagonists**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 4	PA; Specialty
Interleukin Antagonists**		
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26ML	EX	PA; Specialty
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	Tier 4	PA; Specialty
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	Tier 4	PA; Specialty
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	Tier 4	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4	PA; Specialty
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML	EX	PA; Specialty
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	EX	PA; Specialty
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4	PA; Specialty
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 4	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 4	PA; Specialty; QL
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4	PA; Specialty
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	EX	Specialty
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 4	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 4	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 4	PA; Specialty
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 4	PA; Specialty
ustekinumab intravenous solution 130 mg/26ml	EX	PA; Specialty
ustekinumab-ttwe intravenous solution 130 mg/26ml	EX	PA; Specialty

Drug Name	Drug Tier	Notes
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML	EX	Specialty
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4	PA; Specialty
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	Tier 1	
generlac oral solution 10 gm/15ml	Tier 1	
lactulose encephalopathy oral solution 10 gm/15ml	Tier 1	
Live Fecal Microbiota (Human)*		
REBYOTA RECTAL SUSPENSION 150 ML	EX	Medical Only Exclusion
VOWST ORAL CAPSULE	EX	PA; Specialty; Formulary Exclusion; QL
Peripheral Opioid Receptor Antagonists**		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	
Peroxisome Proliferator-Activated Receptor Agonists**		
IQIRVO ORAL TABLET 80 MG	Tier 4	PA; Specialty; QL
LIVDELZI ORAL CAPSULE 10 MG	Tier 4	PA; Specialty; QL
Phosphate Binder Agents**		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	Tier 3	
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	
calcium acetate (phos binder) oral tablet 667 mg	Tier 1	
calcium acetate oral tablet 667 mg	Tier 1	
ferric citrate oral tablet 1 gm 210 mg(fe)	Tier 3	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	Tier 3	
RENAGEL ORAL TABLET 800 MG	EX	Formulary Exclusion
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	EX	Formulary Exclusion
RENVELA ORAL TABLET 800 MG	EX	Formulary Exclusion
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 2	
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**		
VELSIPITY ORAL TABLET 2 MG	EX	PA; Specialty; Formulary Exclusion; QL
Tryptophan Hydroxylase Inhibitors**		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; Specialty
Tumor Necrosis Factor Alpha Blockers**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	PA; Specialty
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4	PA; Specialty
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4	PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	EX	PA; Specialty; Formulary Exclusion
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4	PA; Specialty
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	PA; Specialty; Formulary Exclusion
infliximab intravenous solution reconstituted 100 mg	EX	PA; Specialty; Formulary Exclusion
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	PA; Specialty; Formulary Exclusion
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	PA; Specialty
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	EX	PA; Specialty; Formulary Exclusion
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	EX	PA; Specialty; Formulary Exclusion
General Anesthetics		
Anesthetics - Misc.**		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML	EX	Medical Only Exclusion
anesthesia s/i-40a intravenous kit 200 mg/20ml	EX	Non FDA Exclusion; Medical Only Exclusion
anesthesia s/i-40h intravenous kit 200 mg/20ml	EX	Non FDA Exclusion; Medical Only Exclusion
anesthesia s/i-40s intravenous kit 200 mg/20ml	EX	Non FDA Exclusion; Medical Only Exclusion
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML	EX	Medical Only Exclusion
etomidate intravenous solution 2 mg/ml	EX	Medical Only Exclusion
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 2000 mg/100ml, 500 mg/50ml	EX	Medical Only Exclusion
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML	EX	Medical Only Exclusion
ketamine hcl intravenous solution 100 mg/100ml	EX	Non FDA Exclusion
ketamine hcl solution 0.6 mg/ml injection	EX	Non FDA Exclusion
ketamine hcl solution 1 mg/ml injection	EX	Non FDA Exclusion
ketamine hcl solution 10 mg/ml injection	EX	Medical Only Exclusion
ketamine hcl solution 10 mg/ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution 100 mg/ml injection	EX	Medical Only Exclusion
ketamine hcl solution 50 mg/ml injection	EX	Medical Only Exclusion
ketamine hcl solution prefilled syringe 100 mg/2ml injection	EX	Non FDA Exclusion
ketamine hcl solution prefilled syringe 100 mg/2ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 20 mg/2ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 25 mg/ml injection	EX	Medical Only Exclusion
ketamine hcl solution prefilled syringe 30 mg/3ml intravenous	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ketamine hcl solution prefilled syringe 300 mg/30ml injection	EX	Non FDA Exclusion
ketamine hcl solution prefilled syringe 300 mg/30ml intravenous	EX	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/5ml injection	EX	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/5ml intravenous	EX	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 50 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl sublingual troche 100 mg	EX	Non FDA Exclusion
ketamine hcl-sodium chloride injection solution prefilled syringe 100-0.9 mg/10ml-%, 50-0.9 mg/5ml-%	EX	Non FDA Exclusion
ketamine hcl-sodium chloride intravenous solution 100-0.85 mg/50ml-%, 1000-0.65 mg/100ml-%, 1000-0.69 mg/100ml-%, 1000-0.9 mg/100ml-%, 1250-0.9 mg/250ml-%, 2500-0.9 mg/250ml-%, 500-0.8 mg/100ml-%, 500-0.9 mg/250ml-%	EX	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 10-0.9 mg/ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 20-0.9 mg/2ml-% intravenous	EX	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous	EX	Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	EX	Medical Only Exclusion
propofol-lipuro intravenous emulsion 1000 mg/100ml	EX	Non FDA Exclusion; Medical Only Exclusion
Barbiturate Anesthetics**		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
methohexital sodium injection solution reconstituted 500 mg	EX	Medical Only Exclusion
methohexital sodium intravenous solution prefilled syringe 100 mg/10ml	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Volatile Anesthetics**		
desflurane inhalation solution	EX	Formulary Exclusion
FORANE INHALATION SOLUTION	EX	Formulary Exclusion
isoflurane inhalation solution	EX	Formulary Exclusion
sevoflurane inhalation solution	EX	Formulary Exclusion
SUPRANE INHALATION SOLUTION	EX	Formulary Exclusion
TERRELL INHALATION SOLUTION	EX	Formulary Exclusion
ULTANE INHALATION SOLUTION	EX	Formulary Exclusion
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
AVODART ORAL CAPSULE 0.5 MG	EX	Formulary Exclusion
dutasteride oral capsule 0.5 mg	Tier 1	
finasteride oral tablet 5 mg	Tier 1	
PROSCAR ORAL TABLET 5 MG	EX	Formulary Exclusion
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
FLOMAX ORAL CAPSULE 0.4 MG	EX	Formulary Exclusion
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	EX	Formulary Exclusion
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin hcl oral capsule 0.4 mg	Tier 1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	EX	Formulary Exclusion
Anti-Infective Genitourinary Irrigants**		
neomycin-polymyxin b gu irrigation solution 40-200000	EX	Formulary Exclusion
Citrates**		
cytra k crystals oral packet 3300-1002 mg	EX	Formulary Exclusion
cytra-2 oral solution 500-334 mg/5ml	Tier 1	
ORACIT ORAL SOLUTION 490-640 MG/5ML	EX	Formulary Exclusion
oral citrate oral solution 490-640 mg/5ml	EX	Formulary Exclusion
pot & sod cit-cit ac solution 550-500-334 mg/5ml oral	Tier 1	
pot & sod cit-cit ac solution 550-500-334 mg/5ml oral	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 1	
potassium citrate-citric acid solution 1100-334 mg/5ml oral	EX	Formulary Exclusion
potassium citrate-citric acid solution 1100-334 mg/5ml oral	EX	Non FDA Exclusion
sod citrate-citric acid solution 1.5-1 gm/15ml oral	EX	Non FDA Exclusion
sod citrate-citric acid solution 3-2 gm/30ml oral	EX	Non FDA Exclusion
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	EX	Non FDA Exclusion
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	Tier 1	
tricitrates solution 550-500-334 mg/5ml oral	EX	Non FDA Exclusion
tricitrates solution 550-500-334 mg/5ml oral	EX	Formulary Exclusion
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	EX	Formulary Exclusion
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	EX	Formulary Exclusion
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	EX	Formulary Exclusion
Cystinosis Agents**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	PA; Specialty
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 4	PA; Specialty
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 4	PA; Specialty
Genitourinary Irrigants**		
acetic acid irrigation solution 0.25 %	EX	Formulary Exclusion
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	EX	Non FDA Exclusion
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	EX	Non FDA Exclusion
glycine irrigation solution 1.5 %	EX	Formulary Exclusion
glycine urologic irrigation solution 1.5 %	EX	Formulary Exclusion
RENACIDIN IRRIGATION SOLUTION	EX	Formulary Exclusion
sodium chloride solution 0.9 % irrigation	EX	Non FDA Exclusion
sodium chloride solution 0.9 % irrigation	EX	Formulary Exclusion
sorbitol irrigation solution 3 %	EX	Formulary Exclusion
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; Specialty
Igan Agents - Endothelin Receptor Antagonist**		
VANRAFIA ORAL TABLET 0.75 MG	Tier 4	PA; Specialty
Interstitial Cystitis Agents**		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	
pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg	EX	Non FDA Exclusion
RIMSO-50 INTRAVESICAL SOLUTION 50 %	EX	Formulary Exclusion
Phosphates**		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 2	
Prostatic Hypertrophy Agent Combinations**		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	EX	ST; Formulary Exclusion
ENTADFI ORAL CAPSULE 5-5 MG	EX	PA; Non Essential Drug Exclusion; Formulary Exclusion
JALYN ORAL CAPSULE 0.5-0.4 MG	Tier 3	ST; Formulary Exclusion
Small Interfering Ribonucleic Acid Agents (Sirna)**		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	EX	Medical Only Exclusion
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 4	PA; Specialty
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 4	PA; Specialty
Urinary Analgesics**		
PHENAZO ORAL TABLET 200 MG	Tier 1	
phenazopyridine hcl tablet 100 mg oral	EX	Non FDA Exclusion
phenazopyridine hcl tablet 100 mg oral	Tier 1	
phenazopyridine hcl tablet 200 mg oral	EX	Non FDA Exclusion
phenazopyridine hcl tablet 200 mg oral	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	
Urinary Stone Agents**		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	

Drug Name	Drug Tier	Notes
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	EX	PA; Formulary Exclusion
THIOLA ORAL TABLET 100 MG	EX	PA; Formulary Exclusion
tiopronin oral tablet 100 mg	Tier 4	PA
tiopronin oral tablet delayed release 100 mg, 300 mg	Tier 4	PA
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 4	PA
Vesicoureteral Reflux (Vur) Agent Combinations**		
DEFLUX INJECTION PREFILLED SYRINGE 50-15 MG/ML	EX	Medical Only Exclusion
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 1	
Gout Agents**		
allopurinol sodium intravenous solution reconstituted 500 mg	EX	Medical Only Exclusion
allopurinol tablet 100 mg oral	Tier 1	
allopurinol tablet 200 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
allopurinol tablet 300 mg oral	Tier 1	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
colchicine oral capsule 0.6 mg	Tier 1	
colchicine oral tablet 0.6 mg	Tier 1	
COLCRYS ORAL TABLET 0.6 MG	EX	Formulary Exclusion
febuxostat tablet 40 mg oral	Tier 1	
febuxostat tablet 40 mg oral	Tier 1	ST
febuxostat tablet 80 mg oral	Tier 1	
febuxostat tablet 80 mg oral	Tier 1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	Benefit Exclusion	ST
KRYSTEXXA SOLUTION 8 MG/50ML INTRAVENOUS	EX	Medical Only Exclusion
KRYSTEXXA SOLUTION 8 MG/ML INTRAVENOUS	EX	Medical Only Exclusion; QL
MITIGARE ORAL CAPSULE 0.6 MG	EX	Formulary Exclusion
ULORIC ORAL TABLET 40 MG, 80 MG	EX	Formulary Exclusion
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Uricosurics**		
probenecid oral tablet 500 mg	Tier 1	
Hematological Agents - Misc.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
adzynma intravenous kit 1500 unit, 500 unit	Tier 4	PA; Specialty
Aminolevulinate Synthase 1-Directed Sirna**		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	EX	Medical Only Exclusion
Antihemophilic Products - Antithrombin-Directed Sirna**		
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 4	PA; Specialty
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 4	PA; Specialty
Antihemophilic Products - Gene Therapy Agents**		
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML	EX	Medical Only Exclusion
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML	EX	Medical Only Exclusion
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML	EX	Medical Only Exclusion
Antihemophilic Products - Monoclonal Antibodies**		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 4	PA; Specialty
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty; QL
Antihemophilic Products**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	Specialty
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	Tier 4	Specialty
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 4	Specialty
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4	Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4	Specialty
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	Specialty
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	Specialty
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	EX	Medical Only Exclusion
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	Specialty
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 4	Specialty
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4	Specialty
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 4	Specialty
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	Specialty

Drug Name	Drug Tier	Notes
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4	Specialty
FIBRYGA SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	EX	Medical Only Exclusion
FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS	EX	Medical Only Exclusion
FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	EX	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	Tier 4	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	EX	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	EX	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4	Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 4	Specialty
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Tier 4	Specialty
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Tier 4	Specialty
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Tier 2	Specialty
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Tier 2	Specialty

Drug Name	Drug Tier	Notes
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Tier 4	Specialty
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Tier 4	Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	Specialty
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	Benefit Exclusion	Medical Only Exclusion
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Benefit Exclusion	Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Benefit Exclusion	Specialty
KOGENATE FS KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	Specialty
KOGENATE FS KIT 2000 UNIT INTRAVENOUS	Tier 4	Specialty
KOGENATE FS KIT 250 UNIT INTRAVENOUS	Tier 4	Specialty
KOGENATE FS KIT 3000 UNIT INTRAVENOUS	Tier 4	Specialty
KOGENATE FS KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	Specialty
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 2	Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 4	Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	Specialty
obizur intravenous solution reconstituted 500 unit	Benefit Exclusion	Specialty

Drug Name	Drug Tier	Notes
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4	Specialty
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 4	Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 4	Specialty
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Benefit Exclusion	Medical Only Exclusion
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Tier 4	Specialty
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 4	Specialty
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 4	Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 4	Specialty
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 4	Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4	Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	Specialty
Anti-Von Willebrand Factor Agents**		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA; Specialty
Bradykinin B2 Receptor Antagonists**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Benefit Exclusion	PA; Specialty; Formulary Exclusion
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	Benefit Exclusion	PA; Specialty
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	Tier 1	PA; Specialty
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Benefit Exclusion	PA; Specialty
Bruton's Tyrosine Kinase (Btk) Inhibitors**		
WAYRILZ ORAL TABLET 400 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
C1 Esterase Inhibitors**		
BERINERT INTRAVENOUS KIT 500 UNIT	Benefit Exclusion	PA; Specialty
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Benefit Exclusion	PA; Specialty
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Tier 4	PA; Specialty
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Benefit Exclusion	PA; Specialty
Complement C1 Inhibitors**		
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	EX	Medical Only Exclusion
Complement C3 Inhibitors**		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Tier 4	PA; Specialty; QL
Complement C5 Inhibitors**		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML	EX	Medical Only Exclusion
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML	EX	Medical Only Exclusion
PIASKY INJECTION SOLUTION 340 MG/2ML	EX	Medical Only Exclusion
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	EX	Medical Only Exclusion
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	EX	Medical Only Exclusion
VEOPOZ INJECTION SOLUTION 400 MG/2ML	EX	Medical Only Exclusion
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Tier 4	PA; Specialty
Complement C5a Inhibitors**		
gohibic intravenous solution 200 mg/20ml	EX	Medical Only Exclusion
Complement C5a Receptor Inhibitors**		
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; Specialty
Complement Factor B Inhibitors**		
FABHALTA ORAL CAPSULE 200 MG	Tier 4	PA; Specialty
Complement Factor D Inhibitors**		
VOYDEYA ORAL TABLET 100 MG	Tier 4	PA; Specialty; QL
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Direct-Acting P2y12 Inhibitors**		
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
ticagrelor oral tablet 60 mg, 90 mg	Tier 1	
Glycoprotein Iib/Iiia Receptor Inhibitors**		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	EX	Medical Only Exclusion
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	EX	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	EX	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
eptifibatide solution 20 mg/10ml intravenous	Benefit Exclusion	Medical Only Exclusion
eptifibatide solution 20 mg/10ml intravenous	EX	Medical Only Exclusion
eptifibatide solution 200 mg/100ml intravenous	Benefit Exclusion	Medical Only Exclusion
eptifibatide solution 75 mg/100ml intravenous	Benefit Exclusion	Medical Only Exclusion
eptifibatide solution 75 mg/100ml intravenous	EX	Medical Only Exclusion
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	EX	Medical Only Exclusion
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	Tier 1	
Hemin**		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	Benefit Exclusion	Medical Only Exclusion
Human Protein C**		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	EX	Medical Only Exclusion
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Plasma Expanders**		
HESPAN INTRAVENOUS SOLUTION 6-0.9 %	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
hetastarch-nacl intravenous solution 6-0.9 %	Benefit Exclusion	Medical Only Exclusion
HEXTEND INTRAVENOUS SOLUTION 6 %	Benefit Exclusion	Medical Only Exclusion
LMD IN D5W INTRAVENOUS SOLUTION 10-5 %	EX	Medical Only Exclusion
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 %	EX	Medical Only Exclusion
Plasma Factor Xiia Inhibitors - Monoclonal Antibodies**		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Benefit Exclusion	PA; Specialty
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**		
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Benefit Exclusion	PA; Specialty
Plasma Kallikrein Inhibitors**		
EKTERLY ORAL TABLET 300 MG	Benefit Exclusion	PA; Specialty; QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; Specialty
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA; Specialty; QL
Plasma Proteins**		
ALBUKED 25 INTRAVENOUS SOLUTION 25 %	Benefit Exclusion	Medical Only Exclusion
ALBUKED 5 INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
albumin human intravenous solution 25 %, 5 %	Benefit Exclusion	Medical Only Exclusion
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 %	Benefit Exclusion	Medical Only Exclusion
albumin-zlb intravenous solution 25 %, 5 %	Benefit Exclusion	Medical Only Exclusion
alburx intravenous solution 5 %	Benefit Exclusion	Medical Only Exclusion
ALBUTEIN SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
ALBUTEIN SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION 25 %	Benefit Exclusion	Medical Only Exclusion
kedbumin intravenous solution 25 %	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
PLASBUMIN-25 INTRAVENOUS SOLUTION 25 %	Benefit Exclusion	Medical Only Exclusion
PLASBUMIN-5 INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
PLASMANATE INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Benefit Exclusion	PA; Specialty
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Benefit Exclusion	Medical Only Exclusion
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 1	
aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg	Benefit Exclusion	Non Essential Drug Exclusion
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	EX	Non Essential Drug Exclusion
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG	Benefit Exclusion	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
Prekallikrein-Directed Antisense Oligonucleotides (Aso)**		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Benefit Exclusion	PA; Specialty; QL
Protamine**		
protamine sulfate solution 10 mg/ml intravenous	EX	Medical Only Exclusion
protamine sulfate solution 10 mg/ml intravenous	Benefit Exclusion	Medical Only Exclusion
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	
Pyruvate Kinase Activators**		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; Specialty; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 4	PA; Specialty; QL
Quinazoline Agents**		
AGRYLIN ORAL CAPSULE 0.5 MG	EX	Formulary Exclusion
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 1	
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; Specialty; QL
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 300 mg, 75 mg	Tier 1	
EFFIENT ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion
PLAVIX ORAL TABLET 75 MG	EX	Formulary Exclusion
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	
Thrombolytic Agent - Misc**		
DEFITELIO INTRAVENOUS SOLUTION 200 MG/2.5ML	EX	Medical Only Exclusion
Tissue Plasminogen Activators**		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG	Benefit Exclusion	Medical Only Exclusion
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	EX	Non FDA Exclusion; Medical Only Exclusion
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
TNKASE KIT 25 MG INTRAVENOUS	EX	Medical Only Exclusion
TNKASE KIT 50 MG INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
TNKASE KIT 50 MG INTRAVENOUS	EX	Medical Only Exclusion
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA; Specialty; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	EX	Medical Only Exclusion
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	EX	Medical Only Exclusion
miglustat oral capsule 100 mg	Tier 4	PA; Specialty
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	EX	Medical Only Exclusion
YARGESA ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
ZAVESCA ORAL CAPSULE 100 MG	EX	PA; Specialty; Formulary Exclusion
Agents For Sickle Cell Disease - Autologous Gene Therapy**		
CASGEVY INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
LYFGENIA INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
Amino Acids**		
ENDARI ORAL PACKET 5 GM	EX	PA; Specialty; Formulary Exclusion; QL
l-glutamine oral packet 5 gm	Tier 4	PA; Specialty; QL
Cobalamin Combinations**		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Benefit Exclusion	
BIOPAR DELTA-FORTE ORAL CAPSULE	EX	Non FDA Exclusion
FOLTRATE ORAL TABLET 500-1 MCG-MG	Benefit Exclusion	Formulary Exclusion
lipo-b intramuscular solution	EX	Non FDA Exclusion
neurin-sl sublingual tablet sublingual 600-600 mcg	Benefit Exclusion	Formulary Exclusion
vit b12-methionine-inos-chol intramuscular solution	EX	Non FDA Exclusion
Cobalamins**		
cyanocobalamin nasal solution 500 mcg/0.1ml	EX	Non Essential Drug Exclusion
cyanocobalamin solution 1000 mcg/ml injection	EX	
cyanocobalamin solution 1000 mcg/ml injection	Benefit Exclusion	
cyanocobalamin solution 2000 mcg/ml injection	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
DODEX SOLUTION 1000 MCG/ML INJECTION	Benefit Exclusion	
DODEX SOLUTION 1000 MCG/ML INJECTION	EX	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	Tier 3	
methylcobalamin injection solution 150 mg/30ml, 30 mg/30ml, 300 mg/30ml	EX	Non FDA Exclusion
methylcobalamin injection solution reconstituted 10000 mcg, 50000 mcg	EX	Non FDA Exclusion
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
physicians ez use b-12 injection kit 1000 mcg/ml	EX	Non FDA Exclusion; Medical Only Exclusion
vitamin deficiency system-b12 injection kit 1000 mcg/ml	EX	Non FDA Exclusion; Medical Only Exclusion
Cxcr4 Receptor Antagonist**		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG	EX	PA; Specialty; Formulary Exclusion
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 4	PA; Specialty
plerixafor subcutaneous solution 24 mg/1.2ml	Tier 4	PA; Specialty
XOLREMDI ORAL CAPSULE 100 MG	Tier 4	PA; Specialty; QL
Cytotoxic Agents**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Tier 3	
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
Erythroid Maturation Agents**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	EX	PA; Specialty; Formulary Exclusion
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	EX	PA; Specialty; Formulary Exclusion
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	EX	Medical Only Exclusion
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	EX	PA; Specialty; Formulary Exclusion
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 4	PA; Specialty
Folic Acid/Folate Combinations**		
AIRAVITE ORAL TABLET 2.5-25-1 MG	Benefit Exclusion	
ANIMI-3 ORAL CAPSULE 1 MG	Benefit Exclusion	Formulary Exclusion
ANIMI-3/VITAMIN D ORAL CAPSULE 1 MG	Benefit Exclusion	Formulary Exclusion
b-6 folic acid oral capsule 8.333-100-1 mg	EX	Formulary Exclusion
bp vit 3 oral capsule 1 mg	EX	Non FDA Exclusion
CENFOL ORAL TABLET 2.3-24.5-2 MG	Benefit Exclusion	Formulary Exclusion
cholecal df oral tablet 1-3800 mg-unit	EX	Non FDA Exclusion
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT	EX	Non FDA Exclusion
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT	EX	Non FDA Exclusion
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	Benefit Exclusion	Non FDA Exclusion
DERMACINRX PUREFOLIX ORAL TABLET 1-5000 MG-UNIT	Benefit Exclusion	Non FDA Exclusion
fabb oral tablet 2.2-25-1 mg	Benefit Exclusion	Non FDA Exclusion
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg	Benefit Exclusion	
fola-b complex oral tablet 1-10-0.4 mg	EX	Non FDA Exclusion
folbee oral tablet 2.5-25-1 mg	Benefit Exclusion	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT	EX	Non FDA Exclusion
FOLGARD RX ORAL TABLET 2.2-25-1 MG	Benefit Exclusion	Formulary Exclusion
folic d3 oral capsule 1-3775 mg-unit	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
FOLICORE B COMPLEX ORAL TABLET 1-10-0.4 MG	EX	Non FDA Exclusion
FOLI-D ORAL TABLET 1-2000 MG-UNIT	EX	Non FDA Exclusion
folite oral tablet	EX	Non FDA Exclusion
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	Benefit Exclusion	Non FDA Exclusion
FOLIXATE ORAL TABLET 1-125 MG-MCG	EX	Non FDA Exclusion
folplex 2.2 oral tablet 2.2-25-0.5 mg	Benefit Exclusion	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	Benefit Exclusion	Non FDA Exclusion
FOLVITA COMPLEX ORAL TABLET 1-10-0.4 MG	EX	Non FDA Exclusion
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT	Benefit Exclusion	Non FDA Exclusion
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT	EX	Non FDA Exclusion
NUFOL ORAL TABLET 2.5-25-1 MG	Benefit Exclusion	
ortho df oral capsule 1-3775 mg-unit	EX	Non FDA Exclusion
ostachol oral tablet 1-3800 mg-unit	EX	Non FDA Exclusion
OVEEZA ORAL CAPSULE 0.5 MG	EX	Non FDA Exclusion
revesta oral capsule 1-5750 mg-unit	Benefit Exclusion	Non FDA Exclusion
TALIVA ORAL CAPSULE 1 MG	EX	Non FDA Exclusion
VIRT-GARD ORAL TABLET 2.2-25-1 MG	Benefit Exclusion	
VITAMEZ ORAL CAPSULE 1 MG	EX	Non FDA Exclusion
westab mini oral tablet 2.2-25-1 mg	Benefit Exclusion	Non FDA Exclusion
westab one oral tablet 2.5-25-1 mg	Benefit Exclusion	
Folic Acid/Folates**		
cvs folic acid oral tablet 800 mcg	Tier 1	
FA-8 ORAL CAPSULE 0.8 MG	Tier 1	
folate oral tablet 400 mcg	Tier 1	
folic acid injection solution 5 mg/ml	EX	Medical Only Exclusion
folic acid oral capsule 0.8 mg	Tier 1	
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Tier 1	
gnp folic acid oral tablet 400 mcg	Tier 1	
hm folic acid oral tablet 400 mcg	Tier 1	
kp folic acid oral tablet 800 mcg	Tier 1	
px folic acid oral tablet 400 mcg	Tier 1	
qc folic acid oral tablet 800 mcg	Tier 1	
ra folic acid oral tablet 400 mcg, 800 mcg	Tier 1	
sm folic acid oral tablet 400 mcg	Tier 1	

Drug Name	Drug Tier	Notes
yl folic acid oral tablet 400 mcg	Tier 1	
Granulocyte Colony-Stimulating Factors (G-Csf)**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	EX	PA; Specialty; Formulary Exclusion
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	EX	PA; Specialty; Formulary Exclusion
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4	PA; Specialty
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4	PA; Specialty
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
RELEUKO SOLUTION 300 MCG/ML INJECTION	EX	PA; Specialty; Formulary Exclusion
releuko solution 480 mcg/1.6ml injection	EX	PA; Specialty; Formulary Exclusion
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	EX	PA; Specialty; Formulary Exclusion
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
RYZNEUTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	EX	PA; Specialty; Formulary Exclusion
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4	PA; Specialty
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4	PA; Specialty
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 4	PA; Specialty
Hematopoietic Autologous Cellular Gene Therapy*		
ZYNTEGLO INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
Hemoglobin S (Hbs) Polymerization Inhibitors**		
OXBRYTA ORAL TABLET 300 MG, 500 MG	EX	Non FDA Exclusion; QL
OXBRYTA ORAL TABLET SOLUBLE 300 MG	EX	Non FDA Exclusion; QL
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors**		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA; QL
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA; QL
Iron Combinations**		
active fe oral tablet 75-1.25 mg	EX	Non FDA Exclusion
CENTRATEX ORAL CAPSULE 106-1 MG	Benefit Exclusion	Formulary Exclusion
CHROMAGEN ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
CORVITA 150 ORAL TABLET 150-1.25 MG	Benefit Exclusion	Formulary Exclusion
CORVITE 150 TABLET 150-1.25 MG ORAL	Benefit Exclusion	Formulary Exclusion
CORVITE 150 TABLET ORAL	EX	Non FDA Exclusion
corvite fe oral tablet	EX	Non FDA Exclusion
feonyx oral tablet	EX	Non FDA Exclusion
FERIVAFA ORAL CAPSULE 110-1 MG	EX	Non FDA Exclusion
ferocon oral capsule	Benefit Exclusion	

Drug Name	Drug Tier	Notes
ferotrinsic oral capsule	Benefit Exclusion	
FERROCITE PLUS ORAL TABLET 106-1 MG	Benefit Exclusion	
FERRO-PLEX ORAL TABLET 115-1 MG	EX	Non FDA Exclusion
FOLIVANE-PLUS ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion
foltrin oral capsule	Benefit Exclusion	
FUSION PLUS ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion
hematinic plus vit/minerals oral tablet 106-1 mg	Benefit Exclusion	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	EX	Formulary Exclusion
HEMATRON-AF (WITH DOCUSATE) ORAL TABLET 150-1 MG	Benefit Exclusion	Formulary Exclusion
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	Benefit Exclusion	Formulary Exclusion
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG	EX	Formulary Exclusion
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Benefit Exclusion	
INTEGRA PLUS ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion
iron folate plus oral capsule	EX	Non FDA Exclusion
IROSPAN 24/6 ORAL	Benefit Exclusion	Non FDA Exclusion
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Benefit Exclusion	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG	Benefit Exclusion	Formulary Exclusion
MULTIGEN ORAL TABLET 70 MG	Benefit Exclusion	Formulary Exclusion
MULTIGEN PLUS ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NEPHRON FA ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NIFEREX ORAL TABLET	EX	Non FDA Exclusion
NUFERA ORAL TABLET	EX	Non FDA Exclusion
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Benefit Exclusion	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Benefit Exclusion	
purevit dualfe plus oral capsule 162-115.2-1 mg	Benefit Exclusion	Formulary Exclusion
se-tan plus oral capsule 162-115.2-1 mg	Benefit Exclusion	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	Benefit Exclusion	Non FDA Exclusion
taron forte oral capsule	Benefit Exclusion	Formulary Exclusion
tl-hem 150 oral tablet 150-1 mg	Benefit Exclusion	
TRICON ORAL CAPSULE	Benefit Exclusion	

Drug Name	Drug Tier	Notes
trigels-f forte oral capsule 460-60-0.01-1 mg	Benefit Exclusion	
virt-fefa plus oral capsule	Benefit Exclusion	Non FDA Exclusion
Iron W/ Folic Acid**		
BENTIVITE ORAL TABLET 35-1 MG	EX	Non FDA Exclusion
FOLIVANE-F ORAL CAPSULE 125-1 MG	Benefit Exclusion	Formulary Exclusion
hematinic/folic acid oral tablet 324-1 mg	Tier 1	
HEMOCYTE-F ORAL TABLET 324-1 MG	Tier 1	
INTEGRA F ORAL CAPSULE 125-1 MG	Benefit Exclusion	Formulary Exclusion
iron folate-f oral capsule 125-1 mg	EX	Non FDA Exclusion
tulivite oral tablet 35-1 mg	EX	Non FDA Exclusion
Iron**		
ACCRUFER ORAL CAPSULE 30 MG	EX	Non Essential Drug Exclusion; QL
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Tier 1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	EX	Medical Only Exclusion
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	EX	Medical Only Exclusion
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml	Tier 1	
ferumoxytol intravenous solution 510 mg/17ml	EX	Medical Only Exclusion
fe-vite iron oral solution 75 (15 fe) mg/ml	Tier 1	
INFED INJECTION SOLUTION 50 MG/ML	EX	Medical Only Exclusion
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 1000 MG/20ML, 750 MG/15ML	EX	Medical Only Exclusion
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	Tier 1	
iron infant & toddler oral solution 75 (15 fe) mg/ml	Tier 1	
iron infant/toddler oral solution 75 (15 fe) mg/ml	Tier 1	
iron sucrose intravenous solution 20 mg/ml	EX	Medical Only Exclusion
iron supplement childrens oral solution 75 (15 fe) mg/ml	Tier 1	
iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml	Tier 1	
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	Benefit Exclusion	Medical Only Exclusion
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	Tier 1	
TRIFERIC AVNU INTRAVENOUS SOLUTION 6.75 MG/4.5ML	EX	Medical Only Exclusion
TRIFERIC HEMODIALYSIS PACKET 272 MG	Benefit Exclusion	Medical Only Exclusion
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG/5ML	Benefit Exclusion	Medical Only Exclusion
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	EX	Medical Only Exclusion
Iron-B12-Folate**		
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG	EX	Non FDA Exclusion
FERIVA 21/7 ORAL TABLET 75-1 MG	EX	Non FDA Exclusion
FERRALET 90 ORAL TABLET 90-1 MG	Benefit Exclusion	Formulary Exclusion
ferraplus 90 oral tablet 90-1 mg	Benefit Exclusion	Formulary Exclusion
Selectin Blockers**		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Benefit Exclusion	Medical Only Exclusion
Thrombopoietin (Tpo) Receptor Agonists**		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4	PA; Specialty
DOPTELET ORAL TABLET 20 MG	Tier 4	PA; Specialty
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 4	PA; Specialty
eltrombopag olamine oral packet 12.5 mg, 25 mg	Tier 4	PA; Specialty; QL
eltrombopag olamine tablet 12.5 mg oral	Tier 1	PA; Specialty; QL
eltrombopag olamine tablet 12.5 mg oral	Tier 4	PA; Specialty; QL
eltrombopag olamine tablet 25 mg oral	Tier 1	PA; Specialty; QL
eltrombopag olamine tablet 25 mg oral	Tier 4	PA; Specialty; QL
eltrombopag olamine tablet 50 mg oral	Tier 1	PA; Specialty; QL
eltrombopag olamine tablet 50 mg oral	Tier 4	PA; Specialty; QL
eltrombopag olamine tablet 75 mg oral	Tier 1	PA; Specialty; QL
eltrombopag olamine tablet 75 mg oral	Tier 4	PA; Specialty; QL
MULPLETA ORAL TABLET 3 MG	Tier 4	PA; Specialty; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Tier 4	PA; Specialty
PROMACTA ORAL PACKET 12.5 MG, 25 MG	EX	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	EX	PA; Specialty; Formulary Exclusion; QL
Hemostatics		
Hemostatic Combinations - Topical**		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML	EX	Medical Only Exclusion
ARTISS EXTERNAL SOLUTION	EX	Medical Only Exclusion
GEL-FLOW EXTERNAL KIT	EX	Non FDA Exclusion
GELFOAM-JMI POWDER EXTERNAL KIT	EX	Non FDA Exclusion
GELFOAM-JMI SPONGE EXTERNAL KIT	EX	Non FDA Exclusion
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML	EX	Medical Only Exclusion
TISSEEL EXTERNAL SOLUTION	EX	Medical Only Exclusion
VISTASEAL EXTERNAL PREFILLED SYRINGE KIT 10 ML, 2 ML, 4 ML	EX	Medical Only Exclusion
Hemostatics - Systemic**		
AMICAR ORAL SOLUTION 0.25 GM/ML	EX	Formulary Exclusion
AMICAR ORAL TABLET 1000 MG, 500 MG	EX	Formulary Exclusion
aminocaproic acid intravenous solution 250 mg/ml	EX	Medical Only Exclusion
aminocaproic acid oral solution 0.25 gm/ml	Tier 1	
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 1	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	Benefit Exclusion	Medical Only Exclusion
LYSTEDA ORAL TABLET 650 MG	EX	Formulary Exclusion
tranexamic acid oral tablet 650 mg	Tier 1	
tranexamic acid solution 1000 mg/10ml intravenous	EX	Medical Only Exclusion
tranexamic acid solution 1000 mg/10ml intravenous	Benefit Exclusion	Medical Only Exclusion
tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous	Benefit Exclusion	Medical Only Exclusion
tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous	EX	Medical Only Exclusion
Hemostatics - Topical**		
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	EX	Non FDA Exclusion
monsels ferric subsulfate external paste	EX	Non FDA Exclusion
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	EX	Medical Only Exclusion
SURGICEL SNOW 1"X2" EXTERNAL PAD	EX	Formulary Exclusion
SURGICEL SNOW 2"X4" EXTERNAL PAD	EX	Formulary Exclusion
SURGICEL SNOW 4"X4" EXTERNAL PAD	EX	Formulary Exclusion
SURGIFOAM POWDER	EX	Non FDA Exclusion
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	EX	Medical Only Exclusion
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	EX	Medical Only Exclusion
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	EX	Medical Only Exclusion
THROMBOGEN EXTERNAL KIT 10000 UNIT	EX	Non FDA Exclusion
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT	EX	Non FDA Exclusion
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics**		
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	EX	Non FDA Exclusion
NEMBUTAL INJECTION SOLUTION 50 MG/ML	EX	Medical Only Exclusion
pentobarbital sodium injection solution 50 mg/ml	EX	Medical Only Exclusion
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital sodium solution 130 mg/ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
phenobarbital sodium solution 130 mg/ml injection	EX	Medical Only Exclusion
phenobarbital sodium solution 65 mg/ml injection	EX	Medical Only Exclusion
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
Benzodiazepine Hypnotics**		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
DORAL ORAL TABLET 15 MG	Tier 3	
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam hcl capsule 15 mg oral	Tier 2	QL

