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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 3 Preferred Brand	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 3 Preferred Brand	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 3 Preferred Brand	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 4 Non-Preferred Brand	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 3 Preferred Brand	PA
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 2 Generic	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER)	Tier 2 Generic	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2 Generic	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i> (Clemasz)	Tier 2 Generic	
CLEMASZ ORAL TABLET 2.68 MG (clemastine)	Tier 2 Generic	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2 Generic	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 2 Generic	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 2 Generic	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2 Generic	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2 Generic	

Drug	Status	Notes
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (promethazine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 2 Generic	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2 Generic	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
<b>Antihistamines - 2Nd Generation</b>		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 2 Generic	

Drug		Status	Notes
CLARINEX ORAL TABLET 5 MG	(desloratadine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>desloratadine oral tablet 5 mg</i>	(Clarinet)	Tier 2 Generic	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>		Tier 2 Generic	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	(Xyzal)	Tier 2 Generic	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	(24HR Allergy Relief)	Tier 2 Generic	
<b>Nasal Antihistamine</b>			
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>		Tier 2 Generic	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	(Astepro Allergy)	Tier 2 Generic	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>		Tier 2 Generic	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>			
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	(Dymista)	Tier 2 Generic	ST: Requires prior prescription for Fluticasone or Flunisolide (nasal formulation) within the past 120 days; QL (23 GM per 30 days)

Drug	Status	Notes
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Fluticasone or Flunisolide (nasal formulation) within the past 120 days; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 2 Generic	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 2 Generic	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 2 Generic	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 3 Preferred Brand	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3 Preferred Brand	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)

Drug	Status	Notes
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3 Preferred Brand	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Fluticasone or Flunisolide within the past 120 days; QL (6.1 GM per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	Tier 2 Generic	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3 Preferred Brand	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 2 Generic	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2 Generic	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 2 Generic	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 2 Generic	QL (3 EA per 21 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG (prochlorperazine maleate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
COMPAZINE RECTAL SUPPOSITORY (prochlorperazine) 25 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 2 Generic	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine-pyridoxine (vit b6))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	Tier 2 Generic	QL (120 EA per 30 days)

Drug	Status	Notes
EMEND ORAL CAPSULE 80 MG (aprepitant)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 21 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 3 Preferred Brand	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 2 Generic	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 2 Generic	

Drug	Status	Notes
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2 Generic	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2 Generic	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2 Generic	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 2 Generic	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 2 Generic	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 2 Generic	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 2 Generic	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 2 Generic	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine base)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2 Generic	
VARUBI ORAL TABLET 90 MG	Tier 4 Non-Preferred Brand	QL (2 EA per 14 days)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3 Preferred Brand	QL (25.8 GM per 30 days)

Drug	Status	Notes
<i>ipratropium bromide inhalation solution</i> 0.02 %	Tier 2 Generic	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3 Preferred Brand	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide) Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2 Generic	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2 Generic	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2 Generic	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 2 Generic	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 2 Generic	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 2 Generic	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 2 Generic	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days

Drug	Status	Notes
XOPENEX HFA INHALATION HFA (levalbuterol tartrate) AEROSOL INHALER 45 MCG/ACTUATION	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3 Preferred Brand	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 2 Generic	ST: Requires prior prescription for Serevent, Striverdi, Perforomist within the past 120 days; QL (120 ML per 30 days)

Drug	Status	Notes
BROVANA INHALATION SOLUTION (arformoterol) FOR NEBULIZATION 15 MCG/2 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Serevent, Striverdi, Perforomist within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 2 Generic	QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3 Preferred Brand	QL (60 EA per 30 days)

Drug		Status	Notes
<b>Beta-Adrenergic And Anticholinergic Combinations</b>			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	Tier 3 Preferred Brand	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 3 Preferred Brand	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION		Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>		Tier 2 Generic	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 3 Preferred Brand	QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 3 Preferred Brand	QL (12 GM per 30 days)



Drug		Status	Notes
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION		Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	(fluticasone propion- salmeterol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 3 Preferred Brand	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate- vilanterol)	Tier 3 Preferred Brand	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 3 Preferred Brand	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 2 Generic	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna)	Tier 2 Generic	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50- 5 MCG/ACTUATION		Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (39 GM per 30 days)

Drug	Status	Notes
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 2 Generic	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 2 Generic	QL (60 EA per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3 Preferred Brand	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 3 Preferred Brand	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Glucocorticoids, Orally Inhaled</b>		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3 Preferred Brand	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	Tier 2 Generic	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 2 Generic	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 2 Generic	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 2 Generic	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 2 Generic	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2 Generic	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
PULMICORT INHALATION (budesonide) SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 ML per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5 Specialty	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5 Specialty	PA; SP
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5 Specialty	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Leukotriene Receptor Antagonists</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
montelukast oral granules in packet 4 mg (Singulair)	Tier 2 Generic	
montelukast oral tablet 10 mg (Singulair)	Tier 2 Generic	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	Tier 2 Generic	
SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
SINGULAIR ORAL TABLET 10 MG	(montelukast)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	(montelukast)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	(Accolate)	Tier 2 Generic	
<b>Mast Cell Stabilizers</b>			
<i>cromolyn oral concentrate 100 mg/5 ml</i>	(Gastrocrom)	Tier 2 Generic	

Drug	Status	Notes
GASTROCROM ORAL CONCENTRATE (cromolyn) 100 MG/5 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2 Generic	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5 Specialty	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 5 Specialty	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5 Specialty	PA; SP
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5 Specialty	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 4 Non-Preferred Brand	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 2 Generic	QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER MECHANICAL VENT SPACER (inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 4 Non-Preferred Brand	