Drug Name	Drug Tier	Notes
flurazepam hcl capsule 15 mg oral	Tier 3	QL
flurazepam hcl capsule 15 mg oral	Tier 1	QL
flurazepam hcl capsule 30 mg oral	Tier 2	QL
flurazepam hcl capsule 30 mg oral	Tier 3	QL
flurazepam hcl capsule 30 mg oral	Tier 1	QL
HALCION ORAL TABLET 0.25 MG	EX	Formulary Exclusion
midazolam hcl (pf) +rfid injection solution 2 mg/2ml	Tier 1	
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	Tier 1	
midazolam hcl intravenous solution 150 mg/30ml	EX	Non FDA Exclusion
midazolam hcl intravenous solution prefilled syringe 150 mg/30ml	EX	Non FDA Exclusion
midazolam hcl oral syrup 2 mg/ml	EX	Formulary Exclusion
midazolam hcl solution 10 mg/10ml injection	Tier 1	
midazolam hcl solution 10 mg/2ml injection	Tier 1	
midazolam hcl solution 2 mg/2ml injection	Tier 3	
midazolam hcl solution 2 mg/2ml injection	Tier 1	
midazolam hcl solution 25 mg/5ml injection	Tier 1	
midazolam hcl solution 5 mg/5ml injection	Tier 3	
midazolam hcl solution 5 mg/5ml injection	Tier 1	
midazolam hcl solution 5 mg/ml injection	Tier 1	
midazolam hcl solution 50 mg/10ml injection	Tier 1	
midazolam hcl-sodium chloride intravenous solution 100-0.8 mg/100ml-%, 100-0.9 mg/100ml-%, 50-0.8 mg/50ml-%, 50-0.9 mg/50ml-%	EX	Non FDA Exclusion
midazolam hcl-sodium chloride intravenous solution prefilled syringe 2-0.9 mg/2ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/5ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 60-0.9 mg/30ml-%	EX	Non FDA Exclusion
midazolam injection solution prefilled syringe 2 mg/2ml, 3 mg/3ml, 5 mg/5ml	EX	Non FDA Exclusion
midazolam intravenous solution 100 mg/100ml, 50 mg/50ml	EX	Non FDA Exclusion
midazolam intravenous solution prefilled syringe 2 mg/2ml, 25 mg/25ml, 30 mg/30ml, 50 mg/50ml	EX	Non FDA Exclusion
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
midazolam-sodium chloride (pf) solution 100-0.8 mg/100ml-% intravenous	Tier 3	
midazolam-sodium chloride (pf) solution 100-0.9 mg/100ml-% intravenous	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
midazolam-sodium chloride (pf) solution 50-0.9 mg/50ml-% intravenous	EX	Medical Only Exclusion
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	EX	Non FDA Exclusion
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	Tier 1	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	Tier 3	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	EX	Non FDA Exclusion
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	Tier 1	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	Tier 3	
quazepam tablet 15 mg oral	Tier 1	
quazepam tablet 15 mg oral	Tier 3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	EX	Formulary Exclusion; QL
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	QL
triazolam oral tablet 0.125 mg, 0.25 mg	EX	Formulary Exclusion
Hypnotic Combinations**		
mko melt dose pack sublingual troche 3-25-2 mg	EX	Non FDA Exclusion; Medical Only Exclusion
Hypnotics - Tricyclic Agents**		
doxepin hcl tablet 3 mg oral	EX	Non Essential Drug Exclusion; QL
doxepin hcl tablet 3 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
doxepin hcl tablet 6 mg oral	EX	Non Essential Drug Exclusion; QL
doxepin hcl tablet 6 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
SILENOR ORAL TABLET 3 MG, 6 MG	EX	ST; Non Essential Drug Exclusion; Formulary Exclusion; QL
Non-Benzodiazepine - Gaba-Receptor Modulators**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	EX	ST; Formulary Exclusion; QL
AMBIEN ORAL TABLET 10 MG, 5 MG	EX	ST; Formulary Exclusion; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Tier 3	ST; QL
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL

Drug Name	Drug Tier	Notes
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG	EX	ST; Formulary Exclusion; QL
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	EX	ST; Formulary Exclusion; QL
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Tier 1	QL
zolpidem tartrate oral capsule 7.5 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 1	QL
zolpidem tartrate tablet sublingual 1.75 mg sublingual	Tier 1	QL
zolpidem tartrate tablet sublingual 1.75 mg sublingual	Tier 1	ST; QL
zolpidem tartrate tablet sublingual 3.5 mg sublingual	Tier 1	QL
zolpidem tartrate tablet sublingual 3.5 mg sublingual	Tier 1	ST; QL
ZOLPIMIST ORAL SOLUTION 5 MG/ACT	Tier 3	ST; QL
Orexin Receptor Antagonists**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST; QL
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST; QL
QUVIVIQ TABLET 25 MG ORAL	Tier 3	ST; QL
QUVIVIQ TABLET 50 MG ORAL	Tier 3	ST; QL
QUVIVIQ TABLET 50 MG ORAL	Tier 3	ST; Formulary Exclusion; QL
Selective Alpha2-Adrenoreceptor Agonist Sedatives**		
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%, 40-0.9 mcg/10ml-%	EX	Non FDA Exclusion
dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous	EX	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	EX	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 80 mcg/20ml intravenous	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml	EX	Medical Only Exclusion
dexmedetomidine hcl-dextrose intravenous solution 200mcg/50ml -5%, 400mcg/100ml -5%	EX	Medical Only Exclusion
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	EX	Medical Only Exclusion
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	EX	Medical Only Exclusion
Selective Melatonin Receptor Agonists**		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; Specialty; QL
HETLIOZ ORAL CAPSULE 20 MG	EX	PA; Specialty; Formulary Exclusion; QL
ramelteon oral tablet 8 mg	EX	Formulary Exclusion
ROZEREM ORAL TABLET 8 MG	EX	ST; Formulary Exclusion
tasimelteon oral capsule 20 mg	Tier 4	PA; Specialty; QL
Laxatives		
Bowel Evacuant Combinations**		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	EX	Formulary Exclusion
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 5	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 5	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 5	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	EX	Formulary Exclusion
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	EX	Formulary Exclusion
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 5	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	EX	Formulary Exclusion
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	EX	Formulary Exclusion
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 5	

Drug Name	Drug Tier	Notes
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 5	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	EX	Formulary Exclusion
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	EX	Formulary Exclusion
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 5	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	EX	Formulary Exclusion
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	EX	Formulary Exclusion
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	EX	Formulary Exclusion
SUTAB ORAL TABLET 1479-225-188 MG	EX	Formulary Exclusion
Bulk Laxatives**		
fiber oral powder 51.7 %	Benefit Exclusion	
Laxatives - Miscellaneous**		
constulose oral solution 10 gm/15ml	Tier 1	
GIALAX ORAL KIT	EX	Non FDA Exclusion
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Tier 1	
lactulose oral packet 10 gm, 20 gm	Tier 1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 1	
VIBRANT ORAL CAPSULE	EX	Non FDA Exclusion
VIBRANT STARTER KIT ORAL KIT	EX	Non FDA Exclusion
Lubricant Laxatives**		
mineral oil heavy oral oil	EX	Formulary Exclusion
Saline Laxative Mixtures**		
OSMOPREP ORAL TABLET 1.102-0.398 GM	EX	Formulary Exclusion
Local Anesthetics-Parenteral		
Local Anesthetic & Sympathomimetic**		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000	EX	Medical Only Exclusion
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	EX	Medical Only Exclusion
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	EX	Medical Only Exclusion
lets kit	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
lidocaine(bufferd)-epinephrine injection solution prefilled syringe 0.5 %-1:100000, 1 %-1:100000	EX	Non FDA Exclusion
lidocaine-epinephrine (3 ml) injection solution prefilled syringe 0.5 %-1:100000	EX	Non FDA Exclusion
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000	EX	Medical Only Exclusion
lidocaine-epinephrine solution 0.5 %-1:200000 injection	EX	Medical Only Exclusion
lidocaine-epinephrine solution 1 %-1:100000 injection	EX	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	EX	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:200000 injection	EX	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:50000 injection	EX	Medical Only Exclusion
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	EX	Medical Only Exclusion
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	EX	Medical Only Exclusion
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000	EX	Medical Only Exclusion
reck solution prefilled syringe 123-0.25-0.04- 15 mg/50ml	EX	Non FDA Exclusion
ropiv-clonidine-ketorolac solution prefilled syringe 123-0.04-15 mg/50ml	EX	Non FDA Exclusion
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000	EX	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 %	EX	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	EX	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Local Anesthetic Combinations**		
active injection lm-2 injection kit 1 & 0.25 %	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl-tetracaine hcl injection solution 0.4-0.2 %	EX	Non FDA Exclusion
lidocaine-sodium bicarbonate injection solution prefilled syringe 1-8.4 %	EX	Non FDA Exclusion
LIDOMAR INJECTION SOLUTION 50-18.75 MG/5ML	EX	Non FDA Exclusion
marlido injection kit 2 & 0.5 %	EX	Non FDA Exclusion
MARLIDO-25 INJECTION KIT 1 & 0.25 %	EX	Non FDA Exclusion; Medical Only Exclusion
MARVONA SUIK COMBINATION KIT 0.5 %	EX	Non FDA Exclusion
POINT OF CARE LM-2.2 INJECTION KIT 1 & 0.25 %	EX	Non FDA Exclusion; Medical Only Exclusion
POINT OF CARE LM-2.5 INJECTION KIT 1 & 0.25 %	EX	Non FDA Exclusion; Medical Only Exclusion
READYSHARP-A INJECTION KIT 1 & 0.5 %	EX	Non FDA Exclusion; Medical Only Exclusion
Local Anesthetics - Amides**		
bupivacaine fisiopharma injection solution 0.5 %, 2.5 mg/ml	EX	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	EX	Medical Only Exclusion
bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)	EX	Non FDA Exclusion
bupivacaine hcl solution 0.125 % injection	EX	Non FDA Exclusion
bupivacaine hcl solution 0.25 % injection	EX	Medical Only Exclusion
bupivacaine hcl solution 0.5 % injection	EX	Medical Only Exclusion
bupivacaine hcl-nacl epidural solution 0.125-0.9 %	EX	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl-nacl epidural solution prefilled syringe 0.25-0.9 %	EX	Non FDA Exclusion; Medical Only Exclusion
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	EX	Medical Only Exclusion
bupivacaine spinal intrathecal solution 0.75-8.25 %	EX	Medical Only Exclusion
CARBOCAINE INJECTION SOLUTION 1 %	EX	Medical Only Exclusion
EXPAREL INJECTION SUSPENSION 1.3 %	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
lidocaine hcl (buffered) injection solution prefilled syringe 100 mg/10ml	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	EX	Medical Only Exclusion
lidocaine hcl intradermal jet-injector 0.5 mg	EX	Medical Only Exclusion
lidocaine hcl intravenous solution prefilled syringe 10 mg/ml, 100 mg/5ml	EX	Non FDA Exclusion
lidocaine hcl solution 0.5 % injection	EX	Medical Only Exclusion
lidocaine hcl solution 1 % injection	EX	Medical Only Exclusion
lidocaine hcl solution 1 % injection	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution 2 % injection	EX	Medical Only Exclusion
lidocaine hcl solution 2 % injection	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 10 mg/ml injection	EX	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 100 mg/10ml injection	EX	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	EX	Medical Only Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 200 mg/10ml injection	EX	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 60 mg/3ml injection	EX	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 9 mg/ml injection	EX	Non FDA Exclusion
lidomark 1/5 injection kit 1 %	EX	Non FDA Exclusion; Medical Only Exclusion
lidomark 2/5 injection kit 2 %	EX	Non FDA Exclusion
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 %	EX	Medical Only Exclusion
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 %	EX	Medical Only Exclusion
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 %	EX	Medical Only Exclusion
MONOJECT BONE MARROW BIOPSY INJECTION KIT 1 %	EX	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 10 MG/ML INJECTION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
NAROPIN SOLUTION 2 MG/ML INJECTION	EX	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 5 MG/ML INJECTION	EX	Medical Only Exclusion
NAROPIN SOLUTION 7.5 MG/ML INJECTION	EX	Medical Only Exclusion
POLOCAINE INJECTION SOLUTION 1 %, 2 %	EX	Medical Only Exclusion
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 %	EX	Medical Only Exclusion
POSIMIR INJECTION SOLUTION 660 MG/5ML	EX	Medical Only Exclusion
READYSHARP LIDOCAINE INJECTION KIT 1 %	EX	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl epidural solution 0.2 %	EX	Non FDA Exclusion
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	EX	Medical Only Exclusion
ropivacaine hcl-nacl epidural solution 0.15-0.9 %, 0.2-0.9 %	EX	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl injection solution 0.1-0.9 %, 0.2-0.9 %	EX	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl injection solution prefilled syringe 0.2-0.9 %, 0.5-0.9 %	EX	Non FDA Exclusion
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 %	EX	Medical Only Exclusion
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 %	EX	Medical Only Exclusion
XARACOLL IMPLANT IMPLANT 3 X 100 MG	EX	Medical Only Exclusion
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 %	EX	Medical Only Exclusion
XYLOCAINE MPF +RFID INJECTION SOLUTION 1 %	EX	Medical Only Exclusion
XYLOCAINE-MPF +RFID INJECTION SOLUTION 2 %	EX	Medical Only Exclusion
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	EX	Medical Only Exclusion
ZINGO INTRADERMAL JET-INJECTOR 0.5 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Local Anesthetics - Esters**		
chloroprocaine hcl (pf) injection solution 2 %, 3 %	EX	Medical Only Exclusion
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML	EX	Medical Only Exclusion
NESACAINE INJECTION SOLUTION 1 %, 2 %	EX	Medical Only Exclusion
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 %	EX	Medical Only Exclusion
tetracaine hcl injection solution 1 %	EX	Non FDA Exclusion
Macrolides		
Azithromycin**		
azithromycin intravenous solution reconstituted 500 mg	EX	Medical Only Exclusion
azithromycin oral packet 1 gm	Tier 2	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
ZITHROMAX ORAL PACKET 1 GM	Tier 3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	EX	Formulary Exclusion
ZITHROMAX ORAL TABLET 250 MG, 500 MG	EX	Formulary Exclusion
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	EX	Formulary Exclusion
ZITHROMAX Z-PAK ORAL TABLET 250 MG	EX	Formulary Exclusion
Clarithromycin**		
clarithromycin er oral tablet extended release 24 hour 500 mg	Tier 1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
Erythromycins**		
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	EX	Formulary Exclusion
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	EX	Formulary Exclusion
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 2	
erythromycin base capsule delayed release particles 250 mg oral	Tier 3	
erythromycin base capsule delayed release particles 250 mg oral	Tier 1	
erythromycin base oral tablet 250 mg, 500 mg	Tier 1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin lactobionate intravenous solution reconstituted 500 mg	EX	Medical Only Exclusion
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
Fidaxomicin**		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	
DIFICID ORAL TABLET 200 MG	EX	
fidaxomicin oral tablet 200 mg	Tier 1	
Medical Devices And Supplies		
Adhesive Bandages**		
CURITY WOUND CLOSURE 1/2"X4"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X1.5"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X3"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X4"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/8"X3"	EX	Non FDA Exclusion
Catheters**		
apogee ic catheter 14fr/16"	EX	Formulary Exclusion
vapro plus catheter 12fr/16"	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 5	
Condoms - Male**		
aimsco lubricated	Tier 2	
condoms	Tier 2	
DUREX EXTRA SENSITIVE THIN DEVICE	Tier 2	
DUREX REALFEEL DEVICE	Tier 2	
FANTASY LUBRICATED	Tier 2	
FANTASY LUBRICATED/SPERMICIDE	Tier 2	
KAMELEON LUBRICATED	Tier 2	
kimono	Tier 2	
KIMONO COLORS DEVICE	Tier 2	
KIMONO MAXX-LARGE FLARE	Tier 2	
kimono micro thin	Tier 2	
kimono micro thin plus	Tier 2	
kimono plus	Tier 2	
kimono ps	Tier 2	
kimono ps plus	Tier 2	
kimono sensation	Tier 2	
kimono sensation plus	Tier 2	
KIMONO SPECIAL DEVICE	Tier 2	
K-Y ME & YOU EXTRA LUBRICATED DEVICE	Tier 2	
K-Y ME & YOU INTENSE DEVICE	Tier 2	
maxx	Tier 2	
maxx plus	Tier 2	
premium condoms lubricated	Tier 2	
REALITY LATEX CONDOMS	Tier 2	
REALITY LATEX/ULTRA TEXTURED DEVICE	Tier 2	
REALITY LATEX/ULTRA THIN DEVICE	Tier 2	
TRUSTEX COLOR CONDOMS + LUBE	Tier 2	
TRUSTEX LUB/RIBBED/STUDDED	Tier 2	
TRUSTEX LUB/SPERMICIDE EX ST	Tier 2	
TRUSTEX LUB/SPERMICIDE XL	Tier 2	
TRUSTEX LUBRICATED	Tier 2	
TRUSTEX LUBRICATED EX LARGE	Tier 2	
TRUSTEX LUBRICATED EXTRA ST	Tier 2	

Drug Name	Drug Tier	Notes
TRUSTEX LUBRICATED/SPERMICIDE	Tier 2	
TRUSTEX NATURAL CONDOMS + LUBE	Tier 2	
TRUSTEX NON-LUBRICATED	Tier 2	
TRUSTEX RIA LUB/SPERMICIDE	Tier 2	
TRUSTEX RIA LUBRICATED	Tier 2	
TRUSTEX RIA NON-LUBRICATED	Tier 2	
TRUSTEX-NONOXYNOL-9/RIB/STUD	Tier 2	
Diaphragms**		
CAYA VAGINAL DIAPHRAGM	Tier 5	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 2	
Elastic Bandages & Supports**		
SKINEEZ TED STOCKINGS	EX	Non FDA Exclusion
Embolization Supplies**		
ONCOZENE 100 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 100 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 40 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 40 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 75 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ONCOZENE 75 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
Enteral Nutrition Supplies		
ENFIT AMBER LOW DOSE SYR/0.5ML	EX	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/1ML	EX	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/3ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/10ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/20ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/35ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/60ML	EX	Formulary Exclusion
ENFIT AMBER TIP SYRINGE/5ML	EX	Formulary Exclusion
ENFIT CAP	EX	Formulary Exclusion
ENFIT IRRIGATION KIT	EX	Formulary Exclusion
ENFIT IRRIGATION SYR/THUMB CNT	EX	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE	EX	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/1ML	EX	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/3ML	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 1	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 2	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 3	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 4	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 5	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 6	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 7	EX	Formulary Exclusion
ENFIT MEDICINE STRAW/2"/5CM	EX	Formulary Exclusion
ENFIT MEDICINE STRAW/4"/10CM	EX	Formulary Exclusion
ENFIT MEDICINE STRAW/6"/15CM	EX	Formulary Exclusion
ENFIT POP ON CAP	EX	Formulary Exclusion
ENFIT SCREW ON CAP	EX	Formulary Exclusion
ENFIT SYRINGE/10ML	EX	Formulary Exclusion
ENFIT SYRINGE/20ML	EX	Formulary Exclusion
ENFIT SYRINGE/35ML	EX	Formulary Exclusion
ENFIT SYRINGE/60ML	EX	Formulary Exclusion
ENFIT THUMB CONTROL IRRIG/60ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/10ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/20ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/35ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/5ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ENFIT TIP SYRINGE/60ML	EX	Formulary Exclusion
ENFIT TRANSITION CONNECTOR	EX	Formulary Exclusion
enteral delivery gravity bag	EX	Formulary Exclusion
piston irrigation syringe	EX	Formulary Exclusion
Feeding Tubes**		
KANGAROO FEEDING SET/ENFIT	EX	Formulary Exclusion
Foot Care Products**		
BIOFREQUENCY INSOLES	EX	Non FDA Exclusion
Gauze Pads & Dressings**		
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6"	EX	Non FDA Exclusion
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	EX	Non FDA Exclusion
BIOGUARD GAUZE SPONGES PAD 2"X2" , 4"X4"	EX	Non FDA Exclusion
BIOGUARD ISLAND DRESSINGS PAD 4"X10" , 4"X14" , 4"X5"	EX	Non FDA Exclusion
BIOGUARD NON-ADHERENT DRESSING PAD 3"X4" , 3"X8"	EX	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	EX	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL STRIP	EX	Non FDA Exclusion
CURITY IODOFORM PACKING STRIP	EX	Non FDA Exclusion
EXCILON AMD DRAIN SPONGES PAD 4"X4"	EX	Non FDA Exclusion
KERLIX AMD ANTIMICROBIAL	EX	Non FDA Exclusion
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	EX	Non FDA Exclusion
TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8"	EX	Non FDA Exclusion
TELFA AMD NON-ADHERENT PAD 3"X8"	EX	Non FDA Exclusion
Glucose Monitor & Blood Pressure Monitor Combinations**		
ADVOCATE DUO DEVICE	EX	Formulary Exclusion
cardiometabolic solution kit	EX	Non FDA Exclusion
care activation solution kit	EX	Non FDA Exclusion
CLEVER CHEK AUTO-CODE DEVICE	EX	Formulary Exclusion
DUO-CARE DEVICE	EX	Formulary Exclusion
FORA D10 2-IN-1 MONITOR DEVICE	EX	Formulary Exclusion
FORA D15G 2-IN-1 MONITOR DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
FORA D20 2-IN-1 MONITOR DEVICE	EX	Formulary Exclusion
FORA D40 GLUCOSE/PRESSURE DEVICE	EX	Formulary Exclusion
FORA D40G GLUCOSE/PRESSURE DEVICE	EX	Formulary Exclusion
Glucose Monitor & Cholesterol Monitor Combinations**		
ACCUTREND PLUS DEVICE	Tier 3	
Glucose Monitor & Ketone Monitor Combinations**		
FORA TEST N' GO ADVANCE DEVICE	EX	Formulary Exclusion
FORA TN'G ADVANCE PRO DEVICE	Benefit Exclusion	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE	Benefit Exclusion	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE	Benefit Exclusion	Formulary Exclusion
PRECISION XTRA-GLUCOSE/KETONE DEVICE	EX	Formulary Exclusion
Glucose Monitoring Test Supplies**		
1st tier unilet comfortouch	Tier 2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	EX	Formulary Exclusion
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2	
ACCU-CHEK FASTCLIX LANCETS	Tier 2	
ACCU-CHEK GUIDE KIT W/DEVICE	EX	Formulary Exclusion
ACCU-CHEK GUIDE ME KIT W/DEVICE	EX	Formulary Exclusion
ACCU-CHEK SAFE-T PRO LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
acti-lance 28g	Tier 2	
acti-lance lite lancets 28g	Tier 2	
acti-lance special lancets 17g	Tier 2	
acti-lance universal 23g	Tier 2	
adjustable lancing device	Tier 2	
ADVANCE INTUITION METER DEVICE	EX	Formulary Exclusion
ADVANCE INTUITION MONITOR KIT	EX	Formulary Exclusion
ADVANCE MICRO-DRAW METER DEVICE	EX	Formulary Exclusion
advanced mobile lancet	Tier 2	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
ADVOCATE LANCETS	Tier 2	
ADVOCATE LANCETS 30G	Tier 2	
ADVOCATE REDI-CODE DEVICE	EX	Formulary Exclusion
ADVOCATE REDI-CODE KIT W/DEVICE	EX	Formulary Exclusion
ADVOCATE REDI-CODE+ DEVICE	EX	Formulary Exclusion
ADVOCATE SAFETY LANCETS	Tier 2	
ADVOCATE SAFETY LANCETS 21G	Tier 2	
ADVOCATE SAFETY LANCETS 23G	Tier 2	
ADVOCATE SAFETY LANCETS 26G	Tier 2	
ADVOCATE SAFETY LANCETS 28G	Tier 2	
AGAMATRIX AMP DEVICE	EX	Formulary Exclusion
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE	EX	Formulary Exclusion
AGAMATRIX PRESTO KIT W/DEVICE	EX	Formulary Exclusion
AGAMATRIX PRESTO PRO METER DEVICE	EX	Formulary Exclusion
AGAMATRIX ULTRA-THIN LANCETS	Tier 2	
aimsco twist lancets 32g	Tier 2	
AIMSCO TWIST LANCETS 33G	Tier 2	
AQUALANCE LANCETS 30G	Tier 2	
ASSURE 3 METER KIT	EX	Formulary Exclusion
ASSURE 4 METER DEVICE	EX	Formulary Exclusion
assure comfort lancets 28g	Tier 2	
ASSURE HAEMOLANCE PLUS HIGH	Tier 2	
ASSURE HAEMOLANCE PLUS LOW	Tier 2	
ASSURE HAEMOLANCE PLUS MICRO	Tier 2	
ASSURE HAEMOLANCE PLUS NORMAL	Tier 2	
ASSURE HAEMOLANCE PLUS PED	Tier 2	
ASSURE LANCE LANCETS	Tier 2	
ASSURE LANCE LANCETS 21G	Tier 2	
ASSURE LANCE PLUS SAFETY 25G	Tier 2	
ASSURE LANCE PLUS SAFETY 30G	Tier 2	
ASSURE LANCE SAFETY LANCET 28G	Tier 2	
ASSURE PLATINUM METER DEVICE	EX	Formulary Exclusion
ASSURE PRISM MULTI METER DEVICE	EX	Formulary Exclusion
ASSURE PRO BLOOD GLUCOSE METER DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
aurora lancet super thin 30g	Tier 2	
aurora lancet thin 23g	Tier 2	
AUTOLET II CLINISAFE KIT	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
AUTOLET LITE CLINISAFE KIT	Tier 2	
AUTOLET LITE LANCING DEVICE	Tier 2	
AUTOLET LITE STARTER PACK KIT	Tier 2	
AUTOLET MINI	Tier 2	
AUTOLET PLATFORMS	Tier 2	
AUTOLET PLUS	Tier 2	
BD LANCET ULTRAFINE 30G	Tier 2	
BD LANCET ULTRAFINE 33G	Tier 2	
BD LATITUDE DIABETES KIT	EX	Formulary Exclusion
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE	EX	Formulary Exclusion
BD MAGNI-GUIDE MAGNIFIER	EX	Formulary Exclusion
BD MICROTAINER LANCETS	Tier 2	
BIGFOOT UNITY PROGRAM KIT	EX	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE	EX	Formulary Exclusion
blood glucose monitor system kit w/device	EX	Formulary Exclusion
blood glucose system pak kit	EX	Formulary Exclusion
BLUESTAR DEVICE (OTC)	EX	Formulary Exclusion
BLUESTAR DEVICE (RX)	EX	Non FDA Exclusion
BLULINK GLUCOSE MONITORING SYS DEVICE	EX	Formulary Exclusion
CARDIOCOM LANCING DEVICE	Tier 2	
careone advanced lancing dev	Tier 2	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CAREONE LANCET SUPER THIN 30G	Tier 2	
careone lancet thin 23g	Tier 2	
CARESENS LANCETS	Tier 2	
CARESENS LANCETS 30G	Tier 2	
CARESENS N FELIZ BT DEVICE	EX	Formulary Exclusion
CARESENS N GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
CARESENS N PLUS BT KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
CARESENS S CONTROL SOLN A/B IN VITRO LIQUID	EX	Formulary Exclusion
CARESENS S FIT BLOOD GLUC MON DEVICE	EX	Formulary Exclusion
CARESENS S FIT BT BLOOD GLUC DEVICE	EX	Formulary Exclusion
CARETOUCH LANCING/EJECTOR	Tier 2	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CARETOUCH SAFETY LANCETS	Tier 2	
CARETOUCH SAFETY LANCETS 26G	Tier 2	
CARETOUCH TWIST LANCETS 28G	Tier 2	
CARETOUCH TWIST LANCETS 30G	Tier 2	
CARETOUCH TWIST LANCETS 33G	Tier 2	
CARETOUCH TWIST MC LANCETS 30G	Tier 2	
CHEMSTRIP BG LOG BOOK	EX	Formulary Exclusion
CHOSEN LANCETS 30G	Tier 2	
CHOSEN SAFETY LANCETS 28G	Tier 2	
CLEANLET LANCETS 28G	Tier 2	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	EX	Formulary Exclusion
CLEVER CHEK AUTO-CODE VOICE DEVICE	EX	Formulary Exclusion
CLEVER CHEK LANCETS	Tier 2	
CLEVER CHEK SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	EX	Formulary Exclusion
CLEVER CHOICE COMFORT EZ	Tier 2	
CLEVER CHOICE LANCETS 21G	Tier 2	
CLEVER CHOICE LANCETS 23G	Tier 2	
CLEVER CHOICE LANCETS 28G	Tier 2	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CLEVER CHOICE MINI SYSTEM DEVICE	EX	Formulary Exclusion
CLEVER CHOICE TALK SYSTEM DEVICE	EX	Formulary Exclusion
COAGUCHEK LANCETS	Tier 2	
comfort assured lancets 28g	Tier 2	
comfort assured lancets 33g	Tier 2	
comfort lancets	Tier 2	
COMFORT TOUCH LANCETS 31G	Tier 2	

Drug Name	Drug Tier	Notes
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	
COMFORT TOUCH TWIST LANCET 30G	Tier 2	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL	EX	Formulary Exclusion
CONTOUR MONITOR DEVICE	EX	Formulary Exclusion
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL	EX	Formulary Exclusion
CONTOUR NEXT EZ KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT LINK KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT MONITOR KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT ONE KIT	EX	Formulary Exclusion
CONTOUR PLUS BLUE KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR PLUS CONTROL SOLUTION IN VITRO LIQUID	EX	Formulary Exclusion
COOL MONITOR DEVICE	EX	Formulary Exclusion
COOL MONITOR KIT KIT W/DEVICE	EX	Formulary Exclusion
CVS BLOOD GLUCOSE METER DEVICE	EX	Formulary Exclusion
CVS BLOOD GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
cvs lancets 21g	Tier 2	
cvs lancets micro thin 33g	Tier 2	
cvs lancets original	Tier 2	
cvs lancets thin 26g	Tier 2	
cvs lancets ultra thin 30g	Tier 2	
cvs lancets ultra-thin 30g	Tier 2	
cvs lancing device	Tier 2	
cvs ultra thin lancets	Tier 2	
D-CARE GLUCOMETER KIT W/DEVICE	EX	Formulary Exclusion
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLAT PED RECEIVER DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RECEIVER DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLATINUM TRANSMITTER	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
DEXCOM G5 MOB/G4 PLAT SENSOR	EX	PA; Formulary Exclusion; QL
DEXCOM G5 MOBILE RECEIVER DEVICE	EX	PA; Formulary Exclusion; QL
DEXCOM G5 MOBILE TRANSMITTER	EX	PA; Formulary Exclusion; QL
DEXCOM G5 RECEIVER KIT DEVICE	EX	PA; Formulary Exclusion; QL
DEXCOM G6 RECEIVER DEVICE	Tier 2	ST; QL
DEXCOM G6 SENSOR	Tier 2	ST; QL
DEXCOM G6 TRANSMITTER	Tier 2	ST; QL
DEXCOM G7 15 DAY SENSOR	Tier 2	QL
DEXCOM G7 RECEIVER DEVICE	Tier 2	ST; QL
DEXCOM G7 SENSOR	Tier 2	ST; QL
diabetes care kit	EX	Formulary Exclusion
DIATHRIVE BLOOD GLUCOSE METER DEVICE	EX	Formulary Exclusion
DIATHRIVE LANCET ULTRA THIN 30	Tier 2	
DIATHRIVE LANCETS	Tier 2	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
diatrue plus blood glucose device	EX	Formulary Exclusion
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCETS ULTRA THIN 30G	Tier 2	
DROPLET LANCING DEVICE	Tier 2	
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	Tier 2	
drug mart lancets thin 26g	Tier 2	
DRUG MART LANCING DEVICE	Tier 2	
DRUG MART ON-THE-GO LANCET 30G	Tier 2	
DRUG MART UNILET LANCETS 28G	Tier 2	
DRUG MART UNILET LANCETS 30G	Tier 2	
DRUG MART UNILET LANCETS 33G	Tier 2	
easy comfort lancets	Tier 2	
easy comfort lancets twist top	Tier 2	
EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
easy plus ii glucose system device	EX	Formulary Exclusion
EASY STEP GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
easy talk blood glucose system device	EX	Formulary Exclusion
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
EASY TOUCH LANCETS 21G	Tier 2	

Drug Name	Drug Tier	Notes
EASY TOUCH LANCETS 23G	Tier 2	
EASY TOUCH LANCETS 26G	Tier 2	
EASY TOUCH LANCETS 28G	Tier 2	
EASY TOUCH LANCETS 28G/TWIST	Tier 2	
EASY TOUCH LANCETS 30G	Tier 2	
EASY TOUCH LANCETS 30G/TWIST	Tier 2	
EASY TOUCH LANCETS 32G	Tier 2	
EASY TOUCH LANCETS 32G/TWIST	Tier 2	
EASY TOUCH LANCETS 33G/TWIST	Tier 2	
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS 21G	Tier 2	
EASY TOUCH SAFETY LANCETS 23G	Tier 2	
EASY TOUCH SAFETY LANCETS 26G	Tier 2	
EASY TOUCH SAFETY LANCETS 28G	Tier 2	
easy trak blood glucose system device	EX	Formulary Exclusion
easy trak ii blood glucose sys device	EX	Formulary Exclusion
EASYGLUCO KIT	EX	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
EASYMAX V BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE	EX	Formulary Exclusion
EASYPRO PLUS KIT W/DEVICE	EX	Formulary Exclusion
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
element compact glucose system device	EX	Formulary Exclusion
element compact v glucose sys device	EX	Formulary Exclusion
ELEMENT PLUS DEVICE	EX	Formulary Exclusion
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE	EX	Formulary Exclusion
EMBRACE LANCETS ULTRA THIN 30G	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G	Tier 2	
EMBRACE PRO GLUCOSE METER DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
EMBRACE TALK BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
ENLITE GLUCOSE SENSOR	EX	Formulary Exclusion; QL
eql color lancets 21g	Tier 2	
eql color lancets micro 33g	Tier 2	
eql super thin lancets 30g	Tier 2	
eql thin lancets 26g	Tier 2	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA; QL
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA; QL
EVERSENSE E3 SENSOR/HOLDER	EX	PA; Formulary Exclusion; QL
EVERSENSE E3 SMART TRANSMITTER	EX	PA; Formulary Exclusion; QL
EVERSENSE SENSOR/HOLDER	Tier 3	PA; QL
EVERSENSE SMART TRANSMITTER	Tier 3	PA; QL
EVOLUTION AUTOCODE DEVICE	EX	Formulary Exclusion
E-Z JECT LANCET MICRO-THIN 33G	Tier 2	
E-Z JECT LANCET SUPER THIN 30G	Tier 2	
E-Z JECT LANCETS	Tier 2	
E-Z JECT LANCETS 21G	Tier 2	
E-Z JECT LANCETS THIN 26G	Tier 2	
EZ-LETS LANCETS 21G	Tier 2	
EZ-LETS LANCETS 26G	Tier 2	
EZ-LETS LANCETS 28G	Tier 2	
EZ-LETS LANCETS 30G	Tier 2	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE	EX	Formulary Exclusion
FIFTY50 SAFETY SEAL LANCETS	Tier 2	
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINE 30	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA LANCETS	Tier 2	
FORA PREMIUM V10 BLE SYSTEM DEVICE	EX	Formulary Exclusion
FORA TEST N' GO MONITOR DEVICE	EX	Formulary Exclusion
FORA TN'G VOICE KIT W/DEVICE	EX	Formulary Exclusion
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V10/V12/D10/D20 TEST KIT	EX	Formulary Exclusion
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
FORACARE GD40 MONITOR DEVICE	EX	Formulary Exclusion
FORACARE PREMIUM V10 DEVICE	EX	Formulary Exclusion
FORACARE TEST N GO MONITOR DEVICE	EX	Formulary Exclusion
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
freds pharmacy autolet lancing	Tier 2	
freds pharmacy unilet lanc 28g	Tier 2	
freds pharmacy unilet lanc 30g	Tier 2	
FREESTYLE FREEDOM LITE KIT W/DEVICE	EX	Formulary Exclusion
FREESTYLE LANCETS	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE 2 SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE 3 SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE SENSOR SYSTEM	Tier 2	ST; QL

Drug Name	Drug Tier	Notes
FREESTYLE LITE DEVICE	EX	Formulary Exclusion
FREESTYLE LITE KIT W/DEVICE	EX	Formulary Exclusion
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
FREESTYLE UNISTICK II LANCETS	Tier 2	
ge100 blood glucose system device	EX	Formulary Exclusion
ge100 blood glucose system kit w/device	EX	Formulary Exclusion
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
GENTLE-LET GP LANCETS	Tier 2	
GENTLE-LET LANCETS	Tier 2	
GENTLE-LET PLATFORMS	Tier 2	
ght blood glucose monitor kit w/device	EX	Formulary Exclusion
global inject ease lancets 28g	Tier 2	
global inject ease lancets 30g	Tier 2	
GLUCO PERFECT 3 METER DEVICE	EX	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE CONNEX KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE EXPRESS KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE XL DEVICE	EX	Formulary Exclusion
GLUCOCARD VITAL MONITOR KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD X-METER KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCOM AUTOLINK TELEMONITOR	EX	Formulary Exclusion
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
GLUCOCOM MONITOR KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
GNP EASY TOUCH GLUCOSE METER DEVICE	EX	Formulary Exclusion
gnp lancets 21g	Tier 2	
gnp lancets thin 26g	Tier 2	
gnp sterile lancets 28g	Tier 2	
gnp sterile lancets 30g	Tier 2	
gnp sterile lancets 33g	Tier 2	
GNP TRUE METRIX AIR METER KIT W/DEVICE	EX	Formulary Exclusion
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
GOJJI STERILE LANCETS	Tier 2	
goodsense blood glucose kit w/device	EX	Formulary Exclusion
goodsense color lancets 33g	Tier 2	
goodsense lancets 26g univ	Tier 2	
goodsense lancets 30g	Tier 2	
goodsense lancets 30g univ	Tier 2	
goodsense lancets 33g	Tier 2	
goodsense lancets 33g univ	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA; QL
GUARDIAN 4 TRANSMITTER	Tier 3	PA; QL
GUARDIAN CONNECT TRANSMITTER	EX	Formulary Exclusion; QL
GUARDIAN CONNECT TRANSMITTER	EX	PA; Formulary Exclusion; QL
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA; QL
GUARDIAN REAL-TIME CHARGER	EX	Formulary Exclusion
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 3	QL
GUARDIAN REAL-TIME TEST PLUG	EX	Formulary Exclusion
GUARDIAN SENSOR (3)	Tier 3	PA; QL
guardian sensor 3	Tier 3	PA; QL
HAEMOLANCE PLUS	Tier 2	
HAEMOLANCE PLUS HIGH FLOW	Tier 2	
HAEMOLANCE PLUS LOW FLOW	Tier 2	
HAEMOLANCE PLUS MAX FLOW	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 2	
HEALTH CARE LANCING DEVICE	Tier 2	
HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
healthy accents lancing device	Tier 2	
healthy accents unilet lancets	Tier 2	
h-e-b incontrol adv lancing	Tier 2	
h-e-b incontrol lancets 28g	Tier 2	
h-e-b incontrol lancets 30g	Tier 2	
h-e-b incontrol lancets 33g	Tier 2	
HM EMBRACE TALK SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
HW EMBRACE PRO GLUCOSE METER DEVICE	EX	Formulary Exclusion
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
HYPOLANCE AST LANCING KIT	Tier 2	
HY-VEE LANCETS	Tier 2	
hy-vee thin lancets	Tier 2	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
IHEALTH GLUCO+ KIT 10 KIT	EX	Formulary Exclusion
IHEALTH GLUCO+ KIT 100 KIT	EX	Formulary Exclusion
IN TOUCH	EX	Formulary Exclusion
IN TOUCH DEVICE	EX	Formulary Exclusion
IN TOUCH STERILE LANCETS 30G	Tier 2	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
INFINITY VOICE KIT W/DEVICE	EX	Formulary Exclusion
INSUL-TOTE	EX	Formulary Exclusion
INSUL-TOTE JR	EX	Formulary Exclusion
kinney lancets	Tier 2	
kinney thin lancets	Tier 2	
KROGER AUTOLET LANCING DEVICE	Tier 2	
kroger blood glucose kit w/device	EX	Formulary Exclusion
KROGER HEALTHPRO LANCET 26G	Tier 2	
kroger lancets	Tier 2	
kroger lancets 21g	Tier 2	
kroger lancets micro thin 33g	Tier 2	
kroger lancets super thin	Tier 2	
kroger lancets thin	Tier 2	
kroger lancets thin 26g	Tier 2	
kroger lancets ultrathin 30g	Tier 2	

Drug Name	Drug Tier	Notes
kroger lancing device	Tier 2	
kroger premium blood glucose kit w/device	EX	Formulary Exclusion
KT TAPE CGM PATCH	EX	Formulary Exclusion
lancet device with ejector	Tier 2	
lancet transporter case	Tier 2	
lancets	Tier 2	
lancets 28g	Tier 2	
lancets 28g thin	Tier 2	
lancets 30g	Tier 2	
lancets 33g	Tier 2	
lancets micro thin 33g	Tier 2	
LANCETS SUPER THIN	Tier 2	
lancets super thin 28g	Tier 2	
lancets thin	Tier 2	
LANCETS ULTRA THIN	Tier 2	
lancets ultra thin 30g	Tier 2	
lancing device	Tier 2	
LANZO	Tier 2	
leader advanced lancing device	Tier 2	
liberty blood glucose meter device	EX	Formulary Exclusion
LIBERTY MEDICAL LANCETS	Tier 2	
LIBERTY MINI LANCING DEVICE	Tier 2	
LIBERTY NXT GENERATION MONITOR DEVICE	EX	Formulary Exclusion
LIFESCAN UNISTIK 2	Tier 2	
LIFESCAN UNISTIK II LANCETS	Tier 2	
lite touch lancets	Tier 2	
LITETOUCH LANCETS	Tier 2	
live better adv lancing device	Tier 2	
live better lancet super thin	Tier 2	
live better lancet ultra thin	Tier 2	
longs lancets standard	Tier 2	
longs lancets thin	Tier 2	
longs lancets ultra thin	Tier 2	
medichoice safety lancet	Tier 2	
medichoice safety lancet extra	Tier 2	
medichoice safety lancet norm	Tier 2	
MEDISENSE THIN LANCETS	Tier 2	

Drug Name	Drug Tier	Notes
MEDLANCE EXTRA 21G	Tier 2	
MEDLANCE LITE 25G	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LANCETS	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEDLANCE UNIVERSAL 21G	Tier 2	
meijer blood glucose kit w/device	EX	Formulary Exclusion
meijer essential blood glucose kit w/device	EX	Formulary Exclusion
MEIJER LANCETS	Tier 2	
MEIJER LANCETS THIN	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
meijer premium blood glucose kit w/device	EX	Formulary Exclusion
MEIJER SUPER THIN LANCETS	Tier 2	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
MICROLET LANCETS	Tier 2	
MICROLET NEXT LANCING DEVICE	Tier 2	
mini lancing device	Tier 2	
MINILINK REAL-TIME TRANSMITTER	EX	Formulary Exclusion; QL
MINIMED 630G GUARDIAN PRESS	Tier 3	PA; QL
MINIMED INSTINCT GLUC SENSOR	EX	New to Market Exclusion
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
MM BLOOD GLUCOSE SYSTEM REFILL KIT	EX	Formulary Exclusion
MM BLULINK GLUCOSE MONIT SYS DEVICE	EX	Formulary Exclusion
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
MM TWIST LANCETS	Tier 2	
mobile lancets 30g	Tier 3	
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
mpd safety lancet 21g	Tier 2	
mpd safety lancet 23g	Tier 2	
mpd safety lancet 28g	Tier 2	
mpd safety lancet 30g	Tier 2	
multi-lancet device	Tier 2	
MULTI-LANCET DEVICE 2 KIT	Tier 2	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
NOVA SUREFLEX LANCING DEVICE	Tier 2	
one drop blood glucose monitor kit w/device	EX	Formulary Exclusion
ONETOUCH CLUB LANCETS FINE PT	Tier 2	
ONETOUCH DELICA LANCETS 30G	Tier 2	
ONETOUCH DELICA LANCETS 33G	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 2	
ONETOUCH FINEPOINT LANCETS	Tier 2	
ONETOUCH ULTRA 2 KIT W/DEVICE	EX	Formulary Exclusion
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRA MINI KIT W/DEVICE	EX	Formulary Exclusion
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ONETOUCH VERIO IN VITRO LIQUID	Tier 3	
ONETOUCH VERIO REFLECT KIT W/DEVICE	EX	Formulary Exclusion
oval tape	Tier 3	
PARADIGM REAL-TIME TRANSMITTER	EX	Formulary Exclusion; QL
pc lancets super thin 30g	Tier 2	
PENLET II BLOOD SAMPLER KIT	Tier 2	
PENLET II REPLACEMENT CAP	Tier 2	
PERFECT LANCETS 28G	Tier 2	
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE	EX	Formulary Exclusion
PHARMACIST CHOICE LANCETS	Tier 2	
PHARMACIST CHOICE MINI SYSTEM DEVICE	EX	Formulary Exclusion
PHARMACY COUNTER LANCETS	Tier 2	
pip lancets 28g	Tier 2	
pip lancets 30g	Tier 2	
POCKETCHEM EZ SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
PRECISION THINS GP LANCETS	Tier 2	
PRECISION XTRA KIT W/DEVICE	EX	Formulary Exclusion
preferred plus lancets colored	Tier 2	
preferred plus lancets thin	Tier 2	
pressure activat safety lancet	Tier 2	
pro comfort lancets 30g	Tier 2	
pro comfort lancets 31g	Tier 2	
pro comfort safety lancets 30g	Tier 2	
pro voice v8 glucose system device	EX	Formulary Exclusion
pro voice v9 glucose system device	EX	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
PRODIGY LANCETS 28G	Tier 2	
PRODIGY LANCING DEVICE	Tier 2	

Drug Name	Drug Tier	Notes
PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE	EX	Formulary Exclusion
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
PSS SELECT GP LANCETS	Tier 2	
PSS SELECT PLATFORMS	Tier 2	
PSS SELECT SAFETY LANCETS	Tier 2	
pure comfort lancets 30g	Tier 2	
push button safety lancets	Tier 2	
px advanced lancing device	Tier 2	
px lancets microthin 33g	Tier 2	
px lancets ultra thin	Tier 2	
px lancets ultra thin 28g	Tier 2	
qc advanced lancing device	Tier 2	
qc lancets super thin 30g	Tier 2	
qc lancets ultra thin	Tier 2	
qc unilet lancets 28g	Tier 2	
qc unilet lancets micro thin	Tier 2	
QUICK TOUCH BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
QUICKTEK KIT	EX	Formulary Exclusion
QUICKTEK/METER KIT	EX	Formulary Exclusion
RA E-ZJECT LANCETS 28G	Tier 2	
RA E-ZJECT LANCETS THIN 26G	Tier 2	
RA E-ZJECT LANCETS THIN 28G	Tier 2	
RA E-ZJECT LANCETS ULTRA THIN	Tier 2	
READYLANCE SAFETY LANCETS	Tier 2	
reality lancets	Tier 2	
reality trigger lancets	Tier 2	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
RELION ALL-IN-ONE DEVICE	EX	Formulary Exclusion
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE	EX	Formulary Exclusion
RELION LANCETS	Tier 2	
RELION LANCETS MICRO-THIN 33G	Tier 2	

Drug Name	Drug Tier	Notes
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION LANCING DEVICE KIT	Tier 2	
RELION MICRO KIT W/DEVICE	EX	Formulary Exclusion
RELION PREMIER BLU MONITOR DEVICE	EX	Formulary Exclusion
RELION PREMIER CLASSIC DEVICE	EX	Formulary Exclusion
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
RELION PREMIER VOICE MONITOR DEVICE	EX	Formulary Exclusion
RELION PRIME MONITOR DEVICE	EX	Formulary Exclusion
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	EX	Formulary Exclusion
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
RELION ULTRA THIN LANCETS 30G	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
REXALL LANCETS ULTRA THIN 30G	Tier 2	
RIGHTEST ALTERNATE SITE ADAPT	Tier 2	
RIGHTEST GD500 LANCING DEVICE	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
SAFE-T-LANCE	Tier 2	
SAFE-T-LANCE PLUS	Tier 2	
safety lancet 21g/pressure act	Tier 2	
safety lancet 28g/pressure act	Tier 2	
safety lancet 30g/pressure act	Tier 2	
SAFETY LANCETS	Tier 2	
SAFETY LANCETS 21G	Tier 2	
SAFETY LANCETS 23G	Tier 2	
safety lancets 28g	Tier 2	

Drug Name	Drug Tier	Notes
saps health plus lancets	Tier 2	
saps health twist top lancets	Tier 2	
saps twist top lancets	Tier 2	
sapscare twist top lancets	Tier 2	
sb lancets thin	Tier 2	
sb lancets ultra thin	Tier 2	
SHOPKO AUTOLET LANCING DEVICE	Tier 2	
SHOPKO ON-THE-GO LANCETS 30G	Tier 2	
SHOPKO UNILET LANCETS 28G	Tier 2	
SHOPKO UNILET LANCETS 30G	Tier 2	
side button safety lancet	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
SIMPLERA SYSTEM	Tier 3	PA
SINGLE-LET	Tier 2	
sm lancets 33g	Tier 2	
SMART DIABETES VANTAGE LANCING	Tier 2	
SMART SENSE COLOR LANCETS 33G	Tier 2	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
SMART SENSE STANDARD LANCETS	Tier 2	
SMART SENSE SUPER THIN LANCETS	Tier 2	
SMART SENSE THIN LANCETS 26G	Tier 2	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST EJECT DEVICE	EX	Formulary Exclusion
SMARTEST EJECT STARTER KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST LANCETS 28G	Tier 2	
SMARTEST PERSONA STARTER KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST PRONTO STARTER KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST PROTEGE DEVICE	EX	Formulary Exclusion
SMARTEST PROTEGE STARTER KIT W/DEVICE	EX	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
SOLUS V2 LANCETS 28G	Tier 2	
SOLUS V2 LANCING DEVICE	Tier 2	
SOLUS V2 TWIST LANCETS 30G	Tier 2	
STERILANCE PA	Tier 2	
STERILANCE TL	Tier 2	
super thin lancets	Tier 2	
sure comfort lancets 18g	Tier 2	
sure comfort lancets 21g	Tier 2	
sure comfort lancets 23g	Tier 2	
sure comfort lancets 28g	Tier 2	
sure comfort lancets 30g	Tier 2	
SURE-LANCE FLAT LANCETS	Tier 2	
SURE-LANCE LANCETS 26G	Tier 2	
SURE-LANCE THIN LANCETS 28G	Tier 2	
SURE-LANCE ULTRA THIN LANCETS	Tier 2	
SURELITE LANCETS	Tier 2	
SURESTEP PRO LINEARITY KIT	EX	Formulary Exclusion
SURE-TOUCH LANCETS UNIVERSAL	Tier 2	
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	Tier 2	
TECHLITE LANCETS 30G	Tier 2	
TEMPO REFILL KIT	EX	Formulary Exclusion
TEMPO SMART BUTTON	EX	Formulary Exclusion
TEMPO WELCOME KIT W/DEVICE	EX	Formulary Exclusion
tgt blood glucose monitoring kit w/device	EX	Formulary Exclusion
tgt lancet micro thin 33g	Tier 2	
tgt lancet thin 26g	Tier 2	
tgt lancet ultra thin 30g	Tier 2	
tgt lancing device	Tier 2	
THINLETS GP LANCETS	Tier 2	
todays health lancing device	Tier 2	
todays health thin lancets 28g	Tier 2	
todays health thin lancets 30g	Tier 2	
topcare lancets micro-thin 33g	Tier 2	
TRACER II 3 VOLT BATTERY	EX	Formulary Exclusion
travel lancets	Tier 2	
TRAVEL LANCETS ADVANCED 28G	Tier 2	

Drug Name	Drug Tier	Notes
true comfort safety lancets	Tier 2	
true comfort twist top lancets	Tier 2	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	EX	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER DEVICE	EX	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
TRUE METRIX METER DEVICE	EX	Formulary Exclusion
TRUE METRIX METER KIT W/DEVICE	EX	Formulary Exclusion
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS 26G	Tier 2	
TRUEPLUS LANCETS 28G	Tier 2	
TRUEPLUS LANCETS 30G	Tier 2	
TRUEPLUS LANCETS 33G	Tier 2	
TRUEPLUS SAFETY LANCETS 28G	Tier 2	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
TRUETRACK BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
TRUETRACK SMART SYSTEM KIT	EX	Formulary Exclusion
twist top lancets 30g	Tier 2	
ULTILET CLASSIC LANCETS	Tier 2	
ULTILET LANCETS	Tier 2	
ULTILET SAFETY LANCETS	Tier 2	
ULTILET SAFETY LANCETS 23G	Tier 2	
ultra thin lancets 31g	Tier 2	
ultra-care lancets 30g	Tier 2	
ULTRALANCE	Tier 2	
ULTRA-THIN II AUTO LANCET	Tier 2	
UNILET COMFORTOUCH LANCET	Tier 2	
UNILET EXCELITE	Tier 2	
UNILET EXCELITE II	Tier 2	
UNILET G.P. LANCET	Tier 2	
UNILET G.P. SUPERLITE LANCET	Tier 2	
UNILET GP 28 ULTRA THIN	Tier 2	
UNILET LANCET	Tier 2	

Drug Name	Drug Tier	Notes
UNILET MICRO-THIN 33G	Tier 2	
UNILET SUPERLITE LANCET	Tier 2	
UNILET SUPER-THIN 30G	Tier 2	
UNILET ULTRA-THIN 28G	Tier 2	
UNISTIK 1	Tier 2	
UNISTIK 2	Tier 2	
UNISTIK 2 COMFORT	Tier 2	
UNISTIK 2 EXTRA	Tier 2	
UNISTIK 2 NEONATAL	Tier 2	
UNISTIK 2 NORMAL	Tier 2	
UNISTIK 2 SUPER	Tier 2	
UNISTIK 3	Tier 2	
UNISTIK 3 COMFORT	Tier 2	
UNISTIK 3 EXTRA	Tier 2	
UNISTIK 3 GENTLE	Tier 2	
UNISTIK 3 NEONATAL	Tier 2	
UNISTIK 3 NORMAL	Tier 2	
UNISTIK CZT COMFORT	Tier 2	
UNISTIK CZT NORMAL	Tier 2	
UNISTIK NORMAL	Tier 2	
UNISTIK PRO SAFETY LANCET	Tier 2	
UNISTIK SAFETY LANCETS 28G	Tier 2	
UNISTIK SAFETY LANCETS 30G	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G	Tier 2	
UNIVERSAL 1 LANCETS THIN 26G	Tier 2	
UNIVERSAL 1 LANCETS THIN 33G	Tier 2	
UNIVERSAL 1 LANCETS ULTRA THIN	Tier 2	
value plus lancet standard 21g	Tier 2	
value plus lancets super thin	Tier 2	
value plus lancets thin 26g	Tier 2	
valumark lancet super thin 30g	Tier 2	
valumark lancet ultra thin 28g	Tier 2	
verasens blood glucose meter device	EX	Formulary Exclusion
verasens blood glucose system kit w/device	EX	Formulary Exclusion
VERIFINE SAFE LANCET MINI 21G	Tier 2	

Drug Name	Drug Tier	Notes
VERIFINE SAFE LANCET MINI 23G	Tier 2	
VERIFINE SAFE LANCET MINI 28G	Tier 2	
VERIFINE SAFE LANCET MINI 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G	Tier 2	
VIDA MIA AUTOLET LANCING DEV	Tier 2	
VIDA MIA UNILET LANCETS 28G	Tier 2	
VIDA MIA UNILET LANCETS 30G	Tier 2	
VIVAGUARD INO GLUCOSE METER DEVICE	EX	Formulary Exclusion
VIVAGUARD INO GLUCOSE METER KIT	EX	Formulary Exclusion
VIVAGUARD INO SMART GLUC METER DEVICE	EX	Formulary Exclusion
VIVAGUARD LANCETS	Tier 2	
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
walgreens adv travel lancets	Tier 2	
WALGREENS LANCETS	Tier 2	
walgreens lancets micro thin	Tier 2	
walgreens lancets super thin	Tier 2	
WALGREENS THIN LANCETS	Tier 2	
WALGREENS ULTRA THIN LANCETS	Tier 2	
WAVESENSE AMP KIT W/DEVICE	EX	Formulary Exclusion
zevrx twist top lancets 30g	Tier 2	
Incontinence Supplies**		
URESTA STARTER KIT	EX	Non FDA Exclusion
yoni fit bladder support kit 1 vaginal device	EX	Non FDA Exclusion
yoni fit bladder support kit 2 vaginal device	EX	Non FDA Exclusion
yoni fit bladder support kit 3 vaginal device	EX	Non FDA Exclusion
yoni fit bladder support kit 4 vaginal device	EX	Non FDA Exclusion
yoni fit bladder support kit 5 vaginal device	EX	Non FDA Exclusion
Insulin Administration Supplies**		
ACCU-CHEK LINKASSIST	EX	Formulary Exclusion
AUTOSOFT 30 INFUSION SET	EX	Formulary Exclusion
AUTOSOFT XC INFUSION SET	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ADMELOG	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/APIDRA	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
BIGFOOT UNITY PEN CAP/ASPART	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/BASAGLAR	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/FIASP	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/HUMALOG	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LANTUS	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LISPRO	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LYUMJEV	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/NOVOLOG	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO M	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TRESIBA	EX	Formulary Exclusion
extended infusion set 23"/6mm	EX	Formulary Exclusion
extended infusion set 23"/9mm	EX	Formulary Exclusion
extended infusion set 32"/6mm	EX	Formulary Exclusion
extended infusion set 32"/9mm	EX	Formulary Exclusion
EXTENDED RESERVOIR 3ML	EX	Formulary Exclusion
ILET CONTACT DETACH 23" 6MM	Tier 3	
ILET INFUSION-INSET 23" 6MM	Tier 3	
ILET INFUSION-INSET 32" 6MM	Tier 3	
ilet insulin pump device	Tier 3	PA
ILET STARTER - CONTACT DETACH	Tier 3	
ILET STARTER KIT - INSET 23"	Tier 3	
ILET STARTER KIT - INSET 32"	Tier 3	
MINIMED 770G INSULIN PUMP SYS KIT	EX	PA; Formulary Exclusion
MINIMED 780G INSULIN PUMP KIT	EX	PA; Formulary Exclusion
MINIMED MIO ADVANCE INFUSE SET	EX	Formulary Exclusion
MINIMED MIO INFUSION SET	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 18"	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 23"	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 32"	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 43"	EX	Formulary Exclusion
MOBI 2ML CARTRIDGE	EX	Formulary Exclusion
MODD1 PATIENT WELCOME KIT KIT	EX	New to Market Exclusion
MODD1 SUPPLY KIT KIT	EX	New to Market Exclusion
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Tier 2	
OMNIPOD 5 G7 PODS (GEN 5)	Tier 2	

Drug Name	Drug Tier	Notes
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Tier 2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	EX	Formulary Exclusion
OMNIPOD CLASSIC PODS (GEN 3)	Tier 2	
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	
OMNIPOD DASH PODS (GEN 4)	Tier 2	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	Tier 2	
OMNIPOD POD PALS	Tier 2	
SILHOUETTE 23" INFUSION SET	EX	Formulary Exclusion
SILHOUETTE 43" INFUSION SET	EX	Formulary Exclusion
SILHOUETTE INFUSION SET 18"	EX	Formulary Exclusion
SURE T INFUSION SET 18"/6MM	Tier 3	
SURE T INFUSION SET 23"/10MM	EX	Formulary Exclusion
SURE T INFUSION SET 23"/6MM	EX	Formulary Exclusion
SURE T INFUSION SET 23"/8MM	EX	Formulary Exclusion
SURE T INFUSION SET 32"/10MM	EX	Formulary Exclusion
SURE T INFUSION SET 32"/6MM	EX	Formulary Exclusion
SURE T INFUSION SET 32"/8MM	EX	Formulary Exclusion
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 3ML CARTRIDGE	EX	Formulary Exclusion
T:SLIM X2 BASAL-IQ PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 INSULIN PUMP DEVICE	EX	PA; Formulary Exclusion
TANDEM MOBI AUTOSOFT 30 KIT	EX	Formulary Exclusion
TANDEM MOBI AUTOSOFT XC KIT	EX	Formulary Exclusion
TANDEM MOBI AUTOSOFT30 14PK23"	EX	Formulary Exclusion
TANDEM MOBI AUTOSOFTXC 14PK23"	EX	Formulary Exclusion
TANDEM MOBI AUTOSOFTXC 14PK5"	EX	Formulary Exclusion
TANDEM MOBI CARTRIDGE 2ML	EX	Formulary Exclusion
TANDEM MOBI SYSTEM STARTER KIT	EX	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
TANDEM MOBI TRUSTEEL SUPP KIT	EX	Formulary Exclusion
TANDEM T:SLIM ASFT 30 PK10 23"	EX	Formulary Exclusion
TANDEM T:SLIM ASFT 30 PK14 23"	EX	Formulary Exclusion
TANDEM T:SLIM ASFT XC PK10 23"	EX	Formulary Exclusion
TANDEM T:SLIM ASFT XC PK14 23"	EX	Formulary Exclusion
TANDEM T:SLIM TRUSTL PK10 23"	EX	Formulary Exclusion
TRUSTEEL INFUSION SET	EX	Formulary Exclusion
TWIIST REFILL KIT KIT	EX	
TWIIST REFILL KIT/INFUSION SET KIT	EX	
TWIIST STARTER KIT KIT	EX	
V-GO 20 KIT 20 UNIT/24HR	Tier 2	
V-GO 30 KIT 30 UNIT/24HR	Tier 2	
V-GO 40 KIT 40 UNIT/24HR	Tier 2	
Iv Sets/Tubing**		
IVENIX LVP PRIMARY ADMIN SET	EX	Formulary Exclusion
Masks**		
SAFE-SENSE EARLOOP FACE MASK	EX	Non FDA Exclusion
Misc. Devices**		
CLEVER CHOICE PULSE OXIMETER	EX	Non FDA Exclusion
dispenser md pump 0.25ml	EX	Non FDA Exclusion
dispenser md pump bottle 150ml	EX	Non FDA Exclusion
face shield full length	EX	Non FDA Exclusion
face shield full length/clear	EX	Non FDA Exclusion
MAD NASAL ATOMIZATION DEVICE	EX	Non FDA Exclusion
powder insufflator-#4 capsules	EX	Non FDA Exclusion
provate 61mm	EX	Non FDA Exclusion
provate 67mm	EX	Non FDA Exclusion
provate 73mm	EX	Non FDA Exclusion
provate 79mm	EX	Non FDA Exclusion
provate 85mm	EX	Non FDA Exclusion
provate 91mm	EX	Non FDA Exclusion
suppository shells small 1.3ml	EX	Non FDA Exclusion
vaginal suppository applicator	EX	Non FDA Exclusion
Nebulizers**		
AEROECLIPSE II W/ELBOW ADAPTER	EX	Formulary Exclusion
AEROECLIPSE II W/UNIV TUBING	EX	Formulary Exclusion
AEROECLIPSE XL NEBULIZER	EX	Formulary Exclusion
INNOSPIRE ELEGANCE NEBULIZER	Benefit Exclusion	Formulary Exclusion

Drug Name	Drug Tier	Notes
MC 300 W/UNIVERSAL TUBING	EX	Formulary Exclusion
MC 300-MOUTHPIECE	EX	Formulary Exclusion
neb 200 compressor nebulizer	EX	Formulary Exclusion
PARI BABY NEBULIZER SET	EX	Formulary Exclusion
PULMONEB LT	Benefit Exclusion	Formulary Exclusion
Needles & Syringes**		
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm	Tier 2	
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 2	
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	EX	Formulary Exclusion
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM	Tier 2	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
aqinject pen needle 31g x 5 mm , 32g x 4 mm	Tier 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	Tier 3	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	Tier 3	
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM	Tier 2	
aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm	Tier 2	
aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 2	
aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 2	

Drug Name	Drug Tier	Notes
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	Tier 2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	Tier 2	
aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
aurora unifine pentips 31g x 5 mm , 32g x 4 mm	Tier 2	
autopen device	Tier 2	
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML	Tier 2	
BD ALLERGY SYRINGE 27G X 3/8" 1 ML, 28G X 1/2" 1 ML	Tier 2	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	Tier 2	
BD AUTOSHIELD DUO 30G X 5 MM	Tier 2	
BD DISP NEEDLE 25G X 1" , 30G X 1"	Tier 2	
BD DISP NEEDLES 18G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8"	Tier 2	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2"	Tier 2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	Tier 2	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	Tier 2	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 2	
BD FILTER NEEDLE 18G X 1-1/2"	Tier 2	
BD HYPODERMIC NEEDLE 22G X 1" , 23G X 1"	Tier 2	
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	Tier 2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	Tier 2	