Drug		Status	Notes
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 4 Non-Preferred Brand	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 4 Non-Preferred Brand	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 4 Non-Preferred Brand	
COMFORTSEAL LARGE MASK DEVICE		Tier 4 Non-Preferred Brand	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 4 Non-Preferred Brand	
COMFORTSEAL SMALL MASK DEVICE		Tier 4 Non-Preferred Brand	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4 Non-Preferred Brand	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4 Non-Preferred Brand	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 4 Non-Preferred Brand	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
EASIVENT MASK LARGE DEVICE		Tier 4 Non-Preferred Brand	
EASIVENT MASK MEDIUM DEVICE		Tier 4 Non-Preferred Brand	
EASIVENT MASK SMALL DEVICE		Tier 4 Non-Preferred Brand	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 4 Non-Preferred Brand	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 4 Non-Preferred Brand	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 4 Non-Preferred Brand	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 4 Non-Preferred Brand	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 4 Non-Preferred Brand	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 4 Non-Preferred Brand	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 4 Non-Preferred Brand	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
LITETOUCH-LARGE MASK DEVICE		Tier 4 Non-Preferred Brand	
LITETOUCH-SMALL MASK DEVICE		Tier 4 Non-Preferred Brand	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
MICROSPACER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 4 Non-Preferred Brand	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 4 Non-Preferred Brand	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 4 Non-Preferred Brand	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 4 Non-Preferred Brand	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 4 Non-Preferred Brand	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 4 Non-Preferred Brand	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
SILICONE MASK - INFANT DEVICE		Tier 4 Non-Preferred Brand	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 4 Non-Preferred Brand	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 4 Non-Preferred Brand	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 4 Non-Preferred Brand	
THRESHOLD IMT TRAINER DEVICE		Tier 4 Non-Preferred Brand	
THRESHOLD PEP DEVICE DEVICE		Tier 4 Non-Preferred Brand	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 4 Non-Preferred Brand	
VORTEX VHC LADYBUG MASK-TODDLER SPACER		Tier 4 Non-Preferred Brand	
VORTEX VHC PEDIATRIC MASK SPACER		Tier 4 Non-Preferred Brand	
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 5 Specialty	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)		Tier 5 Specialty	PA; SP
<b>Xanthines</b>			
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>		Tier 2 Generic	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 2 Generic	

Drug	Status	Notes
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3 Preferred Brand	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 2 Generic	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2 Generic	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 2 Generic	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2 Generic	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)	Tier 2 Generic	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 2 Generic	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2 Generic	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 2 Generic	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (49 EA per 28 days)

Drug	Status	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 3 Preferred Brand	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
NAMENDA XR ORAL (memantine) CAPSULE,SPRINKLE,ER 24HR 7 MG	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>		
<i>memantine-donepezil oral</i> (Namzaric) <i>capsule,sprinkle,er 24hr 14-10 mg, 21- 10 mg, 28-10 mg</i>	Tier 2 Generic	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
NAMZARIC ORAL (memantine-donepezil) CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 28-10 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL (memantine-donepezil) CAPSULE,SPRINKLE,ER 24HR 21-10 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 3 Preferred Brand	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
<b>Amyloid Directed Monoclonal Antibody</b>		
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	Tier 5 Specialty	PA; SP
<b>Cholinesterase Inhibitors</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 2 Generic	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 2 Generic	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2 Generic	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 2 Generic	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2 Generic	QL (60 EA per 30 days)

Drug	Status	Notes
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
MESTINON TIMESPAN ORAL TABLET (pyridostigmine bromide) EXTENDED RELEASE 180 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	Tier 2 Generic	
pyridostigmine bromide oral tablet 30 mg	Tier 2 Generic	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	Tier 2 Generic	
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	Tier 2 Generic	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 2 Generic	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	Tier 2 Generic	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
<b>Neonatal Fc Receptor (FcRn) Inhibitors</b>		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	Tier 5 Specialty	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	Tier 5 Specialty	PA; SP
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	Tier 2 Generic	

Drug	Status	Notes
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 2 Generic	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 2 Generic	
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5 Specialty	PA; SP
<b>Antidepressant - Postpartum Depression (Ppd)</b>		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	Tier 4 Non-Preferred Brand	PA; SP

Drug	Status	Notes
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 5 Specialty	PA; SP
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 4 Non-Preferred Brand	
NARDIL ORAL TABLET 15 MG (phenelzine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PARNATE ORAL TABLET 10 MG (tranylcypromine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 2 Generic	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 2 Generic	

Drug	Status	Notes
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2 Generic	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 2 Generic	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 2 Generic	
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
WELLBUTRIN XL ORAL TABLET (bupropion hcl) EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2 Generic	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 2 Generic	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2 Generic	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 2 Generic	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 2 Generic	

Drug	Status	Notes
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 2 Generic	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2 Generic	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 2 Generic	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 2 Generic	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 2 Generic	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 2 Generic	

Drug	Status	Notes
PAXIL CR ORAL TABLET EXTENDED (paroxetine hcl) RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 2 Generic	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 2 Generic	



Drug	Status	Notes
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2 Generic	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 4 Non-Preferred Brand	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2 Generic	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Venlafaxine ER/IR, Fluoxetine, Citalopram, Sertraline, Escitalopram, Mirtazapine, or Bupropion within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 2 Generic	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 2 Generic	

Drug	Status	Notes
EFFEXOR XR ORAL (venlafaxine) CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Tier 3 Preferred Brand	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED (desvenlafaxine succinate) RELEASE 24 HR 100 MG, 25 MG, 50 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
venlafaxine oral capsule,extended (Effexor XR) release 24hr 150 mg, 37.5 mg, 75 mg	Tier 2 Generic	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2 Generic	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 2 Generic	