Drug Name	Drug Tier	Notes
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	
BD INSULIN SYRINGE ULTRAFINE 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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	
BD LUER-LOK SYRINGE 10 ML , 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 2	
BD PEN	Tier 2	
BD PEN MINI	Tier 2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM	Tier 2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 2	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	Tier 2	
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2"	Tier 2	
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	
BD SAFETYGLIDE NEEDLE 21G X 1" , 25G X 1" , 27G X 5/8"	Tier 2	

Drug Name	Drug Tier	Notes
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2"	Tier 2	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML	Tier 2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 2	
BD SYRINGE LUER SLIP TIP 5 ML	Tier 2	
BD SYRINGE LUER-LOK 10 ML , 3 ML , 30 ML , 5 ML	Tier 2	
BD SYRINGE SLIP TIP 1 ML , 26G X 5/8" 1 ML, 3 ML	Tier 2	
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Tier 2	
BD TB SYRINGE 21G X 1" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 3/8" 1 ML	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 2	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Tier 2	
careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 2	
carepoint poly hub needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 21g x 1" , 21g x 1-1/2" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2" , 25g x 5/8" , 27g x 1/2" , 30g x 1/2"	Tier 2	
carepoint safety 1st needle 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2" , 25g x 5/8"	Tier 2	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	
carepoint syringe catheter tip 60 ml	Tier 2	
carepoint syringe luer lock 1 ml	Tier 2	
carepoint syringe luer lock 10 ml	Tier 2	
carepoint syringe luer lock 20 ml	Tier 2	

Drug Name	Drug Tier	Notes
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML	Tier 3	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 25G X 1-1/2" 3 ML	Tier 3	
carepoint syringe luer lock 3 ml	Tier 2	
carepoint syringe luer lock 30 ml	Tier 2	
carepoint syringe luer lock 5 ml	Tier 2	
carepoint syringe luer lock 60 ml	Tier 2	
carepoint syringe luer slip 1 ml , 60 ml	Tier 2	
carepoint tubercln syr/luer sl 25g x 5/8" 1 ml	Tier 2	
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	Tier 2	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
CARETOUCH LUER LOCK 10 ML	Tier 2	
CARETOUCH LUER SLIP 3 ML	Tier 2	
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM	Tier 2	
CEQUR SIMPLICITY 2U DEVICE	Tier 2	
CEQUR SIMPLICITY INSERTER	Tier 2	
CEQUR SIMPLICITY INSERTER	Tier 3	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	Tier 2	
CLICKFINE PEN NEEDLES 31G X 5 MM	Tier 2	
CLICKFINE PEN NEEDLES 31G X 6 MM	Tier 2	

Drug Name	Drug Tier	Notes
clickfine pen needles 31g x 8 mm	Tier 2	
CLICKFINE PEN NEEDLES 32G X 4 MM	Tier 2	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	Tier 2	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	Tier 2	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 2	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	Tier 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	Tier 2	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	Tier 2	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
DROPLET MICRON 34G X 3.5 MM	Tier 2	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	Tier 2	

Drug Name	Drug Tier	Notes
dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
drug mart unifine pentips plus 32g x 4 mm	Tier 2	
easy comfort insulin syringe 29g x 5/16" 0.5 ml	Tier 3	
easy comfort insulin syringe 29g x 5/16" 1 ml	Tier 3	
easy comfort insulin syringe 30g x 1/2" 0.5 ml	Tier 2	
easy comfort insulin syringe 30g x 1/2" 1 ml	Tier 2	
easy comfort insulin syringe 30g x 5/16" 0.5 ml	Tier 2	
easy comfort insulin syringe 30g x 5/16" 1 ml	Tier 2	
easy comfort insulin syringe 31g x 1/2" 0.3 ml	Tier 2	
easy comfort insulin syringe 31g x 5/16" 0.3 ml	Tier 2	
easy comfort insulin syringe 31g x 5/16" 0.5 ml	Tier 2	
easy comfort insulin syringe 31g x 5/16" 1 ml	Tier 2	
easy comfort insulin syringe 32g x 5/16" 0.5 ml	Tier 2	
easy comfort insulin syringe 32g x 5/16" 1 ml	Tier 2	
easy comfort pen needles 29g x 4mm	Tier 3	
easy comfort pen needles 29g x 5mm	Tier 3	
easy comfort pen needles 31g x 5 mm	Tier 2	
easy comfort pen needles 31g x 5 mm	Tier 3	
easy comfort pen needles 31g x 6 mm	Tier 2	
easy comfort pen needles 31g x 6 mm	Tier 3	
easy comfort pen needles 31g x 8 mm	Tier 2	
easy comfort pen needles 32g x 4 mm	Tier 2	
easy comfort pen needles 32g x 4 mm	Tier 3	
easy comfort pen needles 33g x 4 mm	Tier 2	
easy comfort pen needles 33g x 5 mm	Tier 2	
easy comfort pen needles 33g x 6 mm	Tier 2	
easy glide pen needles 33g x 4 mm	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	Tier 2	

Drug Name	Drug Tier	Notes
EASY TOUCH INSULIN BARRELS U-100 1 ML	EX	Formulary Exclusion
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	Tier 2	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Tier 2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	
EASY TOUCH SYRINGE BARREL 1 ML , 10 ML , 3 ML , 5 ML	Tier 2	
EASYPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8"	Tier 2	
EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML, 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	Tier 2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	

Drug Name	Drug Tier	Notes
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	Tier 2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM	Tier 2	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm	Tier 2	
freds pharmacy unifine pentips 32g x 4 mm	Tier 2	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml	Tier 2	
global easy glide pen needles 32g x 4 mm	Tier 2	
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	

Drug Name	Drug Tier	Notes
global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml	Tier 2	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm	Tier 2	
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml	Tier 2	
gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Tier 2	
gnp insulin syringes 30g x 5/16" 1 ml	Tier 2	
gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml	Tier 2	
gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml	Tier 2	
gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 2	
gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
gnp ultra com insulin syringe 28g x 1/2" 1 ml	Tier 2	
goodsense clickfine pen needle 31g x 5 mm	Tier 2	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
healthwise micron pen needles 32g x 4 mm	Tier 2	
healthwise mini pen needles 31g x 6 mm	Tier 2	
healthwise pen needles 29g x 12mm	Tier 2	
healthwise short pen needles 31g x 5 mm , 31g x 8 mm	Tier 2	
healthwise unifine pentips 32g x 4 mm	Tier 2	
healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	

Drug Name	Drug Tier	Notes
h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	Tier 2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	Tier 2	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	Tier 2	
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml	Tier 2	
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 2	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM	Tier 2	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	Tier 2	

Drug Name	Drug Tier	Notes
INSUPEN32G EXTR3ME 32G X 6 MM	Tier 2	
kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml	Tier 2	
kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml	Tier 2	
kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
kroger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 2	
leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	Tier 2	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
longs insulin syringe 31g x 5/16" 0.5 ml	Tier 2	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML	Tier 2	
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Tier 2	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	

Drug Name	Drug Tier	Notes
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	Tier 2	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 2	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	Tier 2	
medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml	Tier 2	
medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" , 21G X 1"	Tier 2	
MONOJECT BLUNTIP SYR/CANNULA 3 ML , 6 ML	Tier 2	
MONOJECT CONTROL SYRINGE 12 ML , 20 ML	Tier 2	
MONOJECT FILTER ASPIRATOR	Tier 2	
MONOJECT FILTER NEEDLE 18G X 1-1/2" , 20G X 1-1/2"	Tier 2	
MONOJECT HYPODERMIC NEEDLE 14G X 1" , 14G X 1-1/2" , 14G X 2" , 16G X 1" , 16G X 1-1/2" , 16G X 3/4" , 16G X 5/8" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 1-1/4" , 25G X 2" , 25G X 5/8" , 26G X 1-1/2" , 26G X 1/2" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" , 30G X 3/4"	Tier 2	

Drug Name	Drug Tier	Notes
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML, U-100 1 ML	Tier 2	
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4"	Tier 2	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML, 18G X 1" 3 ML	Tier 2	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 5/8" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 5/8" , 25G X 1" , 25G X 5/8"	Tier 2	
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Tier 2	
MONOJECT PHARMACY TRAY 12 ML , 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	Tier 2	
MONOJECT PISTON SYRINGE 140 ML	Tier 2	
MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML	Tier 2	
MONOJECT SYRINGE CATH TIP 35 ML , 60 ML	Tier 2	
MONOJECT SYRINGE ECC LUER 20 ML , 35 ML	Tier 2	
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	Tier 2	
MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML	Tier 2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML , 60 ML	Tier 2	

Drug Name	Drug Tier	Notes
MONOJECT SYRINGE PHARMACY TRAY 1 ML	Tier 2	
MONOJECT SYRINGE REG LUER 20 ML , 3 ML , 35 ML , 6 ML	Tier 2	
MONOJECT SYRINGE REGULAR TIP 20 ML , 3 ML , 6 ML , 60 ML	Tier 2	
MONOJECT SYRINGE TOOMEY TYPE 60 ML	Tier 2	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML	Tier 2	
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
multi-draw needle 20g x 1" , 21g x 1" , 22g x 1"	Tier 2	
NORDIPEN 5 INJECTION DEVICE	Tier 2	
NORDIPEN DELIVERY SYSTEM	Tier 2	
NORM-JECT LUER SLIP SYRINGE 1 ML	Tier 2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	Tier 2	
NOVOFINE PEN NEEDLE 32G X 6 MM	Tier 2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	Tier 2	
NOVOPEN ECHO DEVICE	Tier 2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	Tier 2	
OMNITROPE PEN 5 INJ DEVICE	Tier 2	
pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
pen needle/5-bevel tip 31g x 8 mm	Tier 3	
pen needle/5-bevel tip 32g x 4 mm	Tier 2	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	Tier 2	
pen needles 5/16" 31g x 8 mm	Tier 2	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	

Drug Name	Drug Tier	Notes
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
PERFECT POINT SAFETY NEEDLE 25G X 1"	Tier 2	
pip pen needles 31g x 5mm	Tier 2	
pip pen needles 32g x 4mm	Tier 2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML	Tier 2	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML	Tier 2	
preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	Tier 2	
preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 2	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 2	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	Tier 2	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	Tier 2	
pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 2	
px extra short pen needles 31g x 6 mm	Tier 2	
px insulin syringe 30g x 1/2" 0.5 ml	Tier 2	
px mini pen needles 31g x 5 mm	Tier 2	
px pen needle 29g x 12mm , 31g x 8 mm	Tier 2	
px shortlength pen needles 31g x 8 mm	Tier 2	
qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
qc unifine pentips 32g x 4 mm	Tier 2	

Drug Name	Drug Tier	Notes
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 2	
ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	Tier 2	
ra pen needles 31g x 5 mm , 31g x 8 mm	Tier 2	
raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Tier 2	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
RELION MINI PEN NEEDLES 31G X 6 MM	Tier 2	
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
RELION SHORT PEN NEEDLES 31G X 8 MM	Tier 2	
safety insulin syringes 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml	Tier 2	
safety pen needles 30g x 5 mm , 30g x 8 mm	Tier 2	
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml	Tier 2	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	Tier 2	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	

Drug Name	Drug Tier	Notes
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 2	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM	Tier 2	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
syringe luer lock 10 ml , 30 ml	Tier 2	
syringe luer slip 1 ml	Tier 2	
tb syringe 1 ml	Tier 2	
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM	Tier 2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	Tier 2	
todays health mini pen needles 31g x 6 mm	Tier 2	
todays health pen needles 29g x 12mm	Tier 2	
todays health short pen needle 31g x 8 mm	Tier 2	
toomey syringe 70 ml	Tier 2	
topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm	Tier 2	
topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
true comfort insulin syringe 30g x 1/2" 0.5 ml	Tier 3	
true comfort insulin syringe 30g x 1/2" 1 ml	Tier 3	
true comfort insulin syringe 30g x 5/16" 0.5 ml	Tier 3	
true comfort insulin syringe 30g x 5/16" 1 ml	Tier 3	
true comfort insulin syringe 31g x 5/16" 0.5 ml	Tier 2	
true comfort insulin syringe 31g x 5/16" 0.5 ml	Tier 3	

Drug Name	Drug Tier	Notes
true comfort insulin syringe 31g x 5/16" 1 ml	Tier 2	
true comfort insulin syringe 31g x 5/16" 1 ml	Tier 3	
true comfort insulin syringe 32g x 5/16" 1 ml	Tier 3	
true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 2	
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	Tier 2	
true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 2	
true comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	Tier 2	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM	Tier 2	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	Tier 2	

Drug Name	Drug Tier	Notes
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	Tier 2	
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTRA THIN PEN NEEDLES 32G X 4 MM	Tier 2	
ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	Tier 2	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	Tier 2	

Drug Name	Drug Tier	Notes
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM	Tier 2	
UNIFINE PEN NEEDLES 32G X 4 MM	Tier 2	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	Tier 2	
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	Tier 3	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Tier 2	
valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML, 22G X 1-1/2" 5 ML	Tier 2	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML	EX	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	Tier 2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 2	
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML	EX	
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML	EX	
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML	EX	
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	Tier 2	

Drug Name	Drug Tier	Notes
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	Tier 2	
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	Tier 2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML	Tier 2	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1"	Tier 2	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
vp insulin syringe 29g x 1/2" 0.3 ml	Tier 2	
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	Tier 2	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
Nerve Stimulators**		
GAMMACORE DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE 31-DAY DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE D DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE REFILL KIT	EX	Non FDA Exclusion
NERIVIO DEVICE	EX	Non FDA Exclusion
PONS MOUTHPIECE	EX	Non FDA Exclusion
PONS SYSTEM DEVICE	EX	Non FDA Exclusion
S.T. GENESIS NERVE STIMULATOR DEVICE	EX	Non FDA Exclusion
Ocular Implants**		
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT	EX	Medical Only Exclusion
Peak Flow Meters**		
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	EX	Formulary Exclusion
Respiratory Therapy Supplies**		
ACE AEROSOL CLOUD ENHANCER	EX	Formulary Exclusion
adult mask device	Tier 2	
AEROBIKA DEVICE	Tier 2	

Drug Name	Drug Tier	Notes
AEROBIKA OPEP W/MANOMETER KIT	EX	Formulary Exclusion
AEROECLIPSE EZ TWIST TUBING	EX	Formulary Exclusion
AEROECLIPSE MASK LARGE	EX	Formulary Exclusion
AEROECLIPSE MASK MEDIUM	EX	Formulary Exclusion
AEROECLIPSE MASK SMALL	EX	Formulary Exclusion
ALL FLOW 1000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 2000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 3000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 4000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 5000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 6000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 7000 PFT FILTER DEVICE	Tier 2	
co monitor device	Tier 2	
IN-CHECK DIAL FLOW TRAINER DEVICE	Tier 2	
IN-CHECK INSPIRATORY FLOW MTR DEVICE	Tier 2	
nebulizer mask adult	EX	Formulary Exclusion
nebulizer mask child	EX	Formulary Exclusion
nebulizer mask ped/tubing	EX	Formulary Exclusion
OMBRA COMPRESSOR ADULT KIT	EX	Formulary Exclusion
OMBRA COMPRESSOR CHILD KIT	EX	Formulary Exclusion
OMBRA TABLE TOP COMPRESSOR DEVICE	Tier 2	
ONE FLOW SPIROMETER DEVICE	Tier 2	
PARI MANUAL INTERRUPTER DEVICE	Tier 2	
PARI TREK S COMBO PACK DEVICE	Tier 2	
QUAKE DEVICE	Tier 2	
REUSABLE COMFORTSEAL MASK-LRG	EX	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-MED	EX	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-SML	EX	Formulary Exclusion
silicone mask/adult	EX	Formulary Exclusion
silicone mask/infant	EX	Formulary Exclusion
silicone mask/pediatric	EX	Formulary Exclusion
spiro pd device	Tier 2	
THRESHOLD PEP DEVICE	Tier 2	
VERSAPAP DEVICE	EX	Formulary Exclusion
VERSAPAP W/UNIVERSAL TUBING DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Scar Treatments**		
cellpad sheet	EX	Non FDA Exclusion
CICASIL SHEET	EX	Non FDA Exclusion
coatamax patch sheet	EX	Non FDA Exclusion
KELOTOP SHEET	EX	Non FDA Exclusion
NUVA III SHEET	EX	Non FDA Exclusion
NUVAGEL SHEET	EX	Non FDA Exclusion
NUVAZIL II SHEET	EX	Non FDA Exclusion
NUVAZIL SHEET	EX	Non FDA Exclusion
polytoza patch sheet	EX	Non FDA Exclusion
PROSILK SHEET	EX	Non FDA Exclusion
realsil-6 sheet	EX	Non FDA Exclusion
realsil-8 sheet	EX	Non FDA Exclusion
scarcin pad plus sheet	EX	Non FDA Exclusion
scarcinpad sheet	EX	Non FDA Exclusion
scarheal sheet	EX	Non FDA Exclusion
scarsilk sheet	EX	Non FDA Exclusion
SILADERM SHEET	EX	Non FDA Exclusion
siladone scar patch sheet	EX	Non FDA Exclusion
silinoin 8 day supply sheet	EX	Non FDA Exclusion
silivex sheet	EX	Non FDA Exclusion
SILTREX SHEET	EX	Non FDA Exclusion
skarlite sheet	EX	Non FDA Exclusion
SZOSIL 15 DAY SUPPLY SHEET	EX	Non FDA Exclusion
SZOSIL 8 DAY SUPPLY SHEET	EX	Non FDA Exclusion
Spacer/Aerosol-Holding Chambers & Supplies**		
AEROCHAMBER HOLDING CHAMBER DEVICE	Tier 2	
AEROCHAMBER MINI CHAMBER DEVICE	Tier 2	
AEROCHAMBER MV	Tier 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU	Tier 2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE	Tier 2	

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK	Tier 2	
AEROCHAMBER Z-STAT PLUS	Tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR	Tier 2	
AEROCHAMBER Z-STAT PLUS/LARGE	Tier 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	Tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL	Tier 2	
AEROCHAMBER2GO ANTI-STATIC DEVICE	Tier 2	
AEROVENT PLUS DEVICE	Tier 2	
breathe comfort chamber/adult device	Tier 2	
breathe comfort chamber/child device	Tier 2	
breathe ease large device	Tier 2	
breathe ease medium device	Tier 2	
breathe ease small device	Tier 2	
BREATHERITE	Tier 2	
BREATHERITE COLL SPACER ADULT	Tier 2	
BREATHERITE COLL SPACER CHILD	Tier 2	
BREATHERITE COLL SPACER INFANT	Tier 2	
BREATHERITE RIGID SPACER/MASK	Tier 2	
BREATHERITE SPACER NEONATE	Tier 2	
BREATHERITE SPACER SMALL CHILD	Tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	Tier 2	
BREATHERITE/LARGE MASK	Tier 2	
BREATHERITE/MEDIUM MASK	Tier 2	
BREATHERITE/SMALL MASK	Tier 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 2	

Drug Name	Drug Tier	Notes
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 2	
EASIVENT	Tier 2	
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
eq space chamber anti-static device	Tier 2	
eq space chamber anti-static l device	Tier 2	
eq space chamber anti-static m device	Tier 2	
eq space chamber anti-static s device	Tier 2	
FLEXICHAMBER ADULT MASK/SMALL	Tier 2	
FLEXICHAMBER CHILD MASK/LARGE	Tier 2	
FLEXICHAMBER CHILD MASK/SMALL	Tier 2	
FLEXICHAMBER DEVICE	Tier 2	
INSPIRACHAMBER/LARGE DEVICE	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE	Tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 2	
INSPIRACHAMBER/SMALL DEVICE	Tier 2	
INSPIREASE	Tier 2	
INSPIREASE RESERVOIR BAGS	Tier 2	
LITEAIRE DEVICE	Tier 2	
MASK VORTEX/CHILD/FROG	Tier 2	
MASK VORTEX/TODDLER/LADYBUG	Tier 2	
MICROCHAMBER	Tier 2	
MICROCHAMBER DEVICE	Tier 2	
MICROSPACER	Tier 2	
OPTICHAMBER ADVANTAGE-LG MASK	Tier 2	
OPTICHAMBER ADVANTAGE-MED MASK	Tier 2	
OPTICHAMBER ADVANTAGE-SM MASK	Tier 2	
OPTICHAMBER DIAMOND	Tier 2	
OPTICHAMBER DIAMOND DEVICE	Tier 2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 2	
OPTICHAMBER DIAMOND-MD MASK	Tier 2	
OPTICHAMBER DIAMOND-SM MASK	Tier 2	
OPTICHAMBER FACE MASK-LARGE	Tier 2	
OPTICHAMBER FACE MASK-MEDIUM	Tier 2	

Drug Name	Drug Tier	Notes
OPTICHAMBER FACE MASK-SMALL	Tier 2	
OPTIHALER	Tier 2	
OPTIHALER DEVICE	Tier 2	
PANDA MASK LARGE	Tier 2	
PANDA MASK MEDIUM	Tier 2	
PANDA MASK SMALL	Tier 2	
PEDIATRIC PANDA MASK	Tier 2	
POCKET CHAMBER DEVICE	Tier 2	
POCKET SPACER DEVICE	Tier 2	
pro comfort spacer adult	Tier 2	
pro comfort spacer child	Tier 2	
pro comfort spacer infant device	Tier 2	
procare spacer/adult mask device	Tier 2	
procare spacer/child mask device	Tier 2	
prochamber vhc device	Tier 2	
pure comfort spacer chamber device	Tier 2	
RITEFLO DEVICE	Tier 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Tier 2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 2	
WATCHHALER DEVICE	Tier 2	
Transcranial Magnetic Stimulators**		
SAVI DUAL DEVICE	EX	Formulary Exclusion
Tumor Treating Fields Products (Ttfields)**		
OPTUNE DEVICE	EX	Non FDA Exclusion
OPTUNE LUA DEVICE	EX	Non FDA Exclusion
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; QL

Drug Name	Drug Tier	Notes
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL
ZAVZPRET NASAL SOLUTION 10 MG/ACT	Tier 3	PA; QL
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	EX	Medical Only Exclusion
Ergot Combinations**		
CAFERGOT ORAL TABLET 1-100 MG	EX	Formulary Exclusion
ergotamine-caffeine oral tablet 1-100 mg	EX	Formulary Exclusion
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	PA
Migraine Combinations**		
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & %	EX	Non FDA Exclusion
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG	EX	Non FDA Exclusion
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**		
ELYXYB SOLUTION 120 MG/4.8ML ORAL	EX	Non Essential Drug Exclusion
ELYXYB SOLUTION 120 MG/4.8ML ORAL	Tier 3	Non Essential Drug Exclusion
Migraine Products - Nsaids**		
CAMBIA ORAL PACKET 50 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
diclofenac potassium(migraine) oral packet 50 mg	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
Migraine Products**		
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
D.H.E. 45 INJECTION SOLUTION 1 MG/ML	EX	Formulary Exclusion
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 1	
dihydroergotamine mesylate nasal solution 4 mg/ml	Tier 1	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Tier 3	PA
MIGRANAL NASAL SOLUTION 4 MG/ML	EX	PA; Formulary Exclusion
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	EX	PA; Formulary Exclusion
Selective Serotonin Agonist-Nsaid Combinations**		
sumatriptan-naproxen sodium oral tablet 85-500 mg	EX	Non Essential Drug Exclusion; QL
SYMBRAVO ORAL TABLET 20-10 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
TREXIMET ORAL TABLET 85-500 MG	EX	ST; Non Essential Drug Exclusion; Formulary Exclusion; QL
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST; QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	EX	ST; Formulary Exclusion; QL
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 1	ST; QL
FROVA ORAL TABLET 2.5 MG	EX	ST; Formulary Exclusion; QL
frovatriptan succinate oral tablet 2.5 mg	Tier 1	ST; QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	EX	ST; Formulary Exclusion; QL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	EX	ST; Formulary Exclusion; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	EX	ST; Formulary Exclusion; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	EX	ST; Formulary Exclusion; QL
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML	EX	Formulary Exclusion; QL
MAXALT ORAL TABLET 10 MG	EX	ST; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	EX	ST; Formulary Exclusion; QL
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 1	QL
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	Tier 3	ST; QL
RELPAX ORAL TABLET 20 MG, 40 MG	EX	ST; Formulary Exclusion; QL
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 1	QL
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 1	QL
sumatriptan nasal solution 20 mg/act, 5 mg/act	Tier 1	ST; QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	Tier 1	QL
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	Tier 1	ST; QL
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	Tier 1	QL
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	Tier 1	ST; QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Tier 1	QL
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	Tier 2	QL
TOSYMRA NASAL SOLUTION 10 MG/ACT	Tier 3	ST
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	Tier 3	PA; ST; QL
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	QL
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	EX	Formulary Exclusion; QL
zolmitriptan solution 2.5 mg nasal	Tier 3	ST; QL
zolmitriptan solution 5 mg nasal	Tier 1	ST; QL
ZOMIG SOLUTION 2.5 MG NASAL	Tier 3	ST; QL
ZOMIG SOLUTION 5 MG NASAL	EX	ST; Formulary Exclusion; QL
ZOMIG TABLET 2.5 MG ORAL	EX	ST; Formulary Exclusion; QL
ZOMIG TABLET 2.5 MG ORAL	Tier 1	QL
ZOMIG TABLET 5 MG ORAL	EX	ST; Formulary Exclusion; QL
ZOMIG TABLET 5 MG ORAL	Tier 1	QL
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG	EX	ST; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
Selective Serotonin Agonists 5-Ht(1F)**		
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL
Minerals & Electrolytes		
Bicarbonates**		
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	EX	Medical Only Exclusion
sodium bicarbonate solution 4.2 % intravenous	EX	Medical Only Exclusion
sodium bicarbonate solution 7.5 % intravenous	EX	Medical Only Exclusion
sodium bicarbonate solution 8.4 % intravenous	EX	Medical Only Exclusion
sodium bicarbonate solution 8.4 % intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous	EX	Formulary Exclusion
sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous	EX	Non FDA Exclusion
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML	EX	Medical Only Exclusion
tromethamine solution 30 meq/100ml intravenous	EX	Medical Only Exclusion
tromethamine solution 30 meq/100ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
Calcium Combinations**		
CALCIFOL ORAL WAFER 1342-1.6 MG	EX	Formulary Exclusion
calcium gluconate-nacl solution 1-0.675 gm/50ml-% intravenous	EX	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.8 gm/100ml-% intravenous	EX	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.9 gm/100ml-% intravenous	EX	Formulary Exclusion
calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous	EX	Medical Only Exclusion
calcium gluconate-nacl solution 2-0.9 gm/100ml-% intravenous	EX	Formulary Exclusion
calcium-folic acid plus d oral wafer 1342-1 mg	Benefit Exclusion	Formulary Exclusion
LIQUICAL PLUS ORAL LIQUID 84-24-0.7-10 MG-MCG/5ML	EX	Non FDA Exclusion
Calcium**		
calcium chloride intravenous solution 10 %	EX	Medical Only Exclusion
calcium gluconate intravenous solution 10 %	EX	Medical Only Exclusion
calcium gluconate intravenous solution prefilled syringe 1000 mg/10ml	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
Electrolytes & Dextrose**		
dextrose 5%/electrolyte #48 intravenous solution	Tier 3	
dextrose in lactated ringers intravenous solution 5 %	Tier 1	
dextrose-nacl intravenous solution 5-0.9 %	EX	Non FDA Exclusion
dextrose-sodium chloride solution 10-0.2 % intravenous	Tier 3	
dextrose-sodium chloride solution 10-0.45 % intravenous	Tier 2	
dextrose-sodium chloride solution 2.5-0.45 % intravenous	Tier 1	
dextrose-sodium chloride solution 5-0.2 % intravenous	Tier 1	
dextrose-sodium chloride solution 5-0.225 % intravenous	Tier 1	
dextrose-sodium chloride solution 5-0.3 % intravenous	Tier 1	
dextrose-sodium chloride solution 5-0.3 % intravenous	Tier 3	
dextrose-sodium chloride solution 5-0.33 % intravenous	Tier 1	
dextrose-sodium chloride solution 5-0.45 % intravenous	Tier 1	
dextrose-sodium chloride solution 5-0.9 % intravenous	Tier 1	
ELLIOTTS B INTRATHECAL SOLUTION	EX	Medical Only Exclusion
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	Tier 3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 3	
kcl in dextrose-nacl solution 10-5-0.45 meq/l-%-% intravenous	Tier 1	
kcl in dextrose-nacl solution 20-5-0.2 meq/l-%-% intravenous	Tier 1	
kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous	Tier 1	
kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous	Tier 3	
kcl in dextrose-nacl solution 20-5-0.45 meq/l-%-% intravenous	Tier 1	
kcl in dextrose-nacl solution 20-5-0.9 meq/l-%-% intravenous	Tier 1	

Drug Name	Drug Tier	Notes
kcl in dextrose-nacl solution 30-5-0.45 meq/l-%-% intravenous	Tier 1	
kcl in dextrose-nacl solution 40-5-0.45 meq/l-%-% intravenous	Tier 1	
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	Tier 1	
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	Tier 3	
kcl-lactated ringers-d5w intravenous solution 20 meq/l	Tier 3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier 3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	Tier 3	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	EX	Medical Only Exclusion
Electrolytes Parenteral**		
HYPERLYTE-CR INTRAVENOUS CONCENTRATE	EX	Medical Only Exclusion
ISOLYTE-S INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	EX	Medical Only Exclusion
kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%	EX	Medical Only Exclusion
kcl (in nacl 0.9%) intravenous solution 40 meq/500ml	EX	Non FDA Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	EX	Formulary Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	EX	Non FDA Exclusion
lactated ringers intravenous solution	EX	Medical Only Exclusion
multiple electro type 1 ph 5.5 intravenous solution	EX	Medical Only Exclusion
multiple electro type 1 ph 7.4 intravenous solution	EX	Medical Only Exclusion
NORMOSOL-R INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
PLASMA-LYTE A INTRAVENOUS SOLUTION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
potassium chloride in nacl solution 20 meq/250ml intravenous	EX	Non FDA Exclusion
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	EX	Medical Only Exclusion
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	EX	Medical Only Exclusion
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	EX	Medical Only Exclusion
ringers intravenous solution	EX	Medical Only Exclusion
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	EX	Medical Only Exclusion
Fluoride Combinations**		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 3	
Fluoride**		
fluoritab oral solution 0.275 (0.125 f) mg/drop	Tier 5	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	Tier 5	
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	Tier 5	
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	Tier 5	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 5	
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 5	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 5	
Iodine Products**		
iodine strong oral solution 5 %	EX	Formulary Exclusion
Magnesium**		
magnesium chloride injection solution 200 mg/ml	EX	Formulary Exclusion
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	EX	Medical Only Exclusion
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	EX	Medical Only Exclusion
magnesium sulfate solution 50 % injection	EX	Non FDA Exclusion; Medical Only Exclusion
magnesium sulfate solution 50 % injection	EX	Medical Only Exclusion
magnesium sulfate-nacl intravenous solution 2-0.9 gm/50ml-%	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Manganese**		
manganese chloride intravenous solution 0.1 mg/ml	EX	Medical Only Exclusion
Phosphate**		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML	EX	Formulary Exclusion
K-PHOS ORAL TABLET 500 MG	EX	Formulary Exclusion
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	EX	Formulary Exclusion
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
phosphorous oral tablet 155-852-130 mg	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 1	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	EX	Medical Only Exclusion
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml	EX	Medical Only Exclusion
potassium phosphates(71 meq k) intravenous solution 45 mmole/15ml	EX	Medical Only Exclusion
potassium phosphates-nacl solution 15 mmol/100ml intravenous	Tier 3	
potassium phosphates-nacl solution 15 mmol/250ml intravenous	EX	Medical Only Exclusion
potassium phosphates-nacl solution 15 mmol/250ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
potassium phosphates-nacl solution 30 mmol/500ml intravenous	EX	Non FDA Exclusion
sodium phosphates solution 15 mmole/5ml intravenous	Tier 1	
sodium phosphates solution 15 mmole/5ml intravenous	EX	Formulary Exclusion
sodium phosphates solution 150 mmole/50ml intravenous	Tier 1	
sodium phosphates solution 45 mmole/15ml intravenous	EX	Medical Only Exclusion
virt-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	
wes-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	

Drug Name	Drug Tier	Notes
Potassium Combinations**		
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	EX	Formulary Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	EX	Non FDA Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	EX	Formulary Exclusion
Potassium**		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	EX	Formulary Exclusion
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	EX	Formulary Exclusion
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	EX	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	EX	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	EX	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL	Tier 3	
POKONZA ORAL PACKET 10 MEQ	Tier 3	
potassium acetate solution 2 meq/ml intravenous	EX	Medical Only Exclusion
potassium acetate solution 2 meq/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	Tier 1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	
potassium chloride er tablet extended release 10 meq oral	Tier 1	
potassium chloride er tablet extended release 15 meq oral	Tier 3	

Drug Name	Drug Tier	Notes
potassium chloride er tablet extended release 20 meq oral	Tier 1	
potassium chloride er tablet extended release 8 meq oral	Tier 1	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	EX	Medical Only Exclusion
potassium chloride intravenous solution prefilled syringe 100 meq/50ml	EX	Non FDA Exclusion; Medical Only Exclusion
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 1	
Sodium**		
AQUASTAT INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
normal saline flush intravenous solution 0.9 %	EX	Formulary Exclusion
saline flush intravenous solution 0.9 %	EX	Formulary Exclusion
sodium chloride (pf) injection solution 0.9 %	Tier 1	
sodium chloride flush solution 0.9 % intravenous	EX	Formulary Exclusion
sodium chloride flush solution 0.9 % intravenous	EX	Non FDA Exclusion
sodium chloride solution 0.45 % intravenous	Tier 1	
sodium chloride solution 0.9 % injection	EX	Non FDA Exclusion
sodium chloride solution 0.9 % intravenous	EX	Non FDA Exclusion
sodium chloride solution 0.9 % intravenous	Tier 1	
sodium chloride solution 2.5 meq/ml injection	Tier 1	
sodium chloride solution 3 % intravenous	Tier 1	
sodium chloride solution 4 meq/ml intravenous	EX	Non FDA Exclusion
sodium chloride solution 4 meq/ml intravenous	Tier 1	
sodium chloride solution 5 % intravenous	Tier 1	