Drug	Status	Notes
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 2 Generic	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 2 Generic	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2 Generic	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 2 Generic	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 2 Generic	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2 Generic	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2 Generic	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2 Generic	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 2 Generic	

Drug	Status	Notes
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 2 Generic	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2 Generic	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2 Generic	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
ADDERALL XR ORAL (dextroamphetamine-amphetamine) CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 2 Generic	PA
DESOXYN ORAL TABLET 5 MG (methamphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (150 EA per 30 days)



Drug	Status	Notes
<b>DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG</b> (dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 2 Generic	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 2 Generic	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 2 Generic	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 2 Generic	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	Tier 2 Generic	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	Tier 2 Generic	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenzedi)	Tier 2 Generic	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	Tier 2 Generic	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	Tier 2 Generic	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 2 Generic	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 2 Generic	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 2 Generic	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 2 Generic	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 2 Generic	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 2 Generic	QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 2 Generic	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine-amphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
<div> <div>PROCENTRA ORAL SOLUTION 5 MG/5 ML</div> <div>(dextroamphetamine sulfate)</div> </div>	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1800 ML per 30 days)
<div> <div>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</div> <div>(lisdexamfetamine)</div> </div>	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
VYVANSE ORAL TABLET,CHEWABLE (lisdexamfetamine) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG (dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 EA per 30 days)

Drug		Status	Notes
ZENZEDI ORAL TABLET 15 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

Drug	Status	Notes
ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG (dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 2 Generic	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2 Generic	

Drug	Status	Notes
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	Tier 5 Specialty	SP
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3 Preferred Brand	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 2 Generic	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 2 Generic	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2 Generic	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2 Generic	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2 Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 2 Generic	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 2 Generic	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 2 Generic	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 2 Generic	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 2 Generic	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 2 Generic	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 2 Generic	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2 Generic	



Drug	Status	Notes
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
XANAX XR ORAL TABLET EXTENDED (alprazolam) RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Anti-Anxiety Drugs</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2 Generic	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2 Generic	
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4 Non-Preferred Brand	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2 Generic	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2 Generic	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 2 Generic	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 2 Generic	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2 Generic	

Drug	Status	Notes
LITHOBID ORAL TABLET EXTENDED (lithium carbonate) RELEASE 300 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5 Specialty	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5 Specialty	PA; SP
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2 Generic	
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	Tier 5 Specialty	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	Tier 5 Specialty	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	Tier 5 Specialty	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	Tier 5 Specialty	SP; QL (1 EA per 26 days)

Drug	Status	Notes
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2 Generic	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)</i>	Tier 2 Generic	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 2 Generic	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 2 Generic	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	Tier 5 Specialty	SP
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 5 Specialty	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 5 Specialty	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 5 Specialty	SP; QL (2.4 ML per 14 days)

Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 5 Specialty	SP; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5 Specialty	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2 Generic	
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 2 Generic	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 2 Generic	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2 Generic	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 ML per 21 days)

Drug	Status	Notes
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	Tier 5 Specialty	SP; QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.25 ML per 21 days)

Drug	Status	Notes
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (8 EA per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 5 Specialty	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 5 Specialty	SP; QL (5 ML per 166 days)
INVEGA ORAL TABLET EXTENDED (paliperidone) RELEASE 24HR 3 MG, 9 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED (paliperidone) RELEASE 24HR 6 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 5 Specialty	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 5 Specialty	SP; QL (1 ML per 21 days)

Drug	Status	Notes
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 5 Specialty	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 5 Specialty	SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 5 Specialty	SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 5 Specialty	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 5 Specialty	SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 5 Specialty	SP; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 5 Specialty	SP; QL (2.63 ML per 70 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days)

Drug	Status	Notes
LATUDA ORAL TABLET 80 MG (lurasidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 2 Generic	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 2 Generic	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4 Non-Preferred Brand	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 2 Generic	
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	Tier 2 Generic	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2 Generic	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 2 Generic	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 2 Generic	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 2 Generic	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Tier 5 Specialty	SP; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 2 Generic	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 2 Generic	

Drug	Status	Notes
RISPERDAL CONSTA (risperidone microspheres) INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 14 days)
RISPERDAL ORAL SOLUTION 1 (risperidone) MG/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	Tier 5 Specialty	SP; QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 2 Generic	
<i>risperidone oral tablet 0.25 mg</i>	Tier 2 Generic	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 2 Generic	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2 Generic	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)

Drug	Status	Notes
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 4 Non-Preferred Brand	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 5 Specialty	SP; QL (0.28 ML per 28 days)

Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 5 Specialty	SP; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 5 Specialty	SP; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 5 Specialty	SP; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 5 Specialty	SP; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 5 Specialty	SP; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 5 Specialty	SP; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 2 Generic	
ZYPREXA ORAL TABLET 20 MG (olanzapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2 Generic	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2 Generic	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
<i>molindone oral tablet 10 mg</i>	Tier 2 Generic	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 2 Generic	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 2 Generic	
<b>Anti-Psychotics,Phenothiazines</b>		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 2 Generic	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2 Generic	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2 Generic	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2 Generic	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2 Generic	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2 Generic	
<b>Barbiturates</b>		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2 Generic	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2 Generic	
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 5 Specialty	PA; SP
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 2 Generic	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 2 Generic	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 2 Generic	QL (2 EA per 1 day)



Drug	Status	Notes
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 1 day)

Drug	Status	Notes
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 4 Non-Preferred Brand	PA
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5 Specialty	PA; SP
<b>Narcotic Antagonists</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 3 Preferred Brand	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4 Non-Preferred Brand	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 2 Generic	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 2 Generic	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Tier 2 Generic	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4 Non-Preferred Brand	
<i>naltrexone oral tablet 50 mg</i>	Tier 2 Generic	

Drug	Status	Notes
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 4 Non-Preferred Brand	QL (4 EA per 30 days)
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 4 Non-Preferred Brand	QL (2 ML per 30 days)

Drug	Status	Notes
<b>Sedative-Hypnotics - Benzodiazepines</b>		
DORAL ORAL TABLET 15 MG (quazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2 Generic	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2 Generic	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>midazolam oral syrup 2 mg/ml</i>	Tier 2 Generic	

Drug	Status	Notes
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 2 Generic	ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 2 Generic	
<i>triazolam oral tablet 0.125 mg</i>	Tier 2 Generic	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 2 Generic	
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem within the past 120 days; QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg (Silenor)	Tier 2 Generic	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	Tier 2 Generic	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2 Generic	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4 Non-Preferred Brand	PA
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Tier 2 Generic	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Tier 2 Generic	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 2 Generic	QL (1 EA per 1 day)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 5 Specialty	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 2 Generic	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 2 Generic	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	Tier 2 Generic	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG (guanfacine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)



Drug	Status	Notes
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
APTENSIO XR ORAL CAP,ER (methylphenidate hcl) SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Methylphenidate or Relexxii within the past 120 days; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3 Preferred Brand	ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 36 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
DAYTRANA TRANSDERMAL PATCH (methylphenidate) 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 2 Generic	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 2 Generic	QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)

Drug	Status	Notes
FOCALIN XR ORAL CAPSULE,ER (dexamethylphenidate) BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3 Preferred Brand	ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER (methylphenidate hcl) BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
METADATE CD ORAL CAPSULE, ER (methylphenidate hcl) BIPHASIC 30-70 30 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
METADATE ER ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 20 MG	Tier 2 Generic	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 (methylphenidate hcl) ML, 5 MG/5 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Methylphenidate or Relexxii within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 2 Generic	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 2 Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 2 Generic	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 2 Generic	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 2 Generic	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 2 Generic	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 2 Generic	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 2 Generic	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 2 Generic	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 2 Generic	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 2 Generic	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 2 Generic	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 2 Generic	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	120mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	150mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	180mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	60mL BOTTLE; ST: Requires prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)

Drug	Status	Notes
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 10 MG, 20 MG, 40 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 30 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)



Drug	Status	Notes
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 2 Generic	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Atomoxetine, Clonidine ER (KAPVAY), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Atomoxetine, Clonidine ER (KAPVAY), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Atomoxetine, Clonidine ER (KAPVAY), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (atomoxetine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

### Cardiovascular Disease - Arrhythmia

#### Antiarrhythmics

amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone)	Tier 2 Generic	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	Tier 2 Generic	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	Tier 2 Generic	
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 2 Generic	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 2 Generic	
MULTAQ ORAL TABLET 400 MG	Tier 3 Preferred Brand	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 3 Preferred Brand	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 3 Preferred Brand	

Drug	Status	Notes
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 2 Generic	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 2 Generic	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2 Generic	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2 Generic	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2 Generic	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2 Generic	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG)	Tier 2 Generic	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3 Preferred Brand	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 2 Generic	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 2 Generic	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3 Preferred Brand	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3 Preferred Brand	PA
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 2 Generic	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 2 Generic	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2 Generic	

Drug		Status	Notes
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>			
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(quinapril-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	(Lotensin HCT)	Tier 2 Generic	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		Tier 2 Generic	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		Tier 2 Generic	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	(Vaseretic)	Tier 2 Generic	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		Tier 2 Generic	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>		Tier 2 Generic	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	(Zestoretic)	Tier 2 Generic	

Drug	Status	Notes
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 2 Generic	
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	(lisinopril-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Alpha/Beta-Adrenergic Blocking Agents</b>			
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	(Coreg)	Tier 2 Generic	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	(Coreg CR)	Tier 2 Generic	QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	(carvedilol phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 2 Generic	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4 Non-Preferred Brand	



Drug	Status	Notes
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 2 Generic	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzylina)	Tier 5 Specialty	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2 Generic	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2 Generic	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 4 Non-Preferred Brand	PA
<b>Angioten.Recepctr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 2 Generic	

Drug	Status	Notes
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 (amlodipine-valsartan-hcthiazid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 2 Generic	
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 (olmesartan-amlodipin-hcthiazid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan-hydrochlorothiazid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 2 Generic	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days

Drug	Status	Notes
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan-hydrochlorothiazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>irbesartan-hydrochlorothiazide oral tablet</i> (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 2 Generic	
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 2 Generic	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hydrochlorothiazid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>olmesartan-hydrochlorothiazide oral tablet</i> (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2 Generic	
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 2 Generic	
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 2 Generic	

Drug	Status	Notes
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 2 Generic	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 2 Generic	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine-valsartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Antihypertensives, Ace Inhibitors</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	Tier 2 Generic	
benazepril oral tablet 5 mg	Tier 2 Generic	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 2 Generic	
enalapril maleate oral solution 1 mg/ml (Epaned)	Tier 2 Generic	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)

Drug	Status	Notes
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 2 Generic	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2 Generic	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 2 Generic	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 2 Generic	



Drug	Status	Notes
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2 Generic	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 2 Generic	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 2 Generic	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2 Generic	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 2 Generic	

Drug	Status	Notes
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 2 Generic	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 2 Generic	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 2 Generic	