Drug Name	Drug Tier	Notes
Trace Mineral Combinations**		
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 100-25-1500 MCG/ML	EX	Formulary Exclusion
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1-100-25-1000 MCG/ML	EX	Formulary Exclusion
MULTRYS INTRAVENOUS SOLUTION 60-3-6-1000 MCG/ML	EX	Medical Only Exclusion
THE LIQUILIFT TRACE INTRAVENOUS KIT 10-1000-500-60 MCG/ML	EX	Non FDA Exclusion
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1-100-30-500 MCG/ML	EX	Formulary Exclusion
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML	EX	Medical Only Exclusion
Trace Minerals**		
chromic chloride intravenous solution 40 mcg/10ml	EX	Medical Only Exclusion
cupric chloride intravenous solution 0.4 mg/ml	EX	Medical Only Exclusion
selenious acid solution 12 mcg/2ml intravenous	EX	Formulary Exclusion
selenious acid solution 40 mcg/ml intravenous	EX	Non FDA Exclusion
selenious acid solution 60 mcg/ml intravenous	EX	Medical Only Exclusion
Zinc**		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
zinc chloride intravenous solution 1 mg/ml	EX	Medical Only Exclusion
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml	EX	Medical Only Exclusion
Miscellaneous Therapeutic Classes		
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent**		
JOENJA ORAL TABLET 70 MG	Tier 4	PA; Specialty; QL
Allogeneic Thymus Tissue**		
RETHYMIC INTRAMUSCULAR IMPLANT	EX	Medical Only Exclusion
Antileprotics**		
THALOMID CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
THALOMID CAPSULE 150 MG ORAL	Tier 2	PA; Specialty
THALOMID CAPSULE 200 MG ORAL	Tier 2	PA; Specialty
THALOMID CAPSULE 50 MG ORAL	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Tier 4	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 4	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 4	PA; Specialty
Chelating Agents**		
CLOVIQUE ORAL CAPSULE 250 MG	Tier 1	PA; Specialty
CUPRIMINE ORAL CAPSULE 250 MG	EX	PA; Specialty; Formulary Exclusion
CUVRIOR ORAL TABLET 300 MG	EX	PA; Specialty; Formulary Exclusion
DEPEN TITRATABS ORAL TABLET 250 MG	EX	PA; Specialty; Formulary Exclusion
edetate disodium intravenous solution 150 mg/ml	EX	Non FDA Exclusion
penicillamine oral capsule 250 mg	EX	PA; Specialty; Formulary Exclusion
penicillamine oral tablet 250 mg	Tier 4	PA; Specialty
SYPRINE ORAL CAPSULE 250 MG	EX	PA; Specialty; Formulary Exclusion
trientine hcl capsule 250 mg oral	Tier 4	PA; Specialty
trientine hcl capsule 500 mg oral	Tier 4	Specialty
Colony Stimulating Factor-1 Receptor (Csf-1R) Antibodies*		
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	EX	Medical Only Exclusion
Continuous Renal Replacement Therapy (Crrt) Solutions**		
phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmol/l	Tier 3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L	EX	Medical Only Exclusion
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 %	EX	Non FDA Exclusion; Medical Only Exclusion
trisodium citrate/crrt extracorporeal solution	EX	Non FDA Exclusion
Cyclosporine Analogs**		
cyclosporine intravenous solution 50 mg/ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; Specialty; QL
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 3	
Digital Therapy Application - Behavior & Mental Health**		
ENDEAVORRX	EX	Non FDA Exclusion
MODIA	EX	Non FDA Exclusion
REJOYN	EX	Non FDA Exclusion
RESET	EX	Non FDA Exclusion
RESET FOR APPLE-IOS	EX	Non FDA Exclusion
RESET FOR GOOGLE-ANDROID	EX	Non FDA Exclusion
RESET FOR IOS OR ANDROID APP	EX	Non FDA Exclusion
RESET NON-MONETARY CM	EX	Non FDA Exclusion
RESET-O	EX	Non FDA Exclusion
RESET-O FOR APPLE-IOS	EX	Non FDA Exclusion
RESET-O FOR GOOGLE-ANDROID	EX	Non FDA Exclusion
RESET-O FOR IOS OR ANDROID APP	EX	Non FDA Exclusion
RESET-O NON-MONETARY CM	EX	Non FDA Exclusion
SOMRYST	EX	Non FDA Exclusion
VORVIDA	EX	Non FDA Exclusion
Digital Therapy Application - Gastrointestinal**		
MAHANA IBS	EX	Non FDA Exclusion
Digital Therapy Application - Genitourinary**		
LEVA PELVIC HEALTH SYSTEM KIT	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Digital Therapy Application - Musculoskeletal**		
RELIEVRX KIT	EX	Non FDA Exclusion
Digital Therapy Application - Type 2 Diabetes**		
ASPYRERX	EX	Non FDA Exclusion
Digital Therapy Application - Visual**		
CURESIGHT	EX	Non FDA Exclusion
LUMINOPIA	EX	Non FDA Exclusion
Digital Therapy Application - Women's Health**		
natural cycles contraceptive	EX	Non FDA Exclusion
Enzymes**		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	EX	Medical Only Exclusion
HYLENEX INJECTION SOLUTION 150 UNIT/ML	EX	Medical Only Exclusion
VITRASE INJECTION SOLUTION 200 UNIT/ML	EX	Medical Only Exclusion
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Benefit Exclusion	PA; Specialty
Farnesyltransferase Inhibitors**		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; Specialty
Fecal Incontinence Bulking Agent - Combinations**		
SOLESTA INJECTION GEL 50-15 MG/ML	EX	Medical Only Exclusion
Homeopathic Products**		
ACUNOL ORAL TABLET	EX	Non FDA Exclusion
bhi uri-control oral tablet	EX	Non FDA Exclusion
COLCIGEL EXTERNAL GEL	EX	Non FDA Exclusion
ECZEMOL ORAL TABLET	EX	Non FDA Exclusion
HYLAFEM VAGINAL SUPPOSITORY	EX	Non FDA Exclusion
morcin external cream	EX	Non FDA Exclusion
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG	EX	Non FDA Exclusion
PSORIZIDE ULTRA ORAL TABLET	EX	Non FDA Exclusion
SPEEDGEL RX EXTERNAL GEL	EX	Non FDA Exclusion
streptococcinum 30c sublingual pellet	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
TRANZGEL EXTERNAL GEL	EX	Non FDA Exclusion
TRAUMEEL EXTERNAL OINTMENT	EX	Non FDA Exclusion
TRAUMEEL ORAL TABLET	EX	Non FDA Exclusion
WELLMIND VERTIGO ORAL TABLET	EX	Non FDA Exclusion
Immune Globulin Immunosuppressants*		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
Immunomodulators - Allogeneic Cellular Immunotherapy*		
RYONCIL <12.5KG INTRAVENOUS KIT 1 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 100KG TO <112.5KG INTRAVENOUS KIT 9 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 112.5KG TO <125KG INTRAVENOUS KIT 10 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 12.5KG TO <25KG INTRAVENOUS KIT 2 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 125KG TO <137.5KG INTRAVENOUS KIT 11 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 137.5KG TO <150KG INTRAVENOUS KIT 12 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 25KG TO <37.5KG INTRAVENOUS KIT 3 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 37.5KG TO <50KG INTRAVENOUS KIT 4 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 50KG TO <62.5KG INTRAVENOUS KIT 5 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 62.5KG TO <75KG INTRAVENOUS KIT 6 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 75KG TO <87.5KG INTRAVENOUS KIT 7 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 87.5KG TO <100KG INTRAVENOUS KIT 8 X 3.8 ML	EX	Medical Only Exclusion
Immunomodulators - Btk Inhibitors*		
RHAPSIDO ORAL TABLET 25 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
Immunomodulators - Combinations**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	EX	Medical Only Exclusion
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 4	PA; Specialty
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4	PA; Specialty
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; Specialty
Inosine Monophosphate Dehydrogenase Inhibitors**		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
CELLCEPT ORAL CAPSULE 250 MG	Tier 3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Tier 3	
CELLCEPT ORAL TABLET 500 MG	Tier 3	
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	EX	Medical Only Exclusion
mycophenolate mofetil intravenous solution reconstituted 500 mg	EX	Medical Only Exclusion
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Tier 1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Tier 3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA; QL
Interleukin-6 (Il-6) Antagonists**		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Irrigation Solutions**		
PHYSIOLYTE IRRIGATION SOLUTION	EX	Medical Only Exclusion
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	EX	Medical Only Exclusion
ringers irrigation irrigation solution	Tier 1	
sterile water for irrigation irrigation solution	EX	Formulary Exclusion
Macrolide Immunosuppressants**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 3	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Tier 3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	EX	Medical Only Exclusion
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 3	
Misc Natural Products**		
azalgia oral capsule	EX	Non FDA Exclusion
BRUSELIX ORAL TABLET	EX	Non FDA Exclusion
ultra hers rx oral capsule	EX	Non FDA Exclusion
ultra his oral capsule	EX	Non FDA Exclusion
ultra pcos oral capsule	EX	Non FDA Exclusion
xyzmune oral capsule	EX	Non FDA Exclusion
Miscellaneous Therapeutic Classes**		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	EX	Medical Only Exclusion
phenol injection solution 6 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Monoclonal Antibodies**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 4	PA; Specialty
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	EX	Medical Only Exclusion
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	EX	Medical Only Exclusion
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	EX	Medical Only Exclusion
Neonatal Fc Receptor (Fcrn) Antagonists**		
IMAAVY INTRAVENOUS SOLUTION 1200 MG/6.5ML	EX	Medical Only Exclusion
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	EX	Medical Only Exclusion
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	EX	Medical Only Exclusion
Patient Assessment Services - No Drug Dispensed**		
eua patient assessment	Tier 3	
Peritoneal Dialysis Solutions**		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	EX	Medical Only Exclusion
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L	EX	Medical Only Exclusion
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L	EX	Medical Only Exclusion
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L	EX	Medical Only Exclusion
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L	EX	Medical Only Exclusion
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L	EX	Medical Only Exclusion
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L	EX	Medical Only Exclusion
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L	EX	Medical Only Exclusion
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L	EX	Medical Only Exclusion
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L	EX	Medical Only Exclusion
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 %	EX	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L	EX	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L	EX	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L	EX	Medical Only Exclusion
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L	EX	Medical Only Exclusion
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L	EX	Medical Only Exclusion
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**		
VIJOICE ORAL PACKET 50 MG	Tier 4	PA; Specialty
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Tier 4	PA; Specialty
Potassium Removing Agents**		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 1	

Drug Name	Drug Tier	Notes
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
Purine Analogs**		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
azathioprine sodium injection solution reconstituted 100 mg	EX	Formulary Exclusion
IMURAN ORAL TABLET 50 MG	Tier 3	
Rock Inhibitors**		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; Specialty
Sclerosing Agents**		
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 %	EX	Medical Only Exclusion
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	EX	Medical Only Exclusion
polidocanol intravenous solution 5 %	EX	Non FDA Exclusion
sodium tetradecyl sulfate intravenous solution 3 %	EX	Medical Only Exclusion
SOTRADECOL INTRAVENOUS SOLUTION 1 %, 3 %	EX	Medical Only Exclusion
VARITHENA INTRAVENOUS FOAM 180 MG/18ML	EX	Medical Only Exclusion
Selective T-Cell Costimulation Blockers**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	EX	Medical Only Exclusion
Type I Interferon (Ifn) Receptor Antagonists**		
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	EX	PA; Specialty; Formulary Exclusion
Uremic Pruritus Agents**		
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML	EX	Medical Only Exclusion
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral - Combinations**		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
Anesthetics Topical Oral**		
lidocaine hcl mouth/throat solution 4 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
lidocaine viscous hcl mouth/throat solution 2 %	Tier 1	
Anti-Infectives - Throat**		
clotrimazole mouth/throat troche 10 mg	Tier 1	
nystatin suspension 100000 unit/ml mouth/throat	EX	Formulary Exclusion
nystatin suspension 100000 unit/ml mouth/throat	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 3	
Antiseptic Combinations - Mouth/Throat**		
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	EX	Non FDA Exclusion
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 %	EX	Formulary Exclusion
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
Dental Products - Combinations**		
denta 5000 plus sensitive dental gel 1.1-5 %	Benefit Exclusion	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 %	Benefit Exclusion	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	Benefit Exclusion	
fraiche 5000 previ dental gel 1.1-3 %	EX	Non FDA Exclusion
fraiche 5000 sensitive dental gel 1.1-4.5 %	EX	Non FDA Exclusion
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	EX	Formulary Exclusion
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	EX	Formulary Exclusion
sod fluoride-potassium nitrate dental gel 1.1-5 %	Benefit Exclusion	
sodium fluoride 5000 enamel dental gel 1.1-5 %	Benefit Exclusion	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	Benefit Exclusion	
Dry Mouth Agents And Artificial Saliva**		
AQUORAL MOUTH/THROAT SOLUTION	EX	Non FDA Exclusion
BOCASAL MOUTH/THROAT PACKET	EX	Non FDA Exclusion
CAPHOSOL MOUTH/THROAT SOLUTION	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MUCOSITISRX MOUTH/THROAT PACKET	EX	Non FDA Exclusion
NEUTRASAL MOUTH/THROAT PACKET	EX	Non FDA Exclusion
NUMOISYN MOUTH/THROAT LIQUID	EX	Formulary Exclusion
NUMOISYN MOUTH/THROAT LOZENGE	EX	Formulary Exclusion
SALIVAMAX MOUTH/THROAT PACKET	EX	Non FDA Exclusion
Fluoride Dental Products**		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 1	
DENTA 5000 PLUS CREAM 1.1 % DENTAL	Benefit Exclusion	
DENTA 5000 PLUS CREAM 1.1 % DENTAL	Tier 1	
DENTAGEL GEL 1.1 % DENTAL	Benefit Exclusion	
DENTAGEL GEL 1.1 % DENTAL	Tier 1	
EASYGEL DENTAL GEL 0.4 %	Tier 1	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Benefit Exclusion	
FLUORIDEX DENTAL PASTE 1.1 %	Benefit Exclusion	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	Benefit Exclusion	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Benefit Exclusion	
fraiche 5000 dental dental gel 1.1 %	Benefit Exclusion	
JUST FOR KIDS DENTAL GEL 0.4 %	Tier 1	
JUST RIGHT 5000 DENTAL GEL 1.1 %	Benefit Exclusion	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Benefit Exclusion	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 %	Tier 3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %	Tier 3	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	Benefit Exclusion	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	EX	Formulary Exclusion
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	EX	Formulary Exclusion
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	EX	Formulary Exclusion
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	EX	Formulary Exclusion
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	EX	Formulary Exclusion
PREVIDENT DENTAL GEL 1.1 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	Benefit Exclusion	
sf 5000 plus dental cream 1.1 %	Benefit Exclusion	
sf dental gel 1.1 %	Benefit Exclusion	
sodium fluoride 5000 plus dental cream 1.1 %	Benefit Exclusion	
sodium fluoride 5000 ppm dental cream 1.1 %	Benefit Exclusion	
sodium fluoride 5000 ppm dental gel 1.1 %	Benefit Exclusion	
sodium fluoride 5000 ppm dental paste 1.1 %	Benefit Exclusion	
sodium fluoride dental cream 1.1 %	Benefit Exclusion	
sodium fluoride gel 1.1 % dental	Benefit Exclusion	
sodium fluoride gel 1.1 % dental	EX	
sodium fluoride gel 1.1 % dental	Tier 1	
sodium fluoride mouth/throat solution 0.2 %	Benefit Exclusion	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 %	EX	Non FDA Exclusion
Periodontal Anti-Infectives**		
ARESTIN DENTAL 1 MG	EX	Medical Only Exclusion
Protectants - Mouth/Throat**		
EPISIL MOUTH/THROAT LIQUID	EX	Formulary Exclusion
GELCLAIR MOUTH/THROAT GEL	EX	Non FDA Exclusion
GELX MOUTH/THROAT GEL	EX	Non FDA Exclusion
MUCOTROL MOUTH/THROAT WAFER	EX	Formulary Exclusion
MUGARD MOUTH/THROAT LIQUID	EX	Formulary Exclusion
ORAFATE MOUTH/THROAT PASTE 10 %	EX	Non FDA Exclusion
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED	EX	Formulary Exclusion
ORAPEUTIC MOUTH/THROAT GEL	EX	Non FDA Exclusion
PROTHELIAL MOUTH/THROAT PASTE 10 %	EX	Non FDA Exclusion
silatrix mouth/throat gel 10 %	EX	Non FDA Exclusion
Saliva Stimulants**		
cevimeline hcl oral capsule 30 mg	Tier 1	
EVOXAC ORAL CAPSULE 30 MG	EX	Formulary Exclusion
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG	EX	Formulary Exclusion
Steroid Combinations - Mouth/Throat/Dental**		
acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Steroids - Mouth/Throat/Dental**		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 1	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 1	
Multivitamins		
B-Complex Vitamins**		
b-complex injection solution	EX	Non FDA Exclusion
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	EX	Non FDA Exclusion
vitamin b complex 100 injection solution	EX	Formulary Exclusion
vitamin b complex-hydroxocobal injection solution	EX	Non FDA Exclusion
vitamin b-complex 100 injection solution	EX	Formulary Exclusion
B-Complex W/ C & Folic Acid**		
activite oral tablet 1 mg	Benefit Exclusion	Non FDA Exclusion
b-plex oral tablet	EX	Formulary Exclusion
DEXIFOL ORAL TABLET 5 MG	Tier 5	Non FDA Exclusion
DIALYVITE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
folbee plus oral tablet	Tier 5	Formulary Exclusion
GENICIN VITA-S ORAL TABLET 1 MG	Benefit Exclusion	Non FDA Exclusion
hylavite oral tablet	EX	Non FDA Exclusion
MYNEPHRON ORAL CAPSULE 1 MG	Benefit Exclusion	Non FDA Exclusion
NEPHRONEX ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NEPHRO-VITE RX ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion
RENAL ORAL CAPSULE 1 MG	Benefit Exclusion	Formulary Exclusion
reno caps oral capsule 1 mg	Tier 5	Formulary Exclusion
tm-vite rx oral tablet 1 mg	Benefit Exclusion	Non FDA Exclusion
triphrocaps oral capsule 1 mg	Benefit Exclusion	Formulary Exclusion
tronvite oral tablet 1 mg	Benefit Exclusion	Non FDA Exclusion
virt-caps oral capsule 1 mg	Tier 5	Formulary Exclusion
vitasure oral tablet 1 mg	Benefit Exclusion	Non FDA Exclusion
vp-vite rx oral tablet 1 mg	Benefit Exclusion	Formulary Exclusion
wescaps oral capsule 1 mg	Benefit Exclusion	Formulary Exclusion
xvite oral tablet 1 mg	Benefit Exclusion	Non FDA Exclusion
B-Complex W/ C-Biotin-D-Zinc & Folic Acid**		
VITAL-D RX ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion

Drug Name	Drug Tier	Notes
B-Complex W/ C-Biotin-E & Folic Acid**		
RENATABS ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion
B-Complex W/ C-Biotin-E-Folic Acid & Iron**		
RENATABS WITH IRON ORAL 1 & 100 MG	Benefit Exclusion	Formulary Exclusion
B-Complex W/ C-Biotin-E-Minerals & Folic Acid**		
DIALYVITE 3000 ORAL TABLET 3 MG	Tier 5	Formulary Exclusion
DIALYVITE 5000 ORAL TABLET 5 MG	EX	Formulary Exclusion
B-Complex W/ C-Biotin-Minerals & Folic Acid**		
FOLBEE PLUS CZ ORAL TABLET 5 MG	Benefit Exclusion	Formulary Exclusion
B-Complex W/ C-D-E & Folic Acid**		
cobalefol oral capsule 1 mg	EX	Non FDA Exclusion
teravax oral capsule 0.4 mg	EX	Non FDA Exclusion
B-Complex W/ C-Zn & Folic Acid**		
DIALYVITE/ZINC ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NEPHPLEX RX ORAL TABLET	Benefit Exclusion	Formulary Exclusion
B-Complex W/ E & Folic Acid**		
folic-k oral capsule 1 mg	Benefit Exclusion	Non FDA Exclusion
B-Complex W/ Folic Acid**		
PAXLYTE ORAL CAPSULE	EX	Non FDA Exclusion
B-Complex W/ Lysine-Min-Fe & Folic Acid**		
NUTRIVIT ORAL LIQUID	EX	Formulary Exclusion
B-Complex W/ Lysine-Zn & Folic Acid**		
SUPERVITE ORAL LIQUID	EX	Formulary Exclusion
Bioflavonoid Products**		
ADRENAL C FORMULA ORAL TABLET	EX	Formulary Exclusion
Iron W/ Vitamins**		
VITAFOL ORAL TABLET	Benefit Exclusion	Formulary Exclusion
Multiple Vitamins W/ Iron**		
DAVIMET-IRON ORAL TABLET CHEWABLE	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Multiple Vitamins W/ Minerals & Calcium-Folic Acid**		
FOLGARD OS ORAL TABLET 500-1.1 MG	Benefit Exclusion	Formulary Exclusion
Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid**		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	Benefit Exclusion	Formulary Exclusion
Multiple Vitamins W/ Minerals**		
AFLORA ORAL TABLET	EX	Non FDA Exclusion
BACMIN ORAL TABLET	Benefit Exclusion	Formulary Exclusion
biocel oral tablet	Benefit Exclusion	Formulary Exclusion
b-plex plus oral tablet	Benefit Exclusion	Formulary Exclusion
CORVITA ORAL TABLET	EX	Formulary Exclusion
dayavite oral tablet	Benefit Exclusion	Non FDA Exclusion
DEPLIN MA ORAL CAPSULE	EX	Non FDA Exclusion
DERMACINRX MULTITAM ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DERMACINRX RIBOTIN-E ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DERMACINRX ZINTREXYL-C ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DEXATRAN ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
DIALYVITE SUPREME D ORAL TABLET	EX	Formulary Exclusion
DIATROL ORAL TABLET	EX	Non FDA Exclusion
FINAZOL ORAL TABLET	EX	Non FDA Exclusion
FLORRAVITE ORAL TABLET	EX	Non FDA Exclusion
FLORRAXYL ORAL TABLET	EX	Non FDA Exclusion
folamax oral tablet	Benefit Exclusion	Non FDA Exclusion
folamed dha oral capsule	Benefit Exclusion	Non FDA Exclusion
folaprime oral tablet	EX	Non FDA Exclusion
FOLIFLEX ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
FOLITIN-Z ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
hylazinc oral tablet	Benefit Exclusion	Non FDA Exclusion
keyfolic oral tablet	Benefit Exclusion	Non FDA Exclusion
KEYLOSA ORAL TABLET	EX	Non FDA Exclusion
LIVITA ADULTS ORAL LIQUID	EX	Non FDA Exclusion
LYSIPLEX PLUS ORAL TABLET	Benefit Exclusion	Formulary Exclusion
medi tab oral tablet	EX	Non FDA Exclusion
MENATROL ORAL CAPSULE	EX	Non FDA Exclusion
multipro oral capsule	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MULTITOL-M ORAL TABLET	EX	Non FDA Exclusion
neovite oral tablet	Benefit Exclusion	Formulary Exclusion
NICADAN ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NICAZEL FORTE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NICAZEL ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NUTRALYN ORAL TABLET	EX	Non FDA Exclusion
NUTRICAP ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NUTRIFAC ZX ORAL TABLET	Benefit Exclusion	Formulary Exclusion
OCUVEL ORAL CAPSULE	EX	Formulary Exclusion
onevite oral tablet	EX	Formulary Exclusion
prev-rx oral tablet	EX	Non FDA Exclusion
profola oral tablet	Benefit Exclusion	Non FDA Exclusion
REMEDIENT ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
REQ 49+ ORAL TABLET	Benefit Exclusion	Formulary Exclusion
SIDEROL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
STROVITE FORTE ORAL SYRUP	Benefit Exclusion	Formulary Exclusion
STROVITE FORTE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
STROVITE ONE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
support oral liquid	Benefit Exclusion	Non FDA Exclusion
thrivite 19 oral tablet	Benefit Exclusion	Formulary Exclusion
UDAMIN SP ORAL TABLET	EX	Formulary Exclusion
v-c forte oral capsule	Benefit Exclusion	Formulary Exclusion
VENEXA FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VENEXA ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VENTRIXYL FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VENTRIXYL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VIC-FORTE ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion
VITA S FORTE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
VITACEL ORAL TABLET	Benefit Exclusion	Formulary Exclusion
VITACORE ORAL TABLET	EX	Non FDA Exclusion
VITAROCA PLUS ORAL TABLET	Benefit Exclusion	Formulary Exclusion
VITRAMYN ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITRANOL FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITRANOL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXATE FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXATE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXYL + IRON ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXYL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
wellfola oral tablet	EX	Non FDA Exclusion
zyvana oral capsule	Benefit Exclusion	Non FDA Exclusion
Multivitamins**		
altrixa oral tablet	EX	Non FDA Exclusion
AMLADEX ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DAVIMET-M ORAL TABLET CHEWABLE	EX	Non FDA Exclusion
DERMACINRX DAVIMET ORAL TABLET CHEWABLE	EX	Non FDA Exclusion
DERMACINRX MULTIVITAMIN ORAL TABLET CHEWABLE	EX	Non FDA Exclusion
folachew oral tablet chewable	EX	Non FDA Exclusion
folawise oral tablet	EX	Non FDA Exclusion
FOLCYTEINE ORAL TABLET	EX	Non FDA Exclusion
GENICIN VITA-Q ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
INFUVITE ADULT INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
micronex oral capsule	EX	Non FDA Exclusion
mincora oral tablet	EX	Non FDA Exclusion
novite oral capsule	EX	Non FDA Exclusion
relcare oral tablet	EX	Non FDA Exclusion
trivia complete oral capsule	EX	Non FDA Exclusion
VIREXA ORAL TABLET	EX	Non FDA Exclusion
VITLIPID N ADULT INTRAVENOUS EMULSION	EX	Medical Only Exclusion
Niacinamide W/ Zinc-Copper & Folic Acid**		
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	Benefit Exclusion	Formulary Exclusion
nicotinamide oral tablet 750-27-2-0.5 mg	EX	Non FDA Exclusion
Ped Multi Vitamins W/Fl & Fe**		
FLORAFOL FE PEDIATRIC ORAL SOLUTION 0.25-7 MG/ML	EX	Non FDA Exclusion
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (OTC)	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (RX)	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Benefit Exclusion	Formulary Exclusion
Ped Multiple Vitamins W/ Minerals**		
LIVITA CHILDREN ORAL LIQUID	EX	Non FDA Exclusion
Ped Mv W/ Fluoride**		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG	EX	Non FDA Exclusion
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	EX	Non FDA Exclusion
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	EX	Non FDA Exclusion
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Benefit Exclusion	Formulary Exclusion
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	EX	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	Benefit Exclusion	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	EX	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 0.5 mg oral	Benefit Exclusion	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.5 mg oral	EX	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 1 mg oral	Benefit Exclusion	Formulary Exclusion
multivitamin w/fluoride tablet chewable 1 mg oral	EX	Non FDA Exclusion
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Benefit Exclusion	Formulary Exclusion
multivitamin/fluoride oral suspension 0.25 mg/ml	EX	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	Benefit Exclusion	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	EX	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	Benefit Exclusion	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	EX	Formulary Exclusion
multivitamin/fluoride tablet chewable 1 mg oral (rx)	Benefit Exclusion	Formulary Exclusion
multivitamin/fluoride tablet chewable 1 mg oral (rx)	EX	Formulary Exclusion
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Benefit Exclusion	Formulary Exclusion

Drug Name	Drug Tier	Notes
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	EX	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	EX	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	Benefit Exclusion	Formulary Exclusion
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	Benefit Exclusion	Formulary Exclusion
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Benefit Exclusion	Formulary Exclusion
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Benefit Exclusion	Formulary Exclusion
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Benefit Exclusion	Formulary Exclusion
tri-vitamin with fluoride oral suspension 0.25 mg/ml	EX	Formulary Exclusion
Ped Vitamins Acd & Fa W/ Fluoride**		
TRI-VI-FLOR ORAL SUSPENSION 0.5 MG/ML	Benefit Exclusion	Formulary Exclusion
tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml	Benefit Exclusion	Formulary Exclusion
Ped Vitamins Acd W/ Fluoride**		
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Benefit Exclusion	Formulary Exclusion
vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Benefit Exclusion	Formulary Exclusion
Pediatric Multiple Vitamins & Minerals W/ Fluoride**		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Benefit Exclusion	Formulary Exclusion
Pediatric Multiple Vitamins**		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
VITALIPID N INFANT INTRAVENOUS EMULSION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
VITLIPID N INFANT INTRAVENOUS EMULSION	EX	Medical Only Exclusion
Prenatal Mv & Min W/Fe-Fa**		
altrixa ob oral tablet 15-0.4-0.6 mg	EX	Non FDA Exclusion
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3	
ATABEX OB ORAL TABLET 29-1 MG	Tier 3	
azeschew prenatal/postnatal oral tablet chewable 13-1 mg	Benefit Exclusion	
azesco oral tablet 13-1 mg	EX	Non FDA Exclusion
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	Tier 3	
CITRANATAL BLOOM ORAL TABLET 90-1 MG	Tier 3	
CITRANATAL RX ORAL TABLET 27-1 MG	Tier 3	
c-nate dha oral capsule 28-1-200 mg	Tier 3	
completenate oral tablet chewable 29-1 mg	Tier 3	
CO-NATAL FA ORAL TABLET	Tier 3	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 5	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 1 MG	Tier 3	
DUET DHA 400 ORAL 25-1 & 400 MG	Benefit Exclusion	
DUET DHA BALANCED ORAL 25-1 & 267 MG	Benefit Exclusion	
ELITE-OB ORAL TABLET 50-1.25 MG	Benefit Exclusion	
EMBRIVA ORAL TABLET 13-1 MG	EX	Non FDA Exclusion
ENBRACE HR ORAL CAPSULE	Benefit Exclusion	
folatexcel oral tablet 20-1 mg	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3	
INATAL GT ORAL TABLET	Tier 3	
jenliva prenatal/postnatal oral capsule 1 mg	EX	Non FDA Exclusion
kosher prenatal plus iron oral tablet 30-1 mg	Benefit Exclusion	
MATERNACEL ORAL TABLET 20-1 MG	EX	Non FDA Exclusion
matervia oral capsule 0.5 mg	EX	New to Market Exclusion
m-natal plus oral tablet 27-1 mg	Benefit Exclusion	Non FDA Exclusion
multi-mac oral tablet 15-0.75-1 mg	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	Tier 3	
natal pnv oral tablet 6-0.5 mg	EX	Non FDA Exclusion
NATALVIT ORAL TABLET	Tier 3	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Benefit Exclusion	
neomaterna oral tablet 20-1 mg	Tier 3	
neonatal complete tablet 27-1 mg oral	Benefit Exclusion	
neonatal complete tablet 29-1 mg oral	Tier 3	
neonatal fe oral tablet 90-1 mg	Tier 3	
NEONATAL PLUS TABLET 27-1 MG ORAL	Benefit Exclusion	
NEONATAL PLUS TABLET 27-1 MG ORAL	Benefit Exclusion	Non FDA Exclusion
NESTABS DHA ORAL 32-1 MG	Benefit Exclusion	
NESTABS ORAL TABLET 32-1 MG	Benefit Exclusion	
NIVA-PLUS ORAL TABLET 27-1 MG	Benefit Exclusion	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG	Benefit Exclusion	
OB COMPLETE ORAL TABLET 50-1.25 MG	Benefit Exclusion	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG	Benefit Exclusion	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Benefit Exclusion	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	Benefit Exclusion	
OBSTETRIX EC (WITH DOCUSATE) ORAL TABLET 29-1 MG	Tier 3	
one vite womens plus oral tablet 27-1 mg	Benefit Exclusion	
pnv 27-ca/fe/fa oral tablet 60-1 mg	Tier 3	
pnv tabs 20-1 oral tablet 20-1 mg	EX	Non FDA Exclusion
pnv tabs 29-1 oral tablet 29-1 mg	Tier 5	
pnv-omega oral capsule 28-0.6-0.4-340 mg	Tier 3	
pnv-select oral tablet 27-0.6-0.4 mg	Tier 3	
pregenna oral tablet 20-1 mg	EX	Non FDA Exclusion
prena1 pearl oral capsule extended release 30-1.4-200 mg	Tier 3	
prenara oral capsule 15-1 mg	EX	Non FDA Exclusion
PRENATABS RX ORAL TABLET 29-1 MG	Tier 5	
prenatal 19 oral tablet 29-1 mg	Tier 2	
prenatal 19 tablet chewable 29-1 mg oral	Tier 2	
prenatal 19 tablet chewable oral	Tier 5	