Drug	Status	Notes
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	Tier 2 Generic	
telmisartan oral tablet 20 mg	Tier 2 Generic	
telmisartan oral tablet 40 mg, 80 mg (Micardis)	Tier 2 Generic	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	Tier 2 Generic	
<b>Antihypertensives, Miscellaneous</b>		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
metyrosine oral capsule 250 mg (Demser)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Antihypertensives, Sympatholytic</b>		
CATAPRES-TTS-1 TRANSDERMAL (clonidine) PATCH WEEKLY 0.1 MG/24 HR	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CATAPRES-TTS-2 TRANSDERMAL (clonidine) PATCH WEEKLY 0.2 MG/24 HR	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2 Generic	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 2 Generic	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 2 Generic	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 2 Generic	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2 Generic	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2 Generic	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 2 Generic	
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2 Generic	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2 Generic	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 2 Generic	

Drug	Status	Notes
BETAPACE AF ORAL TABLET 120 MG, (sotalol) 160 MG, 80 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BETAPACE ORAL TABLET 120 MG, (sotalol) 160 MG, 240 MG, 80 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 2 Generic	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2 Generic	



Drug	Status	Notes
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CORGARD ORAL TABLET 80 MG (nadolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)

Drug	Status	Notes
INDERAL LA ORAL (propranolol) CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4 Non-Preferred Brand	
LOPRESSOR ORAL TABLET 100 MG, (metoprolol tartrate) 50 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 2 Generic	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 2 Generic	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 2 Generic	
<i>nadolol oral tablet 20 mg, 40 mg</i>	Tier 2 Generic	
<i>nadolol oral tablet 80 mg</i> (Corgard)	Tier 2 Generic	

Drug	Status	Notes
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	Tier 2 Generic	
pindolol oral tablet 10 mg, 5 mg	Tier 2 Generic	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	Tier 2 Generic	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 2 Generic	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2 Generic	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 2 Generic	
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	Tier 2 Generic	
sotalol oral tablet 240 mg (Betapace)	Tier 2 Generic	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4 Non-Preferred Brand	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 2 Generic	

Drug	Status	Notes
TOPROL XL ORAL TABLET (metoprolol succinate) EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 2 Generic	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 2 Generic	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2 Generic	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2 Generic	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2 Generic	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
TENORETIC 50 ORAL TABLET 50-25 (atenolol-chlorthalidone) MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 2 Generic	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CARDIZEM LA ORAL TABLET (diltiazem hcl) EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 2 Generic	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 4 Non-Preferred Brand	PA

Drug		Status	Notes
CONJUPRI ORAL TABLET 5 MG	(levamlodipine)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	(DILT-XR)	Tier 2 Generic	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>		Tier 2 Generic	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	(Tiadylt ER)	Tier 2 Generic	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	(Cartia XT)	Tier 2 Generic	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	(Cardizem CD)	Tier 2 Generic	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	(Cardizem)	Tier 2 Generic	
<i>diltiazem hcl oral tablet 90 mg</i>		Tier 2 Generic	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	(Cardizem LA)	Tier 2 Generic	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	(Matzim LA)	Tier 2 Generic	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 2 Generic	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>		Tier 2 Generic	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		Tier 2 Generic	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	(Conjupri)	Tier 2 Generic	PA

Drug	Status	Notes
MATZIM LA ORAL TABLET EXTENDED (diltiazem hcl) RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2 Generic	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 2 Generic	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 2 Generic	
<i>nifedipine oral tablet extended release</i> (Procardia XL) <i>24hr 30 mg, 60 mg, 90 mg</i>	Tier 2 Generic	
<i>nifedipine oral tablet extended release</i> <i>30 mg, 60 mg, 90 mg</i>	Tier 2 Generic	
<i>nimodipine oral capsule 30 mg</i>	Tier 2 Generic	
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 5 Specialty	PA; SP
<i>nisoldipine oral tablet extended release</i> (Sular) <i>24 hr 17 mg, 34 mg, 8.5 mg</i>	Tier 2 Generic	
<i>nisoldipine oral tablet extended release</i> <i>24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 2 Generic	
NORVASC ORAL TABLET 10 MG, 2.5 (amlodipine) MG, 5 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 5 Specialty	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 5 Specialty	PA; SP



Drug	Status	Notes
PROCARDIA XL ORAL TABLET (nifedipine) EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 2 Generic	

Drug	Status	Notes
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 2 Generic	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 2 Generic	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2 Generic	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2 Generic	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG (verapamil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2 Generic	

Drug	Status	Notes
EDECIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 2 Generic	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2 Generic	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 2 Generic	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SOAANZ ORAL TABLET 20 MG (torsemide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2 Generic	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>amiloride oral tablet 5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 2 Generic	
INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 4 Non-Preferred Brand	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 2 Generic	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 2 Generic	
<b>Potassium Sparing Diuretics In Combination</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2 Generic	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2 Generic	

Drug		Status	Notes
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>		Tier 2 Generic	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>		Tier 2 Generic	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 5 Specialty	PA; SP
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>			
ADCIRCA ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 5 Specialty	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 5 Specialty	PA; SP

Drug		Status	Notes
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	(sildenafil (pulm.hypertension))	Tier 4 Non-Preferred Brand	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
REVATIO ORAL TABLET 20 MG	(sildenafil (pulm.hypertension))	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	(Revatio)	Tier 2 Generic	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>		Tier 2 Generic	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	(Revatio)	Tier 2 Generic	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	(Adcirca)	Tier 5 Specialty	PA; SP
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>			
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	(Letairis)	Tier 5 Specialty	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	(Tracleer)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OPSUMIT ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 5 Specialty	PA; SP
<b>Pulmonary Antihyper Agent, Actriia-Fc</b>		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 5 Specialty	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)	Tier 5 Specialty	PA; SP