Drug Name	Drug Tier	Notes
prenatal plus iron oral tablet 29-1 mg	Tier 2	
prenatal plus oral tablet 27-1 mg	Benefit Exclusion	
prenatal plus vitamin/mineral oral tablet 27-1 mg	Benefit Exclusion	
prenatal tablet 27-1 mg oral	Benefit Exclusion	
prenatal tablet 27-1 mg oral	Tier 5	
prenatal vitamin plus low iron oral tablet 27-1 mg	Tier 5	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	Benefit Exclusion	
prenate max oral tablet 15-0.4-0.6 mg	EX	Non FDA Exclusion
PRENATOL-M ORAL TABLET 27-1.2 MG	EX	Non FDA Exclusion
PRENATRIX ORAL TABLET 27-1 MG	Benefit Exclusion	Non FDA Exclusion
PRENATRYL ORAL TABLET 27-1 MG	Benefit Exclusion	Non FDA Exclusion
prenatvite complete oral tablet 1 mg	Tier 3	
prenatvite plus oral tablet 1 mg	Tier 3	
prenatvite rx oral tablet 0.8 mg	Tier 3	
preplus oral tablet 27-1 mg	Tier 5	
pretab oral tablet 29-1 mg	Tier 5	
PRIMACARE ORAL CAPSULE 30-1-470 MG	Benefit Exclusion	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	Tier 3	
relnate dha oral capsule 28-1-200 mg	Tier 3	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG	Benefit Exclusion	
se-natal 19 oral tablet 29-1 mg	Tier 5	
se-natal 19 oral tablet chewable 29-1 mg	Tier 2	
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 5	
thrivite rx oral tablet 29-1 mg	Tier 5	
TRICARE ORAL TABLET	Benefit Exclusion	
trinatal rx 1 oral tablet 60-1 mg	Tier 3	
TRINATE ORAL TABLET	Tier 5	
trinaz oral tablet 12-1 mg	EX	Non FDA Exclusion
VINATE DHA RF ORAL CAPSULE 27-1.13 MG	Benefit Exclusion	
VINATE II ORAL TABLET 29-1 MG	Tier 2	
VINATE ONE ORAL TABLET 60-1 MG	Tier 2	
virt-c dha oral capsule 53.5-38-1 mg	Tier 3	
virt-nate dha oral capsule 28-1-200 mg	Tier 3	

Drug Name	Drug Tier	Notes
virt-pn plus oral capsule 28-0.6-0.4-340 mg	Tier 3	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Benefit Exclusion	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG	Benefit Exclusion	
VITAFOL-OB ORAL TABLET	Benefit Exclusion	
vitalara oral tablet 20-1 mg	EX	Non FDA Exclusion
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG	Tier 3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	Benefit Exclusion	Non FDA Exclusion
VIVA DHA ORAL CAPSULE 28-1-200 MG	Tier 3	
vp-pnv-dha oral capsule 28-1-215.8 mg	Tier 5	
wescap-c dha oral capsule 53.5-38-1 mg	Tier 3	
wesnate dha oral capsule 28-1-200 mg	Tier 3	
westab plus oral tablet 27-1 mg	Tier 5	
zalvit oral tablet 13-1 mg	EX	Non FDA Exclusion
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG	Tier 3	
ziphex oral tablet 13-1 mg	EX	Non FDA Exclusion
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**		
complete natal dha oral 29-1-200 & 200 mg	Tier 3	
TRIVEEN-DUO DHA ORAL 29-1-200 & 300 MG	Tier 3	
wesnatal dha complete oral 29-1-200 & 200 mg	Tier 3	
Prenatal Mv & Min W/Fe-Fa-Dha**		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	Tier 3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	Tier 3	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG	Tier 3	
CITRANATAL DHA ORAL 27-1 & 250 MG	Tier 3	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG	Tier 3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	Tier 3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	Tier 3	
neonatal + dha oral 29-1 & 200 mg	Tier 3	

Drug Name	Drug Tier	Notes
NESTABS ONE ORAL CAPSULE 38-1-225 MG	Benefit Exclusion	
OBSTETRIX DHA ORAL 29-1 & 350 MG	Tier 3	
OBSTETRIX ONE (WITH DOCUSATE) ORAL CAPSULE 38-1-225 MG	Tier 3	
pnv-dha oral capsule 27-0.6-0.4-300 mg	Tier 3	
pnv-dha+docusate oral capsule 27-1.25-300 mg	Tier 3	
pregen dha oral capsule 28-1-35 mg	EX	Non FDA Exclusion
prena 1 true oral 30-1.4 & 300 mg	Tier 3	
prenaissance oral capsule 29-1.25-325 mg	Tier 3	
prenaissance plus oral capsule 28-1-250 mg	Tier 3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	Benefit Exclusion	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	Benefit Exclusion	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	Benefit Exclusion	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	Benefit Exclusion	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG	Benefit Exclusion	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG	Benefit Exclusion	
SELECT-OB+DHA ORAL 29-1 & 250 MG	Benefit Exclusion	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG	Tier 5	
tristart dha oral capsule 31-0.6-0.4-200 mg	Benefit Exclusion	
TRISTART FREE ORAL CAPSULE 33-1 MG	EX	Non FDA Exclusion
TRISTART ONE ORAL CAPSULE 35-1-215 MG	Benefit Exclusion	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	Tier 5	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG	Tier 3	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG	Benefit Exclusion	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	Benefit Exclusion	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG	Benefit Exclusion	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	Tier 3	
VITATRUE ORAL 30-1.4 & 300 MG	Tier 3	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	Tier 3	

Drug Name	Drug Tier	Notes
westgel dha oral capsule 31-0.6-0.4-200 mg	Benefit Exclusion	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	Tier 5	
Prenatal Mv & Minerals W/Fa Without Iron**		
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	Benefit Exclusion	
Prenatal Vitamins**		
neonatal 19 oral tablet 1 mg	Tier 3	
PREMESISRX ORAL TABLET 1 MG	Benefit Exclusion	
prena1 oral tablet chewable 1.4 mg	Tier 3	
PRENATE AM ORAL TABLET 1 MG	Benefit Exclusion	
VITAFOL STRIPS ORAL FILM 1 MG	Benefit Exclusion	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	Tier 3	
Specialty Vitamins Products**		
glp-dlax oral tablet	EX	Non FDA Exclusion
INFLAMEX ORAL CAPSULE	EX	Non FDA Exclusion
nitrivia oral capsule	EX	Non FDA Exclusion
pro hers rx oral capsule	Benefit Exclusion	Non FDA Exclusion
pro his rx oral capsule	Benefit Exclusion	Non FDA Exclusion
pro pcos rx oral capsule	Benefit Exclusion	Non FDA Exclusion
urosex oral tablet	EX	Non FDA Exclusion
Vitamins A & D**		
cod liver oil oral oil	Benefit Exclusion	Formulary Exclusion
Musculoskeletal Therapy Agents		
Articular Cartilage Repair Therapy**		
MACI INTRA-ARTICULAR SHEET	EX	Medical Only Exclusion
Central Muscle Relaxants**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml	EX	Medical Only Exclusion
baclofen intrathecal solution prefilled syringe 50 mcg/ml	EX	Medical Only Exclusion
baclofen oral suspension 25 mg/5ml	EX	Non Essential Drug Exclusion
baclofen refill kit-synchromed intrathecal kit 40 mg/20ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
baclofen solution 10 mg/5ml oral	Tier 1	
baclofen solution 5 mg/5ml oral	Tier 1	
baclofen solution 5 mg/5ml oral	Tier 3	
baclofen tablet 10 mg oral	Tier 1	
baclofen tablet 15 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
baclofen tablet 20 mg oral	Tier 1	
baclofen tablet 5 mg oral	Tier 1	
carisoprodol tablet 250 mg oral	EX	Formulary Exclusion
carisoprodol tablet 350 mg oral	EX	Formulary Exclusion
carisoprodol tablet 350 mg oral	Tier 1	
carisoprodol tablet 350 mg oral	Tier 1	Formulary Exclusion
chlorzoxazone tablet 250 mg oral	EX	Non Essential Drug Exclusion
chlorzoxazone tablet 250 mg oral	Tier 1	Non Essential Drug Exclusion
chlorzoxazone tablet 375 mg oral	EX	Non Essential Drug Exclusion
chlorzoxazone tablet 500 mg oral	Tier 1	
chlorzoxazone tablet 750 mg oral	EX	Non Essential Drug Exclusion
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	EX	Non Essential Drug Exclusion
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	Tier 1	
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM 5 %	EX	Non FDA Exclusion
enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm	EX	Non FDA Exclusion
FEXMID ORAL TABLET 7.5 MG	Tier 1	
FIRST-BACLOFEN ORAL SUSPENSION 1 MG/ML, 5 MG/ML	Tier 3	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	EX	Medical Only Exclusion
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	EX	Medical Only Exclusion
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML	EX	Medical Only Exclusion
LORZONE ORAL TABLET 375 MG, 750 MG	Tier 1	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
metaxalone tablet 400 mg oral	Tier 1	
metaxalone tablet 640 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
metaxalone tablet 800 mg oral	Tier 1	
methocarbamol injection solution 1000 mg/10ml	EX	Medical Only Exclusion
methocarbamol tablet 1000 mg oral	EX	Non Essential Drug Exclusion
methocarbamol tablet 1000 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
methocarbamol tablet 500 mg oral	Tier 1	
methocarbamol tablet 750 mg oral	Tier 1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 1	
orphenadrine citrate injection solution 30 mg/ml	EX	Medical Only Exclusion
OZOBAX ORAL SOLUTION 5 MG/5ML	Tier 3	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	EX	Medical Only Exclusion
ROBAXIN-750 ORAL TABLET 750 MG	EX	Formulary Exclusion
SKELAXIN ORAL TABLET 800 MG	EX	Formulary Exclusion
SOMA ORAL TABLET 250 MG, 350 MG	EX	Formulary Exclusion
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
TANLOR ORAL TABLET 1000 MG	EX	Non Essential Drug Exclusion
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Benefit Exclusion	
tizanidine hcl oral tablet 2 mg, 4 mg	Tier 1	
VANADOM ORAL TABLET 350 MG	Tier 1	Formulary Exclusion
ZANAFLEX CAPSULE 2 MG ORAL	Benefit Exclusion	Formulary Exclusion
ZANAFLEX CAPSULE 4 MG ORAL	Benefit Exclusion	Formulary Exclusion
ZANAFLEX CAPSULE 6 MG ORAL	Benefit Exclusion	Formulary Exclusion
ZANAFLEX CAPSULE 8 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZANAFLEX ORAL TABLET 4 MG	Benefit Exclusion	Formulary Exclusion
Direct Muscle Relaxants**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
dantrolene sodium intravenous solution reconstituted 20 mg	EX	Medical Only Exclusion
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG	EX	Medical Only Exclusion
Muscle Relaxant Combinations**		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	EX	Formulary Exclusion
CYCLOPAK COMBINATION THERAPY PACK 5 & 2.5-2.5 MG & %	EX	Non FDA Exclusion
METAXALL CP COMBINATION KIT 800 & 0.025 MG & %	EX	Non FDA Exclusion
norgesic forte oral tablet 50-770-60 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion
NORGESIC ORAL TABLET 25-385-30 MG	EX	Non Essential Drug Exclusion
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	Benefit Exclusion	Non Essential Drug Exclusion
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	EX	Non Essential Drug Exclusion
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	EX	Non Essential Drug Exclusion
Muscle Relaxant-Liniments Combinations**		
NOPIOID-LMC KIT COMBINATION THERAPY PACK 7.5 & 4-4 MG & %	EX	Non FDA Exclusion
Retinoic Acid Receptor Gamma Selective Agonists**		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG	Tier 4	PA; Specialty
Viscosupplement Combinations**		
HYRONAN INJECTION KIT 1 & 2 %	EX	Non FDA Exclusion
Viscosupplements**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML	Tier 2	PA; QL
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Tier 2	PA
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Tier 2	PA; QL

Drug Name	Drug Tier	Notes
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML	EX	PA; Formulary Exclusion; QL
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML	Tier 2	PA; QL
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	EX	PA; Formulary Exclusion; QL
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML	EX	PA; Formulary Exclusion; QL
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	EX	PA; Formulary Exclusion; QL
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML	EX	PA; Formulary Exclusion; QL
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML	EX	PA; Formulary Exclusion; QL
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML	EX	PA; Formulary Exclusion; QL
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	Tier 2	PA; QL
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	EX	PA; Formulary Exclusion; QL
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	EX	PA; Formulary Exclusion; QL
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	EX	PA; Formulary Exclusion; QL
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	EX	PA; Formulary Exclusion; QL
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	EX	PA; Formulary Exclusion; QL
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	EX	PA; Formulary Exclusion; QL
Nasal Agents - Systemic And Topical		
Anesthetic Combinations*		
lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Antihistamine-Steroid**		
azelastine-fluticasone nasal suspension 137-50 mcg/act	Tier 1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	EX	Formulary Exclusion
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT	EX	Non Essential Drug Exclusion; Formulary Exclusion
Nasal Anesthetics**		
cocaine hcl nasal solution 40 mg/ml	EX	Medical Only Exclusion
goprelto nasal solution 40 mg/ml	EX	Medical Only Exclusion
NUMBRINO NASAL SOLUTION 40 MG/ML	EX	Medical Only Exclusion
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Tier 1	
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	Tier 1	
olopatadine hcl nasal solution 0.6 %	Benefit Exclusion	
PATANASE NASAL SOLUTION 0.6 %	Benefit Exclusion	Formulary Exclusion
Nasal Steroids**		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Benefit Exclusion	ST
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	Insufficient Evidence
fluticasone propionate suspension 50 mcg/act nasal (rx)	Tier 1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	Tier 1	Insufficient Evidence
mometasone furoate nasal suspension 50 mcg/act	Tier 1	Insufficient Evidence
NASONEX NASAL SUSPENSION 50 MCG/ACT	Benefit Exclusion	Formulary Exclusion
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Benefit Exclusion	ST
PROPEL CONTOUR NASAL IMPLANT 370 MCG	EX	Medical Only Exclusion
PROPEL MINI NASAL IMPLANT 370 MCG	EX	Medical Only Exclusion
PROPEL MINI SDS NASAL IMPLANT 370 MCG	EX	Non FDA Exclusion; Medical Only Exclusion
PROPEL NASAL IMPLANT 370 MCG	EX	Medical Only Exclusion
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 3	

Drug Name	Drug Tier	Notes
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 3	
SINUVA NASAL IMPLANT 1350 MCG	EX	Medical Only Exclusion
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Benefit Exclusion	ST
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Benefit Exclusion	ST
Topical Decongestants**		
ADRENALIN NASAL SOLUTION 0.1 %	EX	Non FDA Exclusion
epinephrine hcl (nasal) nasal solution 0.1 %	EX	Non FDA Exclusion
Neuromuscular Agents		
Als Agent Combinations**		
RELYVRIO ORAL PACKET 3-1 GM	EX	Non FDA Exclusion
Als Agents - Antisense Oligonucleotides**		
QALSODY INTRATHECAL SOLUTION 100 MG/15ML	EX	Medical Only Exclusion
Als Agents - Miscellaneous**		
edaravone intravenous solution 30 mg/100ml, 60 mg/100ml	Tier 4	PA; Specialty
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	EX	PA; Specialty; Formulary Exclusion
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 4	PA; Specialty; QL
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 4	PA; Specialty; QL
Benzathiazoles**		
EXSERVAN ORAL FILM 50 MG	Tier 3	PA; Specialty
RILUTEK ORAL TABLET 50 MG	EX	PA; Specialty; Formulary Exclusion
riluzole oral tablet 50 mg	Tier 4	PA; Specialty
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4	PA; Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4	PA; Specialty
Depolarizing Muscle Relaxants**		
ANECTINE INJECTION SOLUTION 20 MG/ML	EX	Medical Only Exclusion
QUELICIN INJECTION SOLUTION 20 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
succinylcholine chloride intravenous solution prefilled syringe 100 mg/5ml, 140 mg/7ml, 200 mg/10ml	EX	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution 20 mg/ml injection	EX	Medical Only Exclusion
succinylcholine chloride solution 20 mg/ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml injection	EX	Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 140 mg/7ml injection	EX	Non FDA Exclusion
succinylcholine chloride solution prefilled syringe 200 mg/10ml injection	EX	Non FDA Exclusion
succinylcholine cl +rfid solution prefilled syringe 100 mg/5ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
succinylcholine cl +rfid solution prefilled syringe 200 mg/10ml injection	EX	Non FDA Exclusion
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; Specialty
Muscular Dystrophy - Gene Therapy Agents**		
amondys 45 intravenous solution 100 mg/2ml	EX	Medical Only Exclusion
ELEVIDYS 10.0-10.4 KG INTRAVENOUS KIT 10 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 10.5-11.4 KG INTRAVENOUS KIT 11 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 11.5-12.4 KG INTRAVENOUS KIT 12 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 12.5-13.4 KG INTRAVENOUS KIT 13 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT 14 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 14.5-15.4 KG INTRAVENOUS KIT 15 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 15.5-16.4 KG INTRAVENOUS KIT 16 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 16.5-17.4 KG INTRAVENOUS KIT 17 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 17.5-18.4 KG INTRAVENOUS KIT 18 X 10 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 18.5-19.4 KG INTRAVENOUS KIT 19 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 19.5-20.4 KG INTRAVENOUS KIT 20 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 20.5-21.4 KG INTRAVENOUS KIT 21 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 21.5-22.4 KG INTRAVENOUS KIT 22 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 22.5-23.4 KG INTRAVENOUS KIT 23 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 23.5-24.4 KG INTRAVENOUS KIT 24 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 24.5-25.4 KG INTRAVENOUS KIT 25 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 25.5-26.4 KG INTRAVENOUS KIT 26 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 26.5-27.4 KG INTRAVENOUS KIT 27 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 27.5-28.4 KG INTRAVENOUS KIT 28 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 28.5-29.4 KG INTRAVENOUS KIT 29 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 29.5-30.4 KG INTRAVENOUS KIT 30 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 30.5-31.4 KG INTRAVENOUS KIT 31 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 31.5-32.4 KG INTRAVENOUS KIT 32 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 32.5-33.4 KG INTRAVENOUS KIT 33 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 33.5-34.4 KG INTRAVENOUS KIT 34 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 34.5-35.4 KG INTRAVENOUS KIT 35 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 35.5-36.4 KG INTRAVENOUS KIT 36 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 36.5-37.4 KG INTRAVENOUS KIT 37 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 37.5-38.4 KG INTRAVENOUS KIT 38 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 38.5-39.4 KG INTRAVENOUS KIT 39 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 39.5-40.4 KG INTRAVENOUS KIT 40 X 10 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 40.5-41.4 KG INTRAVENOUS KIT 41 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 41.5-42.4 KG INTRAVENOUS KIT 42 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 42.5-43.4 KG INTRAVENOUS KIT 43 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 43.5-44.4 KG INTRAVENOUS KIT 44 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 44.5-45.4 KG INTRAVENOUS KIT 45 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 45.5-46.4 KG INTRAVENOUS KIT 46 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 46.5-47.4 KG INTRAVENOUS KIT 47 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 47.5-48.4 KG INTRAVENOUS KIT 48 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 48.5-49.4 KG INTRAVENOUS KIT 49 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 49.5-50.4 KG INTRAVENOUS KIT 50 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 50.5-51.4 KG INTRAVENOUS KIT 51 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 51.5-52.4 KG INTRAVENOUS KIT 52 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 52.5-53.4 KG INTRAVENOUS KIT 53 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 53.5-54.4 KG INTRAVENOUS KIT 54 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 54.5-55.4 KG INTRAVENOUS KIT 55 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 55.5-56.4 KG INTRAVENOUS KIT 56 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 56.5-57.4 KG INTRAVENOUS KIT 57 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 57.5-58.4 KG INTRAVENOUS KIT 58 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 58.5-59.4 KG INTRAVENOUS KIT 59 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 59.5-60.4 KG INTRAVENOUS KIT 60 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 60.5-61.4 KG INTRAVENOUS KIT 61 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 61.5-62.4 KG INTRAVENOUS KIT 62 X 10 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 62.5-63.4 KG INTRAVENOUS KIT 63 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 63.5-64.4 KG INTRAVENOUS KIT 64 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 64.5-65.4 KG INTRAVENOUS KIT 65 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 65.5-66.4 KG INTRAVENOUS KIT 66 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 66.5-67.4 KG INTRAVENOUS KIT 67 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 67.5-68.4 KG INTRAVENOUS KIT 68 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 68.5-69.4 KG INTRAVENOUS KIT 69 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 69.5 KG PLUS INTRAVENOUS KIT 70 X 10 ML	EX	Medical Only Exclusion
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	EX	Medical Only Exclusion
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	EX	Medical Only Exclusion
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	EX	Medical Only Exclusion
Muscular Dystrophy - Histone Deacetylase Inhibitors*		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 4	PA; Specialty; QL
Neuromuscular Blocking Agent - Neurotoxins**		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4	PA; Specialty
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	EX	PA; Specialty; Formulary Exclusion
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Tier 4	PA; Specialty
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Tier 4	PA; Specialty
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Tier 4	PA; Specialty
Nondepolarizing Muscle Relaxants**		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml	EX	Medical Only Exclusion
cisatracurium besylate intravenous solution 20 mg/10ml	EX	Medical Only Exclusion
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML	EX	Medical Only Exclusion
rocuronium bromide +rfid intravenous solution prefilled syringe 100 mg/10ml	EX	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide intravenous solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	EX	Medical Only Exclusion
rocuronium bromide intravenous solution prefilled syringe 100 mg/10ml, 50 mg/5ml, 75 mg/7.5ml	EX	Non FDA Exclusion; Medical Only Exclusion
vecuronium bromide intravenous solution prefilled syringe 10 mg/10ml	EX	Non FDA Exclusion; Medical Only Exclusion
vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg	EX	Medical Only Exclusion
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; Specialty
Spinal Muscular Atrophy-Antisense Oligonucleotides**		
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	EX	Medical Only Exclusion
Spinal Muscular Atrophy-Gene Therapy Agents**		
ZOLGENSMA 20.6-21.0 KG INTRAVENOUS KIT 14X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT 7X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT 2X5.5ML & 6X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT 1X5.5ML & 7X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT 8X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT 2X5.5ML & 7X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT 1X5.5ML & 8X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT 9X8.3 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZOLGENSMA 13.6-14.0 KG INTRAVENOUS KIT 2X5.5ML & 8X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 14.1-14.5 KG INTRAVENOUS KIT 1X5.5ML & 9X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 14.6-15.0 KG INTRAVENOUS KIT 10X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 15.1-15.5 KG INTRAVENOUS KIT 2X5.5ML & 9X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 15.6-16.0 KG INTRAVENOUS KIT 1X5.5ML & 10X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 16.1-16.5 KG INTRAVENOUS KIT 11X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 16.6-17.0 KG INTRAVENOUS KIT 2X5.5ML & 10X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 17.1-17.5 KG INTRAVENOUS KIT 1X5.5ML & 11X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 17.6-18.0 KG INTRAVENOUS KIT 12X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 18.1-18.5 KG INTRAVENOUS KIT 2X5.5ML & 11X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 18.6-19.0 KG INTRAVENOUS KIT 1X5.5ML & 12X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 19.1-19.5 KG INTRAVENOUS KIT 13X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 19.6-20.0 KG INTRAVENOUS KIT 2X5.5ML & 12X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT 2X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 20.1-20.5 KG INTRAVENOUS KIT 1X5.5ML & 13X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT 2X5.5ML & 1X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT 1X5.5ML & 2X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT 3X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT 2X5.5ML & 2X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT 1X5.5ML & 3X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT 4X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT 1X5.5ML & 4X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT 5X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT 2X5.5ML & 4X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT 1X5.5ML & 5X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT 6X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT 2X5.5ML & 5X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT 1X5.5ML & 6X8.3ML	EX	Medical Only Exclusion
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 4	PA; Specialty
EVRYSDI ORAL TABLET 5 MG	Tier 4	PA; Specialty
Nutrients		
Amino Acid Mixtures**		
amino acid infusion in d10w intravenous solution 2.5 %, 3 %, 3.5 %, 4 %	EX	Non FDA Exclusion; Medical Only Exclusion
amino acid intravenous solution 5 %	EX	Non FDA Exclusion
amino acid-calcium-hep in d10w intravenous solution 3 %, 3.5 %, 4 %	EX	Non FDA Exclusion
amino acid-calcium-hep in d5w intravenous solution 3 %	EX	Non FDA Exclusion
amino acid-heparin-d10w intravenous solution 3.5 %	EX	Non FDA Exclusion
amino ac-low calcium-hep d10w intravenous solution 3.5 %	EX	Non FDA Exclusion
amino ac-lowcalcium-hep in d5w intravenous solution 3 %	EX	Non FDA Exclusion
AMINOAMRMS ORAL CAPSULE	EX	Non FDA Exclusion
AMINOPROTECT INTRAVENOUS SOLUTION 5 %	EX	Non FDA Exclusion
AMINORELIEFRMS ORAL CAPSULE	EX	Non FDA Exclusion
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	Benefit Exclusion	Medical Only Exclusion
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
clinimix e/dextrose (8/10) intravenous solution 8 %	Benefit Exclusion	Medical Only Exclusion
clinimix e/dextrose (8/14) intravenous solution 8 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
clinimix/dextrose (6/5) intravenous solution 6 %	Benefit Exclusion	Medical Only Exclusion
clinimix/dextrose (8/10) intravenous solution 8 %	Benefit Exclusion	Medical Only Exclusion
clinimix/dextrose (8/14) intravenous solution 8 %	Benefit Exclusion	Medical Only Exclusion
CLINISOL SF INTRAVENOUS SOLUTION 15 %	Benefit Exclusion	Medical Only Exclusion
FREAMINE III INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
neonatal pn starter (heparin) intravenous solution 3 %	EX	Non FDA Exclusion
neonatal pn starter bag intravenous solution 2.5 %, 3 %	EX	Non FDA Exclusion
neonatal pn starter bag(w hep) intravenous solution 3 %	EX	Non FDA Exclusion
PLENAMINE INTRAVENOUS SOLUTION 15 %	Benefit Exclusion	Medical Only Exclusion
PREMASOL INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion
PROCALAMINE INTRAVENOUS SOLUTION 3 %	Benefit Exclusion	Medical Only Exclusion
PROSOL INTRAVENOUS SOLUTION 20 %	Benefit Exclusion	Medical Only Exclusion
REFRESH AA 15 PKU ORAL LIQUID	EX	Formulary Exclusion
REFRESH AA 15 TYR ORAL LIQUID	EX	Formulary Exclusion
TRAVASOL INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion
Amino Acids-Single**		
arginine hcl injection solution 6 gm/30ml	EX	Non FDA Exclusion
ELCYS INTRAVENOUS SOLUTION 50 MG/ML	Benefit Exclusion	Medical Only Exclusion
glutathione injection solution 200 mg/ml, 6 gm/30ml	EX	Non FDA Exclusion
glutathione intravenous solution 6 gm/30ml	EX	Non FDA Exclusion
glycine injection solution 50 mg/ml	EX	Non FDA Exclusion
lysine hcl injection solution 100 mg/ml	EX	Non FDA Exclusion
NEOKE ALCAR ORAL POWDER	EX	Non FDA Exclusion
taurine injection solution 50 mg/ml	EX	Non FDA Exclusion
Carbohydrates**		
dextrose solution 10 % intravenous	Benefit Exclusion	
dextrose solution 20 % intravenous	Benefit Exclusion	
dextrose solution 250 mg/ml intravenous	Benefit Exclusion	Non FDA Exclusion
dextrose solution 250 mg/ml intravenous	Benefit Exclusion	
dextrose solution 30 % intravenous	Benefit Exclusion	Non FDA Exclusion
dextrose solution 40 % intravenous	Benefit Exclusion	
dextrose solution 5 % intravenous	EX	
dextrose solution 5 % intravenous	Tier 2	
dextrose solution 5 % intravenous	Benefit Exclusion	

Drug Name	Drug Tier	Notes
dextrose solution 50 % intravenous	Benefit Exclusion	
dextrose solution 50 % intravenous	EX	Non FDA Exclusion
dextrose solution 50 % intravenous	Benefit Exclusion	Non FDA Exclusion
dextrose solution 70 % intravenous	EX	
dextrose solution 70 % intravenous	EX	Non FDA Exclusion
dextrose solution 70 % intravenous	Benefit Exclusion	
glucose (dextrose) intravenous solution 50 %	Tier 3	
Lipids**		
CLINOLIPID INTRAVENOUS EMULSION 20 %	Benefit Exclusion	Medical Only Exclusion
DOJOLVI ORAL LIQUID 100 %	Benefit Exclusion	PA; Specialty
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Benefit Exclusion	Medical Only Exclusion
NEOKE MCT70 ORAL POWDER 70 GM/100GM	EX	Non FDA Exclusion
NUTRILIPID INTRAVENOUS EMULSION 20 %	Benefit Exclusion	Medical Only Exclusion
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML	Benefit Exclusion	Medical Only Exclusion
SMOFLIPID INTRAVENOUS EMULSION 20 %	Benefit Exclusion	Medical Only Exclusion
Lipotropic Combinations**		
lecithin oral granules	EX	Non FDA Exclusion
lipo intramuscular solution 50-50-25 mg/ml	Benefit Exclusion	Non FDA Exclusion
lipo-c intramuscular solution	Benefit Exclusion	Non FDA Exclusion
mic-l-carnitine injection solution 25-50-50-50 mg/ml	EX	Non FDA Exclusion
Misc. Nutritional Substances**		
ALTEMIA ORAL EMULSION	EX	Non FDA Exclusion
CYTOTINE ORAL POWDER	EX	Non FDA Exclusion
Protein Combinations**		
tri-amino injection solution 100-100-100 mg/ml	EX	Non FDA Exclusion
Protein-Carbohydrate-Lipid With Electrolyte Combinations**		
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	Benefit Exclusion	Medical Only Exclusion
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 %	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
bimatoprost-brimonidine-dorzol ophthalmic solution 0.01-0.1-2 %	EX	Non FDA Exclusion
brimonidine-dorzolamide ophthalmic solution 0.1-2 %, 0.15-2 %	EX	Non FDA Exclusion
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
Artificial Tear Inserts**		
LACRISERT OPHTHALMIC INSERT 5 MG	EX	Formulary Exclusion
Beta-Blockers - Ophthalmic Combinations**		
bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %	EX	Non FDA Exclusion
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	EX	Formulary Exclusion
COSOPT OPHTHALMIC SOLUTION 2-0.5 %	EX	Formulary Exclusion
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	EX	Formulary Exclusion
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 1	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	EX	Non FDA Exclusion
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	Tier 1	
latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %	EX	Non FDA Exclusion
timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %	EX	Non FDA Exclusion
timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 -0.005%	EX	Non FDA Exclusion
timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %, 0.5-0.15-2 %	EX	Non FDA Exclusion
timolol-dorzolamid-bimatoprost ophthalmic solution 0.5-2-0.01 %	EX	Non FDA Exclusion
timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic solution 0.5 %	Tier 1	
BETIMOL SOLUTION 0.25 % OPHTHALMIC	Tier 3	
BETIMOL SOLUTION 0.5 % OPHTHALMIC	EX	Formulary Exclusion
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	
carteolol hcl ophthalmic solution 1 %	Tier 1	
ISTALOL OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
levobunolol hcl ophthalmic solution 0.5 %	Tier 1	
timolol hemihydrate ophthalmic solution 0.5 %	Tier 1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	Tier 1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	EX	Formulary Exclusion
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	EX	Formulary Exclusion
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	EX	Formulary Exclusion
Cholinergic Agonists**		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA
Cycloplegic Mydriatic Combinations**		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 %	EX	Medical Only Exclusion
tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %	EX	Non FDA Exclusion
tropicamide-phenylephrine ophthalmic solution 1-2.5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %	EX	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %	EX	Non FDA Exclusion
tropic-cyclop-pe-keto-propar ophthalmic solution prefilled syringe	EX	Non FDA Exclusion
tropic-proparaca-pe-ketorolac ophthalmic solution 1-0.5-2.5-0.5 %	EX	Non FDA Exclusion
Cycloplegic Mydriatics**		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Tier 1	
atropine sulfate ophthalmic ointment 1 %	EX	Formulary Exclusion
atropine sulfate solution 0.01 % ophthalmic	EX	Non FDA Exclusion
atropine sulfate solution 0.025 % ophthalmic	EX	Non FDA Exclusion
atropine sulfate solution 0.05 % ophthalmic	EX	Non FDA Exclusion
atropine sulfate solution 1 % ophthalmic	Tier 1	
atropine sulfate solution 1 % ophthalmic	Tier 3	
atropine sulfate solution 1 % ophthalmic	EX	Formulary Exclusion
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 %	EX	Formulary Exclusion
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	EX	Formulary Exclusion
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Tier 3	
MYDRIACYL OPHTHALMIC SOLUTION 1 %	EX	Formulary Exclusion
phenylephrine hcl intraocular solution prefilled syringe 1.5 %	EX	Non FDA Exclusion
phenylephrine hcl solution 10 % ophthalmic	Tier 1	
phenylephrine hcl solution 2.5 % ophthalmic	Tier 2	
phenylephrine hcl solution 2.5 % ophthalmic	Tier 1	
tropicamide ophthalmic solution 0.5 %, 1 %	EX	Formulary Exclusion
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	
Miotics - Direct Acting Pupil Selective**		
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 3	QL