Drug	Status	Notes
FLOLAN INTRAVENOUS RECON (epoprostenol (glycine)) SOLN 0.5 MG, 1.5 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 5 Specialty	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 5 Specialty	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 5 Specialty	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5 Specialty	PA; SP
REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 5 Specialty	PA; SP
<i>treprostinil sodium injection solution 1</i> (Remodulin) <i>mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 5 Specialty	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 5 Specialty	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5 Specialty	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5 Specialty	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5 Specialty	PA; SP
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	Tier 5 Specialty	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5 Specialty	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5 Specialty	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)	Tier 5 Specialty	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5 Specialty	PA; SP
<b>Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh</b>		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 5 Specialty	PA; SP
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 2 Generic	
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2 Generic	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		Tier 2 Generic	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		Tier 2 Generic	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		Tier 2 Generic	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML		Tier 4 Non-Preferred Brand	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		Tier 2 Generic	
<b>Vasodilators, Combination</b>			
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	(BiDil)	Tier 2 Generic	
<b>Cardiovascular Disease - Lipid Irregularity</b>			
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>			
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i>	(Vytorin 10-10)	Tier 2 Generic	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	(Vytorin 10-20)	Tier 2 Generic	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	(Vytorin 10-40)	Tier 2 Generic	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	(Vytorin 10-80)	Tier 2 Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
VYTORIN 10-10 ORAL TABLET 10-10 (ezetimibe-simvastatin) MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 (ezetimibe-simvastatin) MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe-simvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe-simvastatin)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 3 Preferred Brand	ST: Requires prior prescription for a generic statin within the past 120 days

Drug	Status	Notes
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4 Non-Preferred Brand	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 2 Generic	QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 4 Non-Preferred Brand	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 4 Non-Preferred Brand	PA

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

Drug	Status	Notes
<p>LESCOL XL ORAL TABLET (fluvastatin) EXTENDED RELEASE 24 HR 80 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)</p>
<p>LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)</p>



Drug	Status	Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Tier 1 EHB/ACA	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg (Crestor)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg (Crestor)	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 2 Generic	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Repatha within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3 Preferred Brand	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3 Preferred Brand	ST: Requires prior prescription for a generic statin within the past 120 days

Drug	Status	Notes
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3 Preferred Brand	ST: Requires prior prescription for a generic statin within the past 120 days
<b>Antihyperlipidemic-Acyl And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 3 Preferred Brand	ST: Requires prior prescription for a generic statin within the past 120 days
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder</i> (Questran) 4 gram	Tier 2 Generic	
<i>cholestyramine (with sugar) oral powder</i> (Questran) <i>in packet 4 gram</i>	Tier 2 Generic	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 2 Generic	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 2 Generic	
<i>colesevelam oral powder in packet 3.75</i> (WelChol) <i>gram</i>	Tier 2 Generic	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 2 Generic	
COLESTID ORAL GRANULES 5 GRAM (colestipol)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
COLESTID ORAL TABLET 1 GRAM (colestipol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 2 Generic	
<i>colestipol oral packet 5 gram</i>	Tier 2 Generic	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 2 Generic	
PREVALITE ORAL POWDER 4 GRAM	Tier 2 Generic	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2 Generic	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<p>QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>
<p>QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>

Drug	Status	Notes
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
WELCHOL ORAL TABLET 625 MG (colesevelam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Lipotropics</b>		
ezetimibe oral tablet 10 mg (Zetia)	Tier 2 Generic	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 2 Generic	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	Tier 2 Generic	
fenofibrate oral capsule 150 mg, 50 mg (Lipofen)	Tier 2 Generic	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 2 Generic	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	Tier 2 Generic	

Drug	Status	Notes
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	Tier 2 Generic	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 2 Generic	

Drug	Status	Notes
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days
LOPID ORAL TABLET 600 MG (gemfibrozil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug		Status	Notes
LOVAZA ORAL CAPSULE 1 GRAM	(omega-3 acid ethyl esters)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>		Tier 2 Generic	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 2 Generic	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza)	Tier 2 Generic	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG	(fenofibrate nanocrystallized)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG (fenofibric acid (choline))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (8 EA per 1 day)

Drug		Status	Notes
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG	(ezetimibe)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Cardiovascular Disease - Miscellaneous Agents</b>			
<b>Adrenergic Vasopressor Agents</b>			
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	(Northera)	Tier 5 Specialty	PA; SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>		Tier 2 Generic	

Drug	Status	Notes
NORTHERA ORAL CAPSULE 100 MG, (droxidopa) 200 MG, 300 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)	Tier 3 Preferred Brand	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, (sacubitril-valsartan) 97-103 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 3 Preferred Brand	QL (8 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents,Non-Hemodynamic</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 2 Generic	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 2 Generic	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3 Preferred Brand	QL (20 ML per 1 day)

Drug	Status	Notes
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 2 Generic	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 2 Generic	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
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 (amlodipine-atorvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5 Specialty	PA; SP
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5 Specialty	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 5 Specialty	PA; SP
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4 Non-Preferred Brand	PA
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 2 Generic	