Drug Name	Drug Tier	Notes
Miotics - Direct Acting**		
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 %	EX	Formulary Exclusion
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
MIOSTAT INTRAOCULAR SOLUTION 0.01 %	EX	Medical Only Exclusion
pilocarpine hcl solution 1 % ophthalmic	Tier 1	
pilocarpine hcl solution 1.25 % ophthalmic	Tier 1	PA; QL
pilocarpine hcl solution 2 % ophthalmic	Tier 1	
pilocarpine hcl solution 4 % ophthalmic	Tier 1	
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 3	PA; QL
VUITY OPHTHALMIC SOLUTION 1.25 %	Benefit Exclusion	PA; Formulary Exclusion; QL
Ophthalmic - Multiple Receptor Angiogenesis Inhibitors**		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML	EX	Medical Only Exclusion
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	EX	Medical Only Exclusion
Ophthalmic Adrenergic Agents**		
epinephrine hcl intraocular solution prefilled syringe 1 mg/ml	EX	Non FDA Exclusion
Ophthalmic Antiallergic**		
ALOCRIL OPHTHALMIC SOLUTION 2 %	Tier 3	ST
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 3	ST
azelastine hcl ophthalmic solution 0.05 %	Tier 1	
bepotastine besilate ophthalmic solution 1.5 %	Tier 1	ST
BEPREVE OPHTHALMIC SOLUTION 1.5 %	EX	ST; Formulary Exclusion
cromolyn sodium ophthalmic solution 4 %	Tier 1	
epinastine hcl ophthalmic solution 0.05 %	Tier 1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	Tier 3	ST
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Tier 1	
PAZEO OPHTHALMIC SOLUTION 0.7 %	Tier 2	ST
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	Tier 3	
Ophthalmic Antibiotics**		
AZASITE OPHTHALMIC SOLUTION 1 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
bacitracin ophthalmic ointment 500 unit/gm	Tier 2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	EX	Formulary Exclusion
CILOXAN OPHTHALMIC SOLUTION 0.3 %	EX	Formulary Exclusion
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 1	
erythromycin ointment 5 mg/gm ophthalmic	Tier 1	
erythromycin ointment 5 mg/gm ophthalmic	Tier 2	
gatifloxacin ophthalmic solution 0.5 %	Tier 1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 1	
gentamicin sulfate ophthalmic solution 0.3 %	Tier 1	
KLARITY-A OPHTHALMIC SOLUTION 1 %	EX	Non FDA Exclusion
levofloxacin solution 0.5 % ophthalmic	Tier 2	
levofloxacin solution 0.5 % ophthalmic	Tier 1	
levofloxacin solution 1.5 % ophthalmic	EX	Non FDA Exclusion
mitomycin intraocular solution prefilled syringe 0.02 %, 0.04 %	EX	Non FDA Exclusion
MITOSOL OPHTHALMIC KIT 0.2 MG	EX	Formulary Exclusion
MOXEZA OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	EX	Formulary Exclusion
moxifloxacin hcl intraocular solution 1 mg/ml, 5 mg/ml	EX	Non FDA Exclusion
moxifloxacin hcl intraocular solution prefilled syringe 0.16 %, 0.3 mg/0.3ml	EX	Non FDA Exclusion
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 1	
moxifloxacin hcl ophthalmic solution prefilled syringe 0.5 %	EX	Non FDA Exclusion
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	EX	Formulary Exclusion
ofloxacin ophthalmic solution 0.3 %	Tier 1	
tobramycin ophthalmic solution 0.3 %	Tier 1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	EX	Formulary Exclusion
TOBREX OPHTHALMIC SOLUTION 0.3 %	EX	Formulary Exclusion
vancomycin hcl ophthalmic solution prefilled syringe 10 mg/ml	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2	
Ophthalmic Anti-Infective Combinations**		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	Tier 1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 1	
moxifloxacin hcl-bss intravitreal solution 1 mg/ml	EX	Non FDA Exclusion
moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %	EX	Non FDA Exclusion
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Tier 1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	EX	Formulary Exclusion
tobramycin-vancomycin hcl ophthalmic solution 1.5-5 %	EX	Non FDA Exclusion
Ophthalmic Antiseptics**		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	EX	Formulary Exclusion
povidone-iodine ophthalmic solution 5 %	EX	Non FDA Exclusion
Ophthalmic Antivirals**		
trifluridine ophthalmic solution 1 %	Tier 1	
ZIRGAN OPHTHALMIC GEL 0.15 %	EX	Formulary Exclusion
Ophthalmic Carbonic Anhydrase Inhibitors**		
AZOPT OPHTHALMIC SUSPENSION 1 %	EX	Formulary Exclusion
brinzolamide ophthalmic suspension 1 %	Tier 1	

Drug Name	Drug Tier	Notes
dorzolamide hcl solution 2 % ophthalmic	EX	Non FDA Exclusion
dorzolamide hcl solution 2 % ophthalmic	Tier 1	
TRUSOPT OPHTHALMIC SOLUTION 2 %	EX	Formulary Exclusion
Ophthalmic Complement C3 Inhibitors**		
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML	EX	Medical Only Exclusion
Ophthalmic Complement C5 Inhibitors**		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML	EX	Medical Only Exclusion
Ophthalmic Diagnostic Products**		
ak-fluor intravenous solution 10 %, 25 %	EX	Medical Only Exclusion
altafluor benox ophthalmic solution 0.25-0.4 %	EX	Formulary Exclusion
BIO GLO OPHTHALMIC STRIP 1 MG	EX	Non FDA Exclusion
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 %	EX	Non FDA Exclusion
fluorescein intravenous solution 10 %	EX	Medical Only Exclusion
fluorescein sodium intravenous solution 25 %	EX	Medical Only Exclusion
fluorescein sodium ophthalmic strip 1 mg	EX	Non FDA Exclusion
fluorescein sodium/benoxinate ophthalmic solution 0.3-0.4 %	EX	Formulary Exclusion
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	Tier 1	
FLUORESCITE INTRAVENOUS SOLUTION 10 %	EX	Medical Only Exclusion
FLUOR-I-STRIPS A.T. OPHTHALMIC STRIP 1 MG	EX	Non FDA Exclusion
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 %	EX	Non FDA Exclusion
FUL-GLO OPHTHALMIC STRIP 0.6 MG, 1 MG	EX	Non FDA Exclusion
GREEN GLO LISSAMINE GREEN OPHTHALMIC STRIP 1.5 MG	EX	Non FDA Exclusion
PAREMYD OPHTHALMIC SOLUTION 1-0.25 %	EX	Formulary Exclusion
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	EX	Non FDA Exclusion
Ophthalmic Ectoparasiticide*		
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 4	PA

Drug Name	Drug Tier	Notes
Ophthalmic Gene Therapy**		
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS	EX	Medical Only Exclusion
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML	EX	Medical Only Exclusion
Ophthalmic Immunomodulators**		
CEQUA OPHTHALMIC SOLUTION 0.09 %	EX	ST; Formulary Exclusion
cyclosporine ophthalmic emulsion 0.05 %	Tier 1	
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 %	EX	PA; Non FDA Exclusion
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	EX	Formulary Exclusion
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 2	
VERKAZIA OPHTHALMIC EMULSION 0.1 %	EX	PA; Formulary Exclusion
VEVYE OPHTHALMIC SOLUTION 0.1 %	EX	Formulary Exclusion
Ophthalmic Irrigation Solutions**		
balanced salt intraocular solution	EX	Medical Only Exclusion
BSS INTRAOCULAR SOLUTION	EX	Medical Only Exclusion
BSS PLUS INTRAOCULAR SOLUTION	EX	Medical Only Exclusion
Ophthalmic Kinase Inhibitors - Combinations**		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	ST
Ophthalmic Local Anesthetic - Combinations**		
bup-lido intraocular solution prefilled syringe 0.375-2 %	EX	Non FDA Exclusion
lidocaine hcl-bupivacaine hcl intraocular solution prefilled syringe 2-0.375 % (10 ml)	EX	Non FDA Exclusion
lidocaine-epinephrine intraocular solution 7.5-0.25 mg/ml	EX	Non FDA Exclusion; Medical Only Exclusion
lidocaine-phenylephrine intraocular solution 1-1.5 %	EX	Non FDA Exclusion
lidocaine-phenylephrine-bss intraocular solution prefilled syringe 1-1.5 % (1ml)	EX	Non FDA Exclusion
Ophthalmic Local Anesthetics**		
AKTEN OPHTHALMIC GEL 3.5 %	EX	Medical Only Exclusion
ALCAINE OPHTHALMIC SOLUTION 0.5 %	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Tier 1	
IHEEZO OPHTHALMIC GEL 3 %	EX	Medical Only Exclusion
proparacaine hcl ophthalmic solution 0.5 %	EX	Medical Only Exclusion
tetracaine hcl ophthalmic solution 0.5 %	Tier 1	
Ophthalmic Nerve Growth Factors**		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 4	PA; Specialty
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	EX	Formulary Exclusion
ACULAR OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	EX	Formulary Exclusion
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	EX	Formulary Exclusion
bromfenac sodium solution 0.07 % ophthalmic	EX	Formulary Exclusion
bromfenac sodium solution 0.075 % ophthalmic	Tier 1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	EX	Formulary Exclusion
diclofenac sodium ophthalmic solution 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 3	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	EX	Formulary Exclusion
PROLENSA OPHTHALMIC SOLUTION 0.07 %	EX	Formulary Exclusion
Ophthalmic Photodynamic Therapy Agents**		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	EX	Medical Only Exclusion
Ophthalmic Photoenhancer Combinations**		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 &0.146-20 %	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Ophthalmic Rho Kinase Inhibitors**		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	ST
Ophthalmic Selective Alpha Adrenergic Agonists**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	EX	Formulary Exclusion
apraclonidine hcl ophthalmic solution 0.5 %	Tier 1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	EX	Formulary Exclusion
Ophthalmic Steroid Combinations**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 1	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 3	
dexamethasone-moxifloxacin intraocular solution 1-5 mg/ml	EX	Non FDA Exclusion
dexameth-moxiflox-ketorolac intraocular solution 1-0.5-0.4 mg/ml	EX	Non FDA Exclusion
double pm ophthalmic solution reconstituted 1-0.5 %	EX	Non FDA Exclusion
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	EX	Formulary Exclusion
MAXITROL OPHTHALMIC SUSPENSION 0.1 %, 3.5-10000-0.1	EX	Formulary Exclusion
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	EX	Formulary Exclusion
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Tier 1	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	Tier 3	
prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %	EX	Non FDA Exclusion
prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %	EX	Non FDA Exclusion
prednisolone-bromfenac ophthalmic solution 1-0.075 %	EX	Non FDA Exclusion
prednisolone-bromfenac ophthalmic suspension 1-0.075 %	EX	Non FDA Exclusion
prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %	EX	Non FDA Exclusion
prednisolone-moxifloxacin ophthalmic solution 1-0.5 %	EX	Non FDA Exclusion
prednisolon-gatiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	EX	Non FDA Exclusion
prednisolon-gatiflox-bromfenac ophthalmic suspension 1-0.5-0.075 %	EX	Non FDA Exclusion
prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	EX	Non FDA Exclusion
prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %	EX	Non FDA Exclusion
prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %	EX	Non FDA Exclusion
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	EX	Formulary Exclusion
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	EX	Formulary Exclusion
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Tier 3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 1	
triamcinolone-moxifloxacin intraocular suspension 15-1 mg/ml	EX	Non FDA Exclusion
TRIMOXI+ INTRAOCULAR SUSPENSION 15-1 MG/ML	EX	Non FDA Exclusion
triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %	EX	Non FDA Exclusion
triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %	EX	Non FDA Exclusion
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 3	

Drug Name	Drug Tier	Notes
Ophthalmic Steroids**		
ALREX OPHTHALMIC SUSPENSION 0.2 %	Tier 3	ST; Formulary Exclusion
clobetasol propionate ophthalmic suspension 0.05 %	Tier 3	ST
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Tier 1	Insufficient Evidence
DEXTENZA OPHTHALMIC INSERT 0.4 MG	EX	Medical Only Exclusion
DEXYCU INTRAOCULAR SUSPENSION 9 %	EX	Medical Only Exclusion
difluprednate emulsion 0.05 % ophthalmic	Tier 1	
difluprednate emulsion 0.05 % ophthalmic	Tier 1	ST
DUREZOL OPHTHALMIC EMULSION 0.05 %	EX	Formulary Exclusion
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 2	QL
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	
fluorometholone ophthalmic suspension 0.1 %	Tier 1	Insufficient Evidence
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	Tier 3	ST; Formulary Exclusion
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	EX	Formulary Exclusion
FML OPHTHALMIC OINTMENT 0.1 %	EX	Formulary Exclusion
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	EX	Medical Only Exclusion
INVELTYS OPHTHALMIC SUSPENSION 1 %	Tier 3	ST; Formulary Exclusion
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	EX	Non FDA Exclusion
LOTEMAX OPHTHALMIC GEL 0.5 %	EX	Formulary Exclusion
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	EX	Formulary Exclusion
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	
loteprednol etabonate ophthalmic gel 0.5 %	Tier 1	
loteprednol etabonate suspension 0.2 % ophthalmic	Tier 1	ST
loteprednol etabonate suspension 0.5 % ophthalmic	Tier 1	

Drug Name	Drug Tier	Notes
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	EX	Medical Only Exclusion
PRED FORTE OPHTHALMIC SUSPENSION 1 %	EX	Formulary Exclusion
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Tier 3	ST; Formulary Exclusion
prednisolone acetate ophthalmic suspension 1 %	Tier 1	
prednisolone acetate p-f ophthalmic suspension 1 %	EX	Non FDA Exclusion
prednisolone sodium phosphate ophthalmic solution 1 %	Tier 3	Insufficient Evidence
RETISERT INTRAVITREAL IMPLANT 0.59 MG	EX	Medical Only Exclusion
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML	EX	Medical Only Exclusion
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML	EX	Medical Only Exclusion
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	EX	Medical Only Exclusion
Ophthalmic Sulfonamides**		
BLEPH-10 OPHTHALMIC SOLUTION 10 %	EX	Formulary Exclusion
sulfacetamide sodium ophthalmic ointment 10 %	Tier 1	
sulfacetamide sodium ophthalmic solution 10 %	Tier 1	
Ophthalmic Surgical Aids - Combinations**		
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML	EX	Medical Only Exclusion
DUOVISC KIT 0.4-0.35 ML INTRAOCULAR	EX	Medical Only Exclusion
DUOVISC KIT 0.55-0.5 ML INTRAOCULAR	EX	Medical Only Exclusion
DUOVISC KIT 0.85-0.5 ML INTRAOCULAR	EX	Non FDA Exclusion; Medical Only Exclusion
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 %	EX	Medical Only Exclusion
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML, 30-22.5 MG/0.75ML	EX	Medical Only Exclusion
Ophthalmic Surgical Aids**		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE 12.8 MG/0.8ML	EX	Medical Only Exclusion
CELLUGEL INTRAOCULAR SOLUTION 2 %	EX	Medical Only Exclusion
CLEARVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 25 MG/ML	EX	Medical Only Exclusion
GELFILM OPHTHALMIC FILM	EX	Non FDA Exclusion
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 3 %	EX	Medical Only Exclusion
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML	EX	Medical Only Exclusion
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML	EX	Medical Only Exclusion
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML	EX	Medical Only Exclusion
MEMBRANEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.15 %	EX	Formulary Exclusion
NUVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML	EX	Medical Only Exclusion
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 4 MG/0.4ML, 5.5 MG/0.55ML, 8.5 MG/0.85ML	EX	Medical Only Exclusion
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.025 %	EX	Medical Only Exclusion
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 2.5 %	EX	Medical Only Exclusion
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 %	EX	Formulary Exclusion
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	EX	Formulary Exclusion
Ophthalmics - Cystinosis Agents*		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 4	PA; Specialty
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Ophthalmics - Trpm8 Receptor Agonists**		
TRYPTYR OPHTHALMIC SOLUTION 0.003 %	EX	PA; Formulary Exclusion
Ophthalmics Misc. - Other**		
chondroitin sulfate ophthalmic solution 0.25 %	EX	Non FDA Exclusion
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
Prostaglandins - Ophthalmic**		
bimatoprost ophthalmic solution 0.03 %	EX	Formulary Exclusion
DURYSTA INTRAOCULAR IMPLANT 10 MCG	EX	Medical Only Exclusion
IDOSE TR INTRAOCULAR IMPLANT 75 MCG	EX	Medical Only Exclusion
IYUZEH OPHTHALMIC SOLUTION 0.005 %	EX	Formulary Exclusion
latanoprost solution 0.005 % ophthalmic	EX	Non FDA Exclusion
latanoprost solution 0.005 % ophthalmic	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 1	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	EX	Formulary Exclusion
travoprost (bak free) ophthalmic solution 0.004 %	Tier 1	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 3	
XALATAN OPHTHALMIC SOLUTION 0.005 %	EX	Formulary Exclusion
XELPROS OPHTHALMIC EMULSION 0.005 %	EX	Formulary Exclusion
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	EX	Formulary Exclusion
Vascular Endothelial Growth Factor (Vegf) Antagonists**		
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML	EX	Medical Only Exclusion
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	EX	Medical Only Exclusion
bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal	EX	Medical Only Exclusion
bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
bevacizumab solution prefilled syringe 2 mg/0.08ml intravitreal	EX	Medical Only Exclusion
bevacizumab solution prefilled syringe 2.25 mg/0.09ml intravitreal	EX	Medical Only Exclusion
bevacizumab solution prefilled syringe 2.5 mg/0.1ml intravitreal	EX	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 2.75 mg/0.11ml intravitreal	EX	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 3.25 mg/0.13ml intravitreal	EX	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 3.75 mg/0.15ml intravitreal	EX	Non FDA Exclusion; Medical Only Exclusion
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML	EX	Medical Only Exclusion
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	EX	Medical Only Exclusion
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML	EX	Medical Only Exclusion
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	EX	Medical Only Exclusion
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	EX	Medical Only Exclusion
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	EX	Medical Only Exclusion
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	EX	Medical Only Exclusion
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML	EX	Medical Only Exclusion
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	EX	Medical Only Exclusion
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	EX	Medical Only Exclusion
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	EX	Medical Only Exclusion
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	Tier 1	
Otic Analgesic Combinations**		
CORTIC-ND OTIC SOLUTION 10-10-1 MG/ML	EX	Non FDA Exclusion
PRAMOTIC OTIC LIQUID 1-0.1 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Otic Anti-Infectives**		
CETRAXAL OTIC SOLUTION 0.2 %	EX	Formulary Exclusion
ciprofloxacin hcl otic solution 0.2 %	Tier 1	
ofloxacin otic solution 0.3 %	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 %	EX	Medical Only Exclusion
Otic Steroid-Anti-Infective Combinations**		
CIPRO HC OTIC SUSPENSION 0.2-1 %	Tier 3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	EX	Formulary Exclusion
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Tier 3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
Otic Steroids**		
DERMOTIC OTIC OIL 0.01 %	EX	Formulary Exclusion
DEX24 INTRATYMPANIC SOLUTION 24 MG/ML	EX	Non FDA Exclusion
FLAC OTIC OIL 0.01 %	Tier 1	
fluocinolone acetonide otic oil 0.01 %	Tier 1	
hydrocortisone-acetic acid solution 1-2 % otic	EX	Formulary Exclusion
hydrocortisone-acetic acid solution 1-2 % otic	Tier 1	
Oxytocics		
Abortifacient Combinations**		
MPM PAK ORAL THERAPY PACK 200-0.2-8-800 MG	EX	Non FDA Exclusion
Abortifacients/Cervical Ripening - Prostaglandins**		
carboprost tromethamine intramuscular solution prefilled syringe 250 mcg/ml	EX	Medical Only Exclusion
carboprost tromethamine solution 250 mcg/ml intramuscular	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
carboprost tromethamine solution 250 mcg/ml intramuscular	EX	Medical Only Exclusion
CERVIDIL VAGINAL INSERT 10 MG	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Benefit Exclusion	Medical Only Exclusion
PREPIDIL VAGINAL GEL 0.5 MG/3GM	EX	Formulary Exclusion
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	EX	Formulary Exclusion
Oxytocics**		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	
methylergonovine maleate injection solution 0.2 mg/ml	EX	Medical Only Exclusion
methylergonovine maleate oral tablet 0.2 mg	Tier 1	
oxytocin +rfid injection solution 10 unit/ml	EX	Medical Only Exclusion
oxytocin injection solution 10 unit/ml	EX	Medical Only Exclusion
oxytocin-lactated ringers solution 10 unit/500ml intravenous	EX	Non FDA Exclusion
oxytocin-lactated ringers solution 15 unit/250ml intravenous	EX	Non FDA Exclusion
oxytocin-lactated ringers solution 20 unit/l intravenous	EX	Formulary Exclusion
oxytocin-lactated ringers solution 20 unit/l intravenous	EX	Non FDA Exclusion
oxytocin-lactated ringers solution 30 unit/500ml intravenous	EX	Formulary Exclusion
oxytocin-lactated ringers solution 30 unit/500ml intravenous	EX	Non FDA Exclusion
oxytocin-sodium chloride solution 15-0.9 ut/250ml-% intravenous	EX	Formulary Exclusion
oxytocin-sodium chloride solution 20-0.9 unit/l-% intravenous	EX	Non FDA Exclusion
oxytocin-sodium chloride solution 30-0.9 ut/500ml-% intravenous	EX	Non FDA Exclusion
oxytocin-sodium chloride solution 40-0.9 unit/l-% intravenous	EX	Non FDA Exclusion
PITOCIN INJECTION SOLUTION 10 UNIT/ML	EX	Medical Only Exclusion
Passive Immunizing And Treatment Agents		
Antitoxins-Antivenins**		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion
antivenin latrodectus mactans injection kit	EX	Medical Only Exclusion
antivenin micrurus fulvius intravenous solution reconstituted	EX	Medical Only Exclusion
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion
Antiviral Monoclonal Antibodies**		
bamlanivimab intravenous solution 700 mg/20ml	EX	Medical Only Exclusion
bebtelovimab intravenous solution 175 mg/2ml	EX	Medical Only Exclusion
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 5	
casirivimab injection solution 1332 mg/11.1ml, 300 mg/2.5ml	EX	Medical Only Exclusion
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	EX	New to Market Exclusion
etesevimab intravenous solution 700 mg/20ml	EX	Medical Only Exclusion
imdevimab injection solution 1332 mg/11.1ml, 300 mg/2.5ml	EX	Medical Only Exclusion
PEMGARDA INTRAVENOUS SOLUTION 500 MG/4ML	EX	Medical Only Exclusion
sotrovimab intravenous solution 500 mg/8ml	EX	Medical Only Exclusion
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4	PA; Specialty
Bacterial Monoclonal Antibodies**		
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML	EX	Medical Only Exclusion; QL
Immune Serums**		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4	PA; Specialty
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	EX	PA; Specialty; Formulary Exclusion
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 4	PA; Specialty
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	EX	PA; Specialty; Formulary Exclusion
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	EX	PA; Specialty; Formulary Exclusion
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion
FLEBOGAMMA DIF SOLUTION 0.5 GM/10ML INTRAVENOUS	Tier 3	PA; Specialty
FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS	Tier 3	PA; Specialty
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS	Tier 4	PA; Specialty
FLEBOGAMMA DIF SOLUTION 2.5 GM/50ML INTRAVENOUS	Tier 3	PA; Specialty
FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS	Tier 3	PA; Specialty
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS	Tier 4	PA; Specialty
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS	Tier 4	PA; Specialty
FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS	Tier 3	PA; Specialty
GAMASTAN INTRAMUSCULAR INJECTABLE	Tier 3	PA; Specialty
GAMASTAN INTRAMUSCULAR SOLUTION	Tier 4	PA; Specialty
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4	PA; Specialty
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 4	PA; Specialty
GAMMAKED SOLUTION 1 GM/10ML INJECTION	EX	PA; Specialty; Formulary Exclusion
GAMMAKED SOLUTION 10 GM/100ML INJECTION	Tier 4	PA; Specialty
GAMMAKED SOLUTION 20 GM/200ML INJECTION	Tier 4	PA; Specialty
GAMMAKED SOLUTION 5 GM/50ML INJECTION	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 4	PA; Specialty
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4	PA; Specialty
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	EX	Medical Only Exclusion
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4	PA; Specialty
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	EX	Medical Only Exclusion
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML	EX	Medical Only Exclusion
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML	EX	Medical Only Exclusion
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	Tier 3	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML	EX	Medical Only Exclusion
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	EX	Medical Only Exclusion
kedrab injection solution 1500 unit/10ml, 300 unit/2ml	EX	Medical Only Exclusion
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 3	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	EX	Medical Only Exclusion
OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS	Tier 4	PA; Specialty
OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS	Tier 4	PA; Specialty
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS	Tier 4	PA; Specialty
OCTAGAM SOLUTION 2 GM/20ML INTRAVENOUS	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
OCTAGAM SOLUTION 2.5 GM/50ML INTRAVENOUS	Tier 4	PA; Specialty
OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS	Tier 4	PA; Specialty
OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS	Tier 2	PA; Specialty
OCTAGAM SOLUTION 30 GM/300ML INTRAVENOUS	Tier 4	PA; Specialty
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS	Tier 4	PA; Specialty
OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS	Tier 4	PA; Specialty
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4	PA; Specialty
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4	PA; Specialty
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 3	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	EX	Medical Only Exclusion
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	Tier 3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	EX	PA; Specialty; Formulary Exclusion
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4	PA; Specialty
Monoclonal Antibody - Combinations**		
EVUSHELD INTRAMUSCULAR SOLUTION 150 & 150 MG/1.5ML	EX	Medical Only Exclusion
REGEN-COV INJECTION SOLUTION (4)300 & (4)300 MG/2.5ML, (4)300MG &1332/ 2.5&11.1ML, 1332 & 1332 MG/11.1ML, 1332 &(4)300MG/ 11.1&2.5ML, 300 & 300 MG/2.5ML, 600-600 MG/10ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Passive Immunizing Agents - Combinations**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4	PA; Specialty
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin tablet chewable 125 mg oral	Tier 3	
amoxicillin tablet chewable 250 mg oral	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	EX	Medical Only Exclusion
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	EX	Medical Only Exclusion
Natural Penicillins**		
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR	Tier 3	
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR	EX	Medical Only Exclusion
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR	Tier 3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	Tier 3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	Tier 3	
penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml	EX	Medical Only Exclusion
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	EX	Medical Only Exclusion
penicillin g procaine intramuscular suspension 600000 unit/ml	EX	Medical Only Exclusion
penicillin g sodium injection solution reconstituted 5000000 unit	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	EX	Medical Only Exclusion
Penicillin Combinations**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Tier 1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	EX	Medical Only Exclusion
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	EX	Medical Only Exclusion
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML	EX	Formulary Exclusion
AUGMENTIN ORAL TABLET 500-125 MG	EX	Formulary Exclusion
AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL	Tier 3	
AUGMENTIN SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL	EX	Formulary Exclusion
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	EX	Medical Only Exclusion
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	EX	Medical Only Exclusion
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	EX	Medical Only Exclusion
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	EX	Medical Only Exclusion
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	EX	Medical Only Exclusion
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 1	
nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml	EX	Medical Only Exclusion
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	EX	Medical Only Exclusion
nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	EX	Medical Only Exclusion
oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml	EX	Medical Only Exclusion
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	EX	Medical Only Exclusion
oxacillin sodium intravenous solution reconstituted 10 gm	EX	Medical Only Exclusion
Pharmaceutical Adjuvants		
External Vehicles**		
FOAMIL EXTERNAL LIQUID	EX	Non FDA Exclusion
RHEOSPRAY EXTERNAL LIQUID	EX	Non FDA Exclusion
TRICHOSOL EXTERNAL SOLUTION	EX	Non FDA Exclusion
Misc. Vehicles**		
multi-peptide serum external liquid	EX	Formulary Exclusion
Non Gelatin Capsules (Empty)**		
non gelatin capsules (empty) capsule	EX	Non FDA Exclusion
Oral Vehicles**		
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	EX	Non FDA Exclusion
Parenteral Vehicles**		
bacteriostatic water(benz alc) injection solution	EX	Formulary Exclusion
diluent for treprostinil intravenous solution	EX	Medical Only Exclusion
saline bacteriostatic injection solution 0.9 %	Tier 1	
saline-phenol injection solution 0.4-0.9 %	Tier 3	
sodium chloride bacteriostatic solution 0.9 % injection	Tier 1	
sodium chloride bacteriostatic solution 0.9 % injection	Tier 3	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
sterile diluent/epoprostenol intravenous solution	EX	Medical Only Exclusion
sterile water for injection solution injection	EX	Non FDA Exclusion
sterile water for injection solution injection	Tier 1	
sterile water for injection solution injection	Tier 2	
sterile water for injection solution injection	Tier 3	
Semi Solid Vehicles**		
AUXIPRO VANISHING EXTERNAL CREAM	EX	Non FDA Exclusion
cream base niosomes external cream	EX	Non FDA Exclusion
cream-heavy base niosomes external cream	EX	Non FDA Exclusion
freedom adaptaderm external cream	EX	Non FDA Exclusion
freedom derma serum external cream	EX	Non FDA Exclusion
FREEDOM DERMA-D EXTERNAL CREAM	EX	Non FDA Exclusion
FREEDOM DERMA-N EXTERNAL CREAM	EX	Non FDA Exclusion
hormone cr heavy base niosomes external cream	EX	Non FDA Exclusion
hormone cream base niosomes external cream	EX	Non FDA Exclusion
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	EX	Non FDA Exclusion
multi-phasic penetrating cmpd external cream	EX	Non FDA Exclusion
pensomal external cream	EX	Non FDA Exclusion
PLO GEL - MEDIFLO 30 EXTERNAL KIT	EX	Non FDA Exclusion
sa3 derm external cream	EX	Non FDA Exclusion
salt durable cream external cream	EX	Non FDA Exclusion
SALT STABLE LS ADVANCED EXTERNAL CREAM	EX	Non FDA Exclusion
SALTSTABLE LO EXTERNAL CREAM	EX	Non FDA Exclusion
TDC MAX EXTERNAL CREAM	EX	Formulary Exclusion
teroderm-plus external cream	EX	Non FDA Exclusion
VERSAPRO EXTERNAL CREAM	EX	Non FDA Exclusion
Progestins		
Progestins**		
AYGESTIN ORAL TABLET 5 MG	EX	Formulary Exclusion
ec-rx progesterone transdermal cream 10 %, 20 %	EX	Non FDA Exclusion
GALLIFREY ORAL TABLET 5 MG	Tier 1	
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MAKENA INTRAMUSCULAR OIL 250 MG/ML	EX	Non FDA Exclusion
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	EX	Non FDA Exclusion
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
megestrol acetate oral suspension 625 mg/5ml	EX	Formulary Exclusion
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized transdermal cream 10 %	EX	Non FDA Exclusion
progesterone oral capsule 100 mg, 200 mg	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	EX	Formulary Exclusion
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Opioid Withdrawal**		
lofexidine hcl oral tablet 0.18 mg	Tier 1	QL
LUCEMYRA TABLET 0.18 MG ORAL	EX	Formulary Exclusion; QL
LUCEMYRA TABLET 0.18 MG ORAL	Tier 3	QL
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	Tier 1	
ANTABUSE ORAL TABLET 250 MG, 500 MG	EX	Formulary Exclusion
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Alzheimer's Treatment - Anti-Amyloid Antibodies**		
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML	EX	Medical Only Exclusion
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML	EX	Medical Only Exclusion
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	EX	Medical Only Exclusion
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
Anti-Cataplectic Agents**		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 4	PA; Specialty; QL
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 4	PA; Specialty; QL
sodium oxybate oral solution 500 mg/ml	Tier 4	PA; Specialty; QL
XYREM ORAL SOLUTION 500 MG/ML	EX	PA; Specialty; Formulary Exclusion; QL
Anti-Cataplectic Combinations**		
XYWAV ORAL SOLUTION 500 MG/ML	Tier 4	PA; Specialty; QL
Antidementia Agent Combinations**		
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	EX	ST; Formulary Exclusion; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	Tier 3	ST; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	EX	ST; Formulary Exclusion; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	Tier 3	ST; QL
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	Tier 3	ST; QL
Antisense Oligonucleotide (Aso) Inhibitor Agents**		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 3	PA; Specialty; QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 4	PA; Specialty
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline tablet 10-25 mg oral	Tier 1	
chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral	Tier 3	
Cald - Autologous Cellular Gene Therapy Agents**		
SKYSONA INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Cholinomimetics - Ache Inhibitors**		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY	EX	Formulary Exclusion; QL
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	EX	Formulary Exclusion
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Tier 1	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	EX	Formulary Exclusion
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 1	
galantamine hydrobromide oral solution 4 mg/ml	Tier 1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	EX	Formulary Exclusion
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 1	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST; QL
Fibromyalgia Agent - Snris**		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3	ST
Melanocortin Receptor Agonists**		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA; QL
Mld - Autologous Cellular Gene Therapy Agents**		
LENMELDY INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
Movement Disorder Drug Therapy**		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA; Specialty; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ORAL	Tier 4	PA; Specialty; QL
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL	Tier 2	PA; Specialty; QL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; Specialty; QL
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA; Specialty; QL
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 4	PA; Specialty; QL
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA; Specialty
XENAZINE ORAL TABLET 12.5 MG, 25 MG	EX	PA; Specialty; Formulary Exclusion
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	PA; Specialty; Formulary Exclusion; QL
teriflunomide oral tablet 14 mg, 7 mg	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents - Antimetabolites**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
Multiple Sclerosis Agents - Combinations**		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Multiple Sclerosis Agents - Interferons**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4	PA; Specialty; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4	PA; Specialty; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; Specialty; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	EX	PA; Specialty; Formulary Exclusion; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4	PA; Specialty; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 4	PA; Specialty; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 4	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 4	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4	PA; Specialty; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4	PA; Specialty; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 4	PA; Specialty; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4	PA; Specialty; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents - Monoclonal Antibodies**		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML	EX	PA; Specialty; Formulary Exclusion; QL
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 4	PA; Specialty
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Tier 4	PA; Specialty; QL
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 4	PA; Specialty; QL
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	EX	PA; Specialty; Formulary Exclusion; QL
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 4	PA; Specialty; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 4	PA; Specialty; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	EX	PA; Specialty; Formulary Exclusion; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	EX	PA; Specialty; Formulary Exclusion; QL
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents - Potassium Channel Blockers**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	EX	PA; Specialty; Formulary Exclusion; QL
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents**		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	EX	PA; Specialty; Formulary Exclusion; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous	Tier 1	Specialty; QL
glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous	Tier 4	PA; Specialty; QL
glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous	Tier 1	Specialty; QL
glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous	Tier 4	PA; Specialty; QL
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	Tier 1	
NAMENDA ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	EX	Formulary Exclusion
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	EX	Formulary Exclusion
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline tablet 2-10 mg oral	Tier 3	
perphenazine-amitriptyline tablet 2-25 mg oral	Tier 1	
perphenazine-amitriptyline tablet 4-10 mg oral	Tier 3	
perphenazine-amitriptyline tablet 4-25 mg oral	Tier 3	
perphenazine-amitriptyline tablet 4-50 mg oral	Tier 3	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**		
gabapentin (once-daily) oral tablet 300 mg, 600 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 450 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 600 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 600 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 750 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 900 MG ORAL	EX	Non Essential Drug Exclusion; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	EX	Formulary Exclusion; QL
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents**		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	EX	Non FDA Exclusion
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris**		
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Tier 3	
SARAFEM ORAL TABLET 10 MG, 20 MG	Benefit Exclusion	Formulary Exclusion
Pseudobulbar Affect Agent Combinations**		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 2	PA; QL
Psychotherapeutic And Neurological Agents - Misc.**		
AQNEURSA ORAL PACKET 1 GM	Tier 4	PA; Specialty; QL
ergoloid mesylates tablet 1 mg oral	Tier 1	
ergoloid mesylates tablet 1 mg oral	Tier 1	Formulary Exclusion
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4	PA; Specialty; QL
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Restless Leg Syndrome (Rls) Agents**		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	EX	Non Essential Drug Exclusion; QL
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**		
ADDYI ORAL TABLET 100 MG	Benefit Exclusion	PA
Small Interfering Ribonucleic Acid (Sirna) Agents**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 4	PA; Specialty; QL
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	EX	Medical Only Exclusion
Smoking Deterrents**		
apo-varenicline oral tablet 0.5 mg, 1 mg	Tier 5	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Tier 5	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	EX	Formulary Exclusion
CHANTIX ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 ORAL	EX	Formulary Exclusion
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 ORAL	Tier 5	
cvs nicotine mouth/throat gum 2 mg, 4 mg	Tier 5	
cvs nicotine mouth/throat lozenge 2 mg	Tier 5	
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 5	
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 5	
eq nicotine mouth/throat gum 4 mg	Tier 5	
eq nicotine mouth/throat lozenge 4 mg	Tier 5	
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 5	
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Tier 5	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 5	
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 5	
ft nicotine mouth/throat lozenge 2 mg	Tier 5	
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 5	
gnp nicotine mouth/throat gum 2 mg, 4 mg	Tier 5	
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 5	
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 5	
goodsense nicotine mouth/throat gum 2 mg, 4 mg	Tier 5	
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	Tier 5	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	Tier 5	