Drug	Status	Notes
ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 2 Generic	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 2 Generic	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	Tier 2 Generic	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2 Generic	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2 Generic	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
NITRO-DUR TRANSDERMAL PATCH (nitroglycerin) 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3 Preferred Brand	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 2 Generic	
<i>nitroglycerin transdermal ointment 2 %</i> (Nitro-Bid)	Tier 2 Generic	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 2 Generic	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 2 Generic	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
NITROSTAT SUBLINGUAL TABLET 0.3 (nitroglycerin) MG, 0.4 MG, 0.6 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NITRO-TIME ORAL CAPSULE, (nitroglycerin) EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 2 Generic	
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 2 Generic	
<i>papaverine injection solution 30 mg/ml</i>	Tier 2 Generic	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 1 EHB/ACA	
ELURYNG VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl MG/24 HR estradiol)	Tier 1 EHB/ACA	
ENILLORING VAGINAL RING 0.12- (etonogestrel-ethinyl 0.015 MG/24 HR estradiol)	Tier 1 EHB/ACA	
<i>etonogestrel-ethinyl estradiol vaginal ring (EluRyng)</i> <i>0.12-0.015 mg/24 hr</i>	Tier 1 EHB/ACA	
HALOETTE VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl MG/24 HR estradiol)	Tier 1 EHB/ACA	

Drug	Status	Notes
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 28 days)
<b>Contraceptives, Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
<b>Contraceptives, Injectable</b>		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 ML per 84 days)

Drug		Status	Notes
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	(medroxyprogesterone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 1 EHB/ACA	\$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera)	Tier 1 EHB/ACA	\$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	Tier 1 EHB/ACA	\$0 COPAY IF DAY SUPPLY LIMITED TO 90 DAYS; QL (1 ML per 84 days)
<b>Contraceptives, Intravaginal</b>			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Tier 1 EHB/ACA	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 1 EHB/ACA	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 1 EHB/ACA	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		Tier 1 EHB/ACA	
<b>Contraceptives, Oral</b>			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	(drospirenone-e.estradiol-lm.fa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CURAE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)

Drug	Status	Notes
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Safyral)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	Tier 1 EHB/ACA	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 1 EHB/ACA	
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELLA ORAL TABLET 30 MG	Tier 1 EHB/ACA	
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS



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



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

Drug		Status	Notes
<i>levonorgestrel-ethinyl estrad oral tablet</i> 90-20 mcg (28)	(Amethyst (28))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>levonorgestrel-ethinyl estrad oral</i> <i>tablets,dose pack,3 month 0.15 mg-30</i> <i>mcg (91)</i>	(Iclevia)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 1 EHB/ACA	ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days

Drug	Status	Notes
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days

Drug		Status	Notes
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol- iron)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol- e.estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28) ORAL TABLET 0.15- 0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol- iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol- iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		Tier 1 EHB/ACA	ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 28 IN 28 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		Tier 1 EHB/ACA	ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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

Drug		Status	Notes
ORTHO MICRONOR ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days



Drug	Status	Notes
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a generic contraceptive within the past 120 days
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 (desog- MGX21 /0.01 MG X 5 e.estradiol/e.estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PLAN B ONE-STEP ORAL TABLET 1.5 (levonorgestrel) MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PORTIA 28 ORAL TABLET 0.15-0.03 (levonorgestrel-ethinyl MG estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28) ORAL TABLET 0.15- (desogestrel-ethinyl 0.03 MG estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS



Drug		Status	Notes
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol- e.estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol- lm.fa)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol- e.estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		Tier 1 EHB/ACA	ST: Requires prior prescription for generic Norethindrone 0.35mg tablets within the past 120 days; \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25- 0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SRONYX ORAL TABLET 0.1-20 MG- MCG	(levonorgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol- iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for two generic oral contraceptives within the past 365 days
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

Drug		Status	Notes
YASMIN (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
YAZ (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<b>Contraceptives, Transdermal</b>			
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	Tier 1 EHB/ACA	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 1 EHB/ACA	

Drug		Status	Notes
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 1 EHB/ACA	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 1 EHB/ACA	
<b>Diaphragms/Cervical Cap</b>			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		Tier 1 EHB/ACA	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Tier 1 EHB/ACA	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		Tier 1 EHB/ACA	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		Tier 1 EHB/ACA	
<b>Oxytocics</b>			
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 4 Non-Preferred Brand	
<i>methylergonovine oral tablet 0.2 mg</i>		Tier 2 Generic	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Tier 4 Non-Preferred Brand	
<b>Cough And Cold</b>			
<b>1st Gen Antihistamine &amp; Decongestant Combinations</b>			
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	(Promethazine VC)	Tier 2 Generic	
<b>1st Gen Antihist-Decongest-Anticholinergic Comb</b>			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 2 Generic	
<b>Antitussives,Non-Narcotic</b>			
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>		Tier 2 Generic	

Drug		Status	Notes
<b>Narcotic Antitussive-1st Generation Antihistamine</b>			
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>		Tier 2 Generic	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>		Tier 2 Generic	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>			
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	(hydrocodone-homatropine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	(Hydromet)	Tier 2 Generic	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 2 Generic	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Non-Narc Antituss-1st Gen. Antihistamine-Decongest</b>			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 2 Generic	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	Tier 2 Generic	

Drug		Status	Notes
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>			
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		Tier 2 Generic	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>			
<i>epinephrine hcl nasal solution 1 mg/ml</i>		Tier 2 Generic	
<b>Dermatology - Acne</b>			
<b>Acne Agents, Systemic</b>			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)		Tier 2 Generic	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)		Tier 2 Generic	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)		Tier 2 Generic	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)		Tier 2 Generic	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)		Tier 2 Generic	
<b>Acne Agents, Topical</b>			
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days



Drug	Status	Notes
ACZONE TOPICAL GEL 5 % (dapsonsone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsonsone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 2 Generic	