Drug Name	Drug Tier	Notes
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 5	
hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 5	
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Tier 5	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Tier 5	
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Tier 5	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Tier 5	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 5	
nicotine polacrilex mini mouth/throat lozenge 2 mg	Tier 5	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 5	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	Tier 5	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	Tier 5	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Tier 5	
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 5	
NICOTROL INHALATION INHALER 10 MG	Tier 5	
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 5	
px stop smoking aid mouth/throat gum 2 mg, 4 mg	Tier 5	
px stop smoking aid mouth/throat lozenge 2 mg, 4 mg	Tier 5	
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 5	
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	Tier 5	
ra nicotine gum mouth/throat gum 2 mg, 4 mg	Tier 5	
ra nicotine mouth/throat gum 2 mg, 4 mg	Tier 5	
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 5	

Drug Name	Drug Tier	Notes
sm nicotine mouth/throat gum 4 mg	Tier 5	
sm nicotine mouth/throat lozenge 2 mg	Tier 5	
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 5	
sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 5	
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 5	
THRIVE MOUTH/THROAT GUM 2 MG	Tier 5	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	Tier 5	
varenicline tartrate oral tablet 0.5 mg, 1 mg	Tier 5	
varenicline tartrate(continue) oral tablet 1 mg	Tier 5	
Snris & Anesthetics/Analgesics**		
DULOXICAINE COMBINATION KIT 30 & 4 MG & %	EX	Non FDA Exclusion
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl oral capsule 0.5 mg	Tier 4	PA; Specialty; QL
GILENYA ORAL CAPSULE 0.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 4	PA; Specialty; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	Tier 4	PA; Specialty; QL
PONVORY ORAL TABLET 20 MG	EX	PA; Specialty; Formulary Exclusion; QL
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	EX	PA; Specialty; Formulary Exclusion; QL
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 4	PA; Specialty; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; Specialty; QL
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL	Tier 3	PA; Specialty; QL
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) ORAL	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	EX	Formulary Exclusion
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	EX	Formulary Exclusion
Vasomotor Symptom Agents - Ssris**		
BRISDELLE ORAL CAPSULE 7.5 MG	EX	Formulary Exclusion
paroxetine mesylate oral capsule 7.5 mg	Tier 1	
Respiratory Agents - Misc.		
Alpha-Proteinase Inhibitor (Human)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 4	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 4	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 2	PA; Specialty
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	EX	PA; Specialty; Formulary Exclusion
Cftr Potentiators**		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4	PA; Specialty
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; Specialty
Cystic Fibrosis Agent - Combinations**		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4	PA; Specialty
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; Specialty
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA; Specialty
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 4	PA; Specialty
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 4	PA; Specialty
Cystic Fibrosis Agents - Miscellaneous**		
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 4	PA; Specialty; QL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 4	PA; Specialty; QL
Dipeptidyl Peptidase 1 (Dpp1) Inhibitors**		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 4	PA; Specialty; QL
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4	PA; Specialty; QL
Pleural Sclerosing Agents**		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM	EX	Medical Only Exclusion
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM	EX	Medical Only Exclusion
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM	EX	Medical Only Exclusion
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; Specialty; QL
Pulmonary Fibrosis Agents**		
ESBRIET ORAL CAPSULE 267 MG	EX	PA; Specialty; Formulary Exclusion; QL
ESBRIET ORAL TABLET 267 MG, 801 MG	EX	PA; Specialty; Formulary Exclusion; QL
pirfenidone oral capsule 267 mg	Tier 4	PA; Specialty; QL
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	Tier 4	PA; Specialty; QL
Respiratory Agents - Misc.**		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	EX	Medical Only Exclusion
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-%	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-%	EX	Medical Only Exclusion
Sulfonamides		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracyclines		
Aminomethylcyclines**		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion; QL
NUZYRA ORAL TABLET 150 MG	Tier 3	QL
Fluorocyclines**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
Glycylcyclines**		
tigecycline intravenous solution reconstituted 50 mg	EX	Medical Only Exclusion
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
Tetracycline Combinations**		
AVIDOXY DK COMBINATION KIT 100 MG	EX	Non FDA Exclusion
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4%	EX	Non FDA Exclusion
Tetracyclines**		
ACTICLATE ORAL TABLET 150 MG, 75 MG	Benefit Exclusion	ST; Formulary Exclusion
avidoxy oral tablet 100 mg	Tier 1	
COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	EX	ST; Non FDA Exclusion
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 1	
DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL	Benefit Exclusion	ST; Non Essential Drug Exclusion; Formulary Exclusion
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	EX	ST; Non Essential Drug Exclusion; Formulary Exclusion
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	Benefit Exclusion	ST; Non Essential Drug Exclusion; Formulary Exclusion
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
doxycycline hyclate intravenous solution reconstituted 100 mg	EX	Medical Only Exclusion
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	

Drug Name	Drug Tier	Notes
doxycycline hyclate tablet 100 mg oral	Tier 1	
doxycycline hyclate tablet 150 mg oral	Tier 1	ST
doxycycline hyclate tablet 20 mg oral	Tier 1	
doxycycline hyclate tablet 50 mg oral	Tier 1	ST
doxycycline hyclate tablet 75 mg oral	Tier 1	ST
doxycycline hyclate tablet delayed release 100 mg oral	Tier 1	ST
doxycycline hyclate tablet delayed release 150 mg oral	Tier 1	ST
doxycycline hyclate tablet delayed release 200 mg oral	EX	ST; Non Essential Drug Exclusion
doxycycline hyclate tablet delayed release 50 mg oral	EX	ST; Non Essential Drug Exclusion
doxycycline hyclate tablet delayed release 75 mg oral	Tier 1	ST
doxycycline hyclate tablet delayed release 80 mg oral	EX	ST; Non Essential Drug Exclusion
doxycycline monohydrate capsule 100 mg oral	Tier 1	
doxycycline monohydrate capsule 150 mg oral	Tier 1	ST
doxycycline monohydrate capsule 50 mg oral	Tier 1	
doxycycline monohydrate capsule 75 mg oral	EX	ST; Non Essential Drug Exclusion
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	
LYMEPAK ORAL TABLET 100 MG	Tier 1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 105 mg oral	EX	ST; Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 115 mg oral	Tier 1	ST
minocycline hcl er tablet extended release 24 hour 135 mg oral	EX	ST; Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 45 mg oral	Tier 1	ST
minocycline hcl er tablet extended release 24 hour 55 mg oral	Tier 1	ST
minocycline hcl er tablet extended release 24 hour 65 mg oral	Tier 1	ST

Drug Name	Drug Tier	Notes
minocycline hcl er tablet extended release 24 hour 80 mg oral	Tier 1	ST
minocycline hcl er tablet extended release 24 hour 90 mg oral	Tier 1	ST
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
MONDOXYNE NL CAPSULE 100 MG ORAL	Tier 1	
MONDOXYNE NL CAPSULE 75 MG ORAL	Tier 1	ST; Non Essential Drug Exclusion
MORGIDOX COMBINATION KIT 1 X 100 MG, 2 X 100 MG	EX	ST; Non FDA Exclusion
MORGIDOX ORAL CAPSULE 100 MG	Tier 1	
NUTRIDOX ORAL KIT 75 MG	EX	Non FDA Exclusion
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	EX	Formulary Exclusion; QL
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	EX	ST; Formulary Exclusion
TARGADOX ORAL TABLET 50 MG	Tier 1	ST
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 1	
tetracycline hcl oral tablet 250 mg, 500 mg	EX	Non Essential Drug Exclusion; Formulary Exclusion
VIBRAMYCIN ORAL CAPSULE 100 MG	EX	Formulary Exclusion
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	EX	Formulary Exclusion
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	EX	Formulary Exclusion
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
Thyroid Agents		
Antithyroid Agents - Radiopharmaceuticals**		
sodium iodide i-131 oral solution 1000 mci/ml	EX	Formulary Exclusion
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 1	
TAPAZOLE ORAL TABLET 10 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Thyroid Hormones**		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	EX	Non FDA Exclusion
ARMOUR THYROID TABLET 120 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 15 MG ORAL	Tier 2	
ARMOUR THYROID TABLET 15 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 180 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 240 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 30 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 300 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 60 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 90 MG ORAL	Tier 3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	EX	Formulary Exclusion
ERMEZA ORAL SOLUTION 150 MCG/5ML	Tier 3	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml	EX	Medical Only Exclusion
levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg	EX	Medical Only Exclusion
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 3	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	

Drug Name	Drug Tier	Notes
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	
liothyronine sodium intravenous solution 10 mcg/ml	EX	Medical Only Exclusion
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 3	
NP THYROID TABLET 120 MG ORAL	Tier 2	
NP THYROID TABLET 120 MG ORAL	Tier 1	
NP THYROID TABLET 15 MG ORAL	Tier 2	
NP THYROID TABLET 15 MG ORAL	Tier 1	
NP THYROID TABLET 30 MG ORAL	Tier 2	
NP THYROID TABLET 30 MG ORAL	Tier 1	
NP THYROID TABLET 60 MG ORAL	Tier 2	
NP THYROID TABLET 60 MG ORAL	Tier 1	
NP THYROID TABLET 90 MG ORAL	Tier 2	
NP THYROID TABLET 90 MG ORAL	Tier 1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	EX	Non FDA Exclusion
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	ST
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	ST
thyroid tablet 120 mg oral	Tier 2	
thyroid tablet 120 mg oral	Tier 3	
thyroid tablet 15 mg oral	Tier 2	
thyroid tablet 15 mg oral	Tier 3	
thyroid tablet 30 mg oral	Tier 2	
thyroid tablet 30 mg oral	Tier 3	
thyroid tablet 60 mg oral	Tier 2	
thyroid tablet 60 mg oral	Tier 3	
thyroid tablet 90 mg oral	Tier 2	
thyroid tablet 90 mg oral	Tier 3	

Drug Name	Drug Tier	Notes
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	
TRIOSTAT INTRAVENOUS SOLUTION 10 MCG/ML	EX	Medical Only Exclusion
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 5	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 5	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 5	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 5	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 5	
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	Tier 5	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 5	
KINRIX INTRAMUSCULAR SUSPENSION	Tier 5	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 5	

Drug Name	Drug Tier	Notes
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Tier 5	
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	Tier 5	
VAXELIS INTRAMUSCULAR SUSPENSION	Tier 5	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	
***Ulcer Drugs/Antispasmodics/Anticholinergics ***		
Anticholinergic Combinations**		
belladonna alkaloids-opium suppository 16.2-30 mg rectal	EX	Non FDA Exclusion
belladonna alkaloids-opium suppository 16.2-30 mg rectal	Tier 3	
belladonna alkaloids-opium suppository 16.2-60 mg rectal	EX	Non FDA Exclusion
belladonna alkaloids-opium suppository 16.2-60 mg rectal	Tier 3	
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	EX	Formulary Exclusion
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	EX	Non FDA Exclusion
DONNATAL ELIXIR 16.2 MG/5ML ORAL	EX	Formulary Exclusion
DONNATAL ELIXIR 16.2 MG/5ML ORAL	Tier 3	
DONNATAL ORAL TABLET 16.2 MG	Tier 3	
LIBRAX ORAL CAPSULE 5-2.5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	EX	Non FDA Exclusion
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	EX	Non FDA Exclusion
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	Tier 1	
phenobarbital-belladonna alk oral tablet 16.2 mg	Tier 1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML	Tier 1	
PHENOHYTRO ORAL TABLET 16.2 MG	Tier 1	

Drug Name	Drug Tier	Notes
Antispasmodics**		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	EX	Medical Only Exclusion
dicyclomine hcl intramuscular solution 10 mg/ml	EX	Medical Only Exclusion
dicyclomine hcl oral capsule 10 mg	Tier 1	
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	
dicyclomine hcl tablet 20 mg oral	Tier 1	
dicyclomine hcl tablet 40 mg oral	EX	Non Essential Drug Exclusion; Formulary Exclusion
Belladonna Alkaloids**		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	Tier 3	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML, 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML	EX	Medical Only Exclusion
atropine sulfate (pf) injection solution 0.4 mg/ml, 1 mg/ml	EX	Non FDA Exclusion
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	EX	Medical Only Exclusion
atropine sulfate intravenous solution prefilled syringe 0.4 mg/ml, 0.8 mg/2ml, 1 mg/2.5ml, 1.2 mg/3ml	EX	Non FDA Exclusion
atropine sulfate solution 8 mg/20ml injection	EX	Medical Only Exclusion
atropine sulfate solution 8 mg/20ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.25 mg/5ml injection	EX	Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.25 mg/5ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	EX	Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.8 mg/2ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	EX	Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/2.5ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
ed-spaz oral tablet dispersible 0.125 mg	Tier 1	

Drug Name	Drug Tier	Notes
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 1	
hyoscyamine sulfate injection solution 0.5 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 1	
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	EX	Non FDA Exclusion
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 1	
hyoscyamine sulfate tablet 0.125 mg oral	EX	Non FDA Exclusion
hyoscyamine sulfate tablet 0.125 mg oral	Tier 1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	EX	Non FDA Exclusion
hyoscyamine sulfate tablet dispersible 0.125 mg oral	Tier 1	
hyosyne oral elixir 0.125 mg/5ml	Tier 1	
hyosyne oral solution 0.125 mg/ml	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Tier 3	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	Tier 3	
LEVSIN ORAL TABLET 0.125 MG	Tier 3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Tier 3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 1	
oscimin oral tablet 0.125 mg	Tier 1	
oscimin sr oral tablet extended release 12 hour 0.375 mg	Tier 1	
oscimin sublingual tablet sublingual 0.125 mg	Tier 1	
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG	EX	Formulary Exclusion
SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	EX	Formulary Exclusion
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	EX	Formulary Exclusion
H-2 Antagonists**		
cimetidine hcl oral solution 300 mg/5ml, 400 mg/6.67ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine (pf) intravenous solution 20 mg/2ml	Tier 1	

Drug Name	Drug Tier	Notes
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	EX	Medical Only Exclusion
famotidine oral suspension reconstituted 40 mg/5ml	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	EX	Medical Only Exclusion
nizatidine capsule 150 mg oral	Tier 1	
nizatidine capsule 300 mg oral	Tier 3	
nizatidine oral solution 15 mg/ml	Tier 1	
PEPCID ORAL TABLET 20 MG, 40 MG	EX	Formulary Exclusion
Misc. Anti-Ulcer**		
CARAFATE ORAL SUSPENSION 1 GM/10ML	EX	Formulary Exclusion
CARAFATE ORAL TABLET 1 GM	EX	Formulary Exclusion
sucralfate oral suspension 1 gm/10ml	Tier 1	
sucralfate oral tablet 1 gm	Tier 1	
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
Proton Pump Inhibitor-Antacid Combinations**		
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	EX	Non Essential Drug Exclusion; QL
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	EX	Non Essential Drug Exclusion
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion; QL
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG	Benefit Exclusion	Non Essential Drug Exclusion; Formulary Exclusion
Proton Pump Inhibitors**		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	EX	Formulary Exclusion; QL
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	Tier 3	ST; QL
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	EX	Formulary Exclusion; QL
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 1	QL

Drug Name	Drug Tier	Notes
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	Tier 1	QL
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	Tier 1	QL
esomeprazole sodium intravenous solution reconstituted 40 mg	EX	Medical Only Exclusion
esomeprazole strontium oral capsule delayed release 49.3 mg	Tier 3	ST; QL
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 1	
FIRST-PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML	Tier 3	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Tier 1	QL
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Tier 1	QL
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	EX	Formulary Exclusion; QL
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	EX	Formulary Exclusion; QL
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 1	QL
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	EX	Non FDA Exclusion
pantoprazole sodium intravenous solution reconstituted 40 mg	EX	Medical Only Exclusion
pantoprazole sodium oral packet 40 mg	Tier 1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Tier 1	QL
pantoprazole sodium-nacl intravenous solution 40-0.9 mg/100ml-%, 40-0.9 mg/50ml-%, 80-0.9 mg/100ml-%	EX	Medical Only Exclusion
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG, 30 MG	EX	Formulary Exclusion; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG	EX	Formulary Exclusion; QL
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Tier 3	ST
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
PROTONIX ORAL PACKET 40 MG	EX	Formulary Exclusion
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	EX	Formulary Exclusion; QL
rabeprazole sodium oral capsule sprinkle 10 mg	Tier 3	ST; QL
rabeprazole sodium oral tablet delayed release 20 mg	Tier 1	QL
Quaternary Anticholinergics**		
CUVPOSA ORAL SOLUTION 1 MG/5ML	EX	Formulary Exclusion
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG	EX	ST; Formulary Exclusion
GLYCATE ORAL TABLET 1.5 MG	Tier 3	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	EX	Medical Only Exclusion
glycopyrrolate injection solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml	EX	Non FDA Exclusion
glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml	EX	Non FDA Exclusion
glycopyrrolate oral solution 1 mg/5ml	Tier 1	
glycopyrrolate pf +rfid injection solution prefilled syringe 0.4 mg/2ml	EX	Medical Only Exclusion
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml, 0.6 mg/3ml	EX	Medical Only Exclusion
glycopyrrolate tablet 1 mg oral	Tier 1	
glycopyrrolate tablet 1.5 mg oral	Tier 1	
glycopyrrolate tablet 1.5 mg oral	Tier 3	
glycopyrrolate tablet 2 mg oral	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML	EX	Medical Only Exclusion
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	EX	Medical Only Exclusion
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 1	
ROBINUL ORAL TABLET 1 MG	EX	Formulary Exclusion
ROBINUL-FORTE ORAL TABLET 2 MG	EX	Formulary Exclusion
Ulcer Anti-Infective W/ Bismuth Combinations**		
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	EX	Formulary Exclusion
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	Tier 1	

Drug Name	Drug Tier	Notes
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 1	
HELIDAC THERAPY ORAL	EX	Formulary Exclusion
PYLERA ORAL CAPSULE 140-125-125 MG	EX	Formulary Exclusion
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG	EX	Formulary Exclusion
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 2	QL
Ulcer Anti-Infective-Pcab Combinations**		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	EX	Formulary Exclusion
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	EX	Formulary Exclusion
Ulcer Drugs - Prostaglandins**		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	EX	Formulary Exclusion
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	EX	Formulary Exclusion
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	Tier 1	
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	Tier 1	Formulary Exclusion
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	EX	Formulary Exclusion
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	Tier 1	
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	Tier 1	Formulary Exclusion
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	EX	Formulary Exclusion
DETROL ORAL TABLET 1 MG, 2 MG	EX	Formulary Exclusion
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG	EX	Formulary Exclusion
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL 10 %	Benefit Exclusion	Formulary Exclusion
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	
oxybutynin chloride tablet 2.5 mg oral	EX	Formulary Exclusion
oxybutynin chloride tablet 5 mg oral	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST
solifenacin succinate oral tablet 10 mg, 5 mg	Tier 1	ST
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Tier 1	
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	EX	Formulary Exclusion
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 1	
trospium chloride oral tablet 20 mg	Tier 1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML	EX	Formulary Exclusion
VESICARE ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
GEMTESA ORAL TABLET 75 MG	Tier 3	ST
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2	ST
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl tablet 100 mg oral	Tier 1	
flavoxate hcl tablet 100 mg oral	Tier 1	Formulary Exclusion

Drug Name	Drug Tier	Notes
Vaccines		
Bacterial Vaccines**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	
bcg vaccine injection solution reconstituted 50 mg	Benefit Exclusion	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
BIOTHRAX INTRAMUSCULAR SUSPENSION	Benefit Exclusion	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 5	
MENACTRA INTRAMUSCULAR SOLUTION	Tier 5	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Tier 5	
MENVEO INTRAMUSCULAR SOLUTION	Tier 5	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 5	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	
penmenvy intramuscular suspension reconstituted	EX	New to Market Exclusion
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	Tier 5	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 5	
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 5	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Benefit Exclusion	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Benefit Exclusion	

Drug Name	Drug Tier	Notes
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Benefit Exclusion	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
VIVOTIF CAPSULE DELAYED RELEASE ORAL	EX	
VIVOTIF CAPSULE DELAYED RELEASE ORAL	Benefit Exclusion	
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 5	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 5	
Viral Vaccines**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 5	
ACAM2000 INJECTION SOLUTION RECONSTITUTED	Benefit Exclusion	
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 5	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 5	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	Tier 5	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 5	
AUDENZ INTRAMUSCULAR EMULSION	EX	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	EX	
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 5	
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	Tier 5	

Drug Name	Drug Tier	Notes
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 5	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 5	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 5	
ERVEBO INTRAMUSCULAR SUSPENSION	Tier 3	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUCELVAX INTRAMUSCULAR SUSPENSION	Tier 5	
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 5	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUMIST NASAL LIQUID	Tier 5	

Drug Name	Drug Tier	Notes
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 5	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Tier 5	
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 5	
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 5	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 5	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	Tier 5	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	Tier 5	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 5	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	Benefit Exclusion	Medical Only Exclusion
IPOL INJECTION SUSPENSION	Tier 5	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Benefit Exclusion	Non FDA Exclusion
IXIARO INTRAMUSCULAR SUSPENSION	Benefit Exclusion	
janssen covid-19 vaccine intramuscular suspension 0.5 ml	Benefit Exclusion	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Benefit Exclusion	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	Tier 3	

Drug Name	Drug Tier	Notes
moderna covid-19 bival 6m-5y intramuscular suspension 10 mcg/0.2ml	Tier 5	
moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml	Tier 5	
moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml	Tier 5	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Tier 5	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 5	
moderna covid-19 vacc 6-11y intramuscular suspension 50 mcg/0.5ml	Tier 5	
moderna covid-19 vacc 6m-5y intramuscular suspension 25 mcg/0.25ml	Tier 5	
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	Tier 5	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 3	
novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml	Tier 5	
novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	Tier 5	
nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	Tier 5	
pfizer covid-19 bival 6mo-4yr intramuscular suspension 3 mcg/0.2ml	Tier 5	
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	Tier 5	
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	Tier 5	
pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular	Tier 5	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR	Tier 5	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml, 3 mcg/0.3ml	Tier 5	
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	Tier 5	
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	Tier 5	

Drug Name	Drug Tier	Notes
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	Tier 5	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Benefit Exclusion	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 5	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 5	
ROTARIX ORAL SUSPENSION	Tier 5	
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 5	
ROTATEQ ORAL SOLUTION	Tier 5	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 5	
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 5	
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML	Tier 5	
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Tier 5	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 5	
stamaril injection suspension reconstituted	Benefit Exclusion	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Benefit Exclusion	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 5	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	Tier 5	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 5	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	Benefit Exclusion	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Benefit Exclusion	

Drug Name	Drug Tier	Notes
Vaginal And Related Products		
Imidazole-Related Antifungals**		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
miconazole 3 vaginal suppository 200 mg	Tier 3	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Miscellaneous Vaginal Combinations**		
FEM PH VAGINAL GEL 0.9-0.025 %	EX	Non FDA Exclusion
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	EX	Non FDA Exclusion
Miscellaneous Vaginal Products**		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3	
Spermicides**		
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 2	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 2	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %	Tier 2	
TODAY SPONGE VAGINAL 1000 MG	Tier 5	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	Tier 5	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 3	
Vaginal Anti-Infectives**		
CLEOCIN VAGINAL CREAM 2 %	EX	Formulary Exclusion
CLEOCIN VAGINAL SUPPOSITORY 100 MG	EX	Formulary Exclusion
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	
metronidazole vaginal gel 0.75 %	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 1	
XACIATO VAGINAL GEL 2 %	EX	Formulary Exclusion
Vaginal Contraceptive Ph Modulator - Combinations**		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	

Drug Name	Drug Tier	Notes
Vaginal Estrogens**		
ESTRACE VAGINAL CREAM 0.01 %	EX	Formulary Exclusion
estradiol vaginal cream 0.01 %, 0.1 mg/gm	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR	Tier 2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	EX	Formulary Exclusion
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	EX	Formulary Exclusion
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
VAGIFEM VAGINAL TABLET 10 MCG	EX	Formulary Exclusion
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
Vaginal Progestins**		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Benefit Exclusion	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	Tier 3	
progesterone vaginal insert 100 mg	Tier 1	PA
Vasopressors		
Anaphylaxis Therapy Agents**		
ADRENALIN SOLUTION 1 MG/ML INJECTION	Tier 3	
ADRENALIN SOLUTION 30 MG/30ML INJECTION	EX	Medical Only Exclusion
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Benefit Exclusion	QL
epinephrine (anaphylaxis) solution 1 mg/ml injection	EX	Formulary Exclusion
epinephrine (anaphylaxis) solution 30 mg/30ml injection	EX	Medical Only Exclusion
epinephrine injection solution prefilled syringe 0.3 mg/0.3ml	EX	Formulary Exclusion; QL
epinephrine professional injection kit 1 mg/ml	EX	Non FDA Exclusion
epinephrine solution auto-injector 0.15 mg/0.15ml injection	Benefit Exclusion	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
epinephrine solution auto-injector 0.15 mg/0.3ml injection	Tier 1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Benefit Exclusion	Formulary Exclusion; QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	EX	Formulary Exclusion; QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Tier 1	QL
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Benefit Exclusion	Formulary Exclusion; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Benefit Exclusion	Formulary Exclusion; QL
EPISNAP INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	EX	Formulary Exclusion; QL
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4	PA; Specialty
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	EX	PA; Specialty; Formulary Exclusion
Vasopressors**		
ADRENALIN SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	EX	Medical Only Exclusion
ADRENALIN SOLUTION 2-0.9 MG/250ML-% INTRAVENOUS	EX	Non FDA Exclusion
ADRENALIN SOLUTION 5-0.9 MG/250ML-% INTRAVENOUS	EX	Medical Only Exclusion
ADRENALIN SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	EX	Medical Only Exclusion
ADRENALIN-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%	EX	Non FDA Exclusion; Medical Only Exclusion
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	EX	Medical Only Exclusion
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML	EX	Medical Only Exclusion
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	EX	Medical Only Exclusion
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML	EX	Medical Only Exclusion
ephedrine sulfate (pressors) injection solution 50 mg/ml	EX	Medical Only Exclusion
ephedrine sulfate (pressors) injection solution prefilled syringe 25 mg/5ml, 50 mg/10ml, 50 mg/5ml	EX	Non FDA Exclusion
ephedrine sulfate (pressors) intravenous solution 5 mg/ml, 50 mg/ml	EX	Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	EX	Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/10ml intravenous	EX	Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/5ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 10-0.9 mg/ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 100-0.9 mg/10ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 15-0.9 mg/3ml-% intravenous	EX	Non FDA Exclusion
ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous	EX	Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/10ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/5ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
epinephrine (anaphylaxis) injection solution 30 mg/30ml	EX	Medical Only Exclusion
epinephrine bitartrate-nacl intravenous solution 16-0.9 mg/250ml-%	EX	Medical Only Exclusion
epinephrine bitartrate-nacl intravenous solution prefilled syringe 100-0.9 mcg/10ml-%	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
epinephrine hcl-dextrose intravenous solution 4-5 mg/250ml-%	EX	Non FDA Exclusion; Medical Only Exclusion
epinephrine hcl-nacl solution 4-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion
epinephrine hcl-nacl solution 8-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
epinephrine injection solution 1 mg/ml, 10 mg/10ml	EX	Medical Only Exclusion
epinephrine intravenous solution 1 mg/10ml	EX	Non FDA Exclusion
epinephrine pf solution 1 mg/ml injection	Tier 1	
epinephrine pf solution 1 mg/ml injection	EX	Formulary Exclusion
epinephrine solution prefilled syringe 0.1 mg/10ml intravenous	EX	Non FDA Exclusion
epinephrine solution prefilled syringe 0.2 mg/0.2ml injection	EX	Non FDA Exclusion
epinephrine solution prefilled syringe 1 mg/10ml injection	EX	Non FDA Exclusion; Medical Only Exclusion
epinephrine solution prefilled syringe 1 mg/10ml intravenous	EX	Medical Only Exclusion
epinephrine solution prefilled syringe 1 mg/ml injection	EX	Non FDA Exclusion
epinephrine-dextrose intravenous solution 2-5 mg/250ml-%, 5-5 mg/250ml-%	EX	Non FDA Exclusion
epinephrine-dextrose intravenous solution prefilled syringe 100-5 mcg/10ml-%	EX	Non FDA Exclusion
epinephrine-nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%	EX	Non FDA Exclusion
epinephrine-nacl solution 2-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion
epinephrine-nacl solution 4-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous	EX	Medical Only Exclusion
epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl solution 8-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	EX	Medical Only Exclusion
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML	EX	Medical Only Exclusion
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norepinephrine bitartrate solution 1 mg/ml intravenous	EX	Medical Only Exclusion
norepinephrine bitartrate solution 2 mg/ml intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 16-5 mg/250ml-% intravenous	EX	Non FDA Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	EX	Medical Only Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	EX	Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/500ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	EX	Medical Only Exclusion
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 32-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	EX	Medical Only Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	EX	Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/500ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl (pf) intravenous solution 0.5 mg/5ml	EX	Medical Only Exclusion
phenylephrine hcl (pressors) intravenous solution prefilled syringe 0.4 mg/10ml, 0.5 mg/5ml, 1 mg/10ml, 5 mg/50ml	EX	Non FDA Exclusion
phenylephrine hcl (pressors) solution 0.4 mg/10ml intravenous	EX	Non FDA Exclusion
phenylephrine hcl (pressors) solution 0.8 mg/10ml intravenous	EX	Non FDA Exclusion
phenylephrine hcl (pressors) solution 10 mg/ml intravenous	Tier 1	

Drug Name	Drug Tier	Notes
phenylephrine hcl (pressors) solution 10 mg/ml intravenous	Tier 3	
phenylephrine hcl intravenous solution 1 mg/10ml	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl intravenous solution prefilled syringe 0.8 mg/10ml, 1 mg/10ml	EX	Non FDA Exclusion
phenylephrine hcl-nacl intravenous solution prefilled syringe 0.4-0.9 mg/10ml-%, 0.4-0.9 mg/5ml-%, 0.5-0.9 mg/5ml-%, 0.8-0.9 mg/10ml-%, 1-0.9 mg/10ml-%, 100-0.9 mcg/10ml-%, 20-0.9 mg/50ml-%, 5-0.9 mg/50ml-%	EX	Non FDA Exclusion
phenylephrine hcl-nacl solution 10-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 100-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 20-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 200-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion
phenylephrine hcl-nacl solution 25-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 40-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 50-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 80-0.9 mg/250ml-% intravenous	EX	Non FDA Exclusion; Medical Only Exclusion
REZIPRES INTRAVENOUS SOLUTION 23.5 MG/5ML, 47 MG/10ML	EX	Medical Only Exclusion
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
Vitamins		
Paba**		
POTABA ORAL CAPSULE 500 MG	EX	Formulary Exclusion
Vitamin A**		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	Benefit Exclusion	Medical Only Exclusion
Vitamin B-1**		
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	EX	Medical Only Exclusion
thiamine hcl-nacl intravenous solution 500-0.9 mg/100ml-%	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Vitamin B-6**		
pyridoxal-5 phosphate injection solution 100 mg/ml	EX	Non FDA Exclusion
pyridoxine hcl solution 100 mg/ml injection	Benefit Exclusion	Medical Only Exclusion
pyridoxine hcl solution 100 mg/ml injection	Benefit Exclusion	Non FDA Exclusion; Medical Only Exclusion
Vitamin C**		
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML	EX	Medical Only Exclusion
ascorbic acid intravenous solution 15000 mg/30ml	EX	Non FDA Exclusion
ascorbic acid solution 500 mg/ml injection	EX	Non FDA Exclusion
ascorbic acid solution 500 mg/ml injection	EX	Formulary Exclusion
Vitamin D**		
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	Benefit Exclusion	Formulary Exclusion
ergocal oral capsule 62.5 mcg (2500 ut)	EX	Formulary Exclusion
ergocalciferol oral capsule 1.25 mg (50000 ut)	Benefit Exclusion	
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	Benefit Exclusion	
vitamin d (ergocalciferol) capsule 50000 unit oral	EX	
Vitamin E**		
wheat germ oil oral oil	EX	Formulary Exclusion
Vitamin K**		
MEPHYTON ORAL TABLET 5 MG	EX	Formulary Exclusion
phytonadione oral tablet 5 mg	Tier 1	
phytonadione solution 1 mg/0.5ml injection	Benefit Exclusion	Medical Only Exclusion
phytonadione solution 1 mg/0.5ml injection	EX	Medical Only Exclusion
phytonadione solution 10 mg/ml injection	Benefit Exclusion	Medical Only Exclusion
phytonadione solution 10 mg/ml injection	EX	Medical Only Exclusion
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	Benefit Exclusion	Medical Only Exclusion

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