Drug	Status	Notes
<i>adapalene-benzoyl peroxide topical gel</i> (Epiduo Forte) <i>with pump</i> 0.3-2.5 %	Tier 2 Generic	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 4 Non-Preferred Brand	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %	Tier 4 Non-Preferred Brand	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %	Tier 4 Non-Preferred Brand	
ADMIRAZOL TOPICAL CREAM 6-5-2 %	Tier 4 Non-Preferred Brand	
ALIXI HP TOPICAL CREAM 8.5-4 %	Tier 4 Non-Preferred Brand	
ALIXI TOPICAL CREAM 6-4 %	Tier 4 Non-Preferred Brand	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %	Tier 4 Non-Preferred Brand	
ALURIS HP TOPICAL CREAM 0.1-4 %	Tier 4 Non-Preferred Brand	
ARTILIS TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 2 Generic	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %	Tier 4 Non-Preferred Brand	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %	Tier 4 Non-Preferred Brand	
AWANIS TOPICAL CREAM 0.025-8.5-2 %	Tier 4 Non-Preferred Brand	
AZELEX TOPICAL CREAM 20 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 4 Non-Preferred Brand	PA
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) <i>1.2 %(1 % base) -5 %</i>	Tier 2 Generic	
<i>clindamycin-benzoyl peroxide topical gel</i> <i>1-5 %</i>	Tier 2 Generic	
<i>clindamycin-benzoyl peroxide topical gel</i> (Onexton) <i>with pump</i> 1.2 %(1 % base) -3.75 %	Tier 2 Generic	

Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel</i> (Acanya) <i>with pump 1.2-2.5 %</i>	Tier 2 Generic	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 2 Generic	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 2 Generic	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 2 Generic	ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 4 Non-Preferred Brand	
DEOXIATAR TOPICAL CREAM 0.05-1-4 %	Tier 4 Non-Preferred Brand	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 4 Non-Preferred Brand	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 4 Non-Preferred Brand	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 4 Non-Preferred Brand	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 4 Non-Preferred Brand	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 4 Non-Preferred Brand	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	(adapalene-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 4 Non-Preferred Brand	
INZDEAXIAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 4 Non-Preferred Brand	

Drug	Status	Notes
KLARON TOPICAL SUSPENSION 10 % (sulfacetamide sodium (acne))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 2 Generic	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 % (clindamycin-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 4 Non-Preferred Brand	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 4 Non-Preferred Brand	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 4 Non-Preferred Brand	
OXIAVARY TOPICAL CREAM 0.1-4 %	Tier 4 Non-Preferred Brand	
SIRVANA TOPICAL GEL 0.025-5 %	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 2 Generic	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3 Preferred Brand	
<b>Rosacea Agents, Topical</b>		
AVEIDA TOPICAL GEL 1-1 %	Tier 4 Non-Preferred Brand	
<i>azelaic acid topical gel 15 %</i>	Tier 2 Generic	
BAXONIL TOPICAL OINTMENT 1-2 %	Tier 4 Non-Preferred Brand	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Tier 2 Generic	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 4 Non-Preferred Brand	
DAZOMON TOPICAL GEL 0.25 %	Tier 4 Non-Preferred Brand	
FINACEA TOPICAL FOAM 15 %	Tier 3 Preferred Brand	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 4 Non-Preferred Brand	
<i>ivermectin topical cream 1 %</i> (Soolantra)	Tier 2 Generic	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
METROCREAM TOPICAL CREAM 0.75 % (metronidazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
METROGEL TOPICAL GEL 1 % (metronidazole)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	Tier 2 Generic	
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	Tier 2 Generic	
<i>metronidazole topical gel 1 %</i>	(Metrogel)	Tier 2 Generic	
<i>metronidazole topical gel with pump 1 %</i>		Tier 2 Generic	
<i>metronidazole topical lotion 0.75 %</i>	(MetroLotion)	Tier 2 Generic	

Drug	Status	Notes
MIRVASO TOPICAL GEL WITH PUMP (brimonidine) 0.33 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
REMYDA TOPICAL GEL 0.25 %	Tier 4 Non-Preferred Brand	
RESTIMO TOPICAL GEL 1-1 %	Tier 4 Non-Preferred Brand	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 2 Generic	
ROSADAN TOPICAL GEL 0.75 % (metronidazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROVIS TOPICAL GEL 0.25-1-1-4 %	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<b>Topical Antiandrogenic Agents</b>		
WINLEVI TOPICAL CREAM 1 %	Tier 4 Non-Preferred Brand	PA
<b>Topical Preparations,Antibacterials</b>		
BASADROX TOPICAL GEL IN PACKET	Tier 4 Non-Preferred Brand	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 4 Non-Preferred Brand	
<i>hydrocortisone-iodoquinol topical cream</i> 1-1 % (Corti-Sav)	Tier 2 Generic	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet</i> 1.9-1 % (Vytone)	Tier 2 Generic	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 4 Non-Preferred Brand	
IODOSORB TOPICAL GEL 0.9 %	Tier 4 Non-Preferred Brand	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2 Generic	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 4 Non-Preferred Brand	
SILVASORB TOPICAL GEL,EXTENDED RELEASE	Tier 2 Generic	
<i>silver nitrate topical solution</i> 0.5 %, 25 %, 50 %	Tier 2 Generic	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2 Generic	



Drug		Status	Notes
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	(hydrocortisone-iodoquinol-aloe)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Vitamin A Derivatives</b>			
<i>adapalene topical cream 0.1 %</i>	(Differin)	Tier 2 Generic	
<i>adapalene topical gel 0.3 %</i>		Tier 2 Generic	
<i>adapalene topical gel with pump 0.3 %</i>	(Differin)	Tier 2 Generic	
<i>adapalene topical lotion 0.1 %</i>	(Differin)	Tier 2 Generic	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 4 Non-Preferred Brand	
ATRALIN TOPICAL GEL 0.05 %	(tretinoin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 2 Generic	
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 2 Generic	

Drug	Status	Notes
DIFFERIN TOPICAL CREAM 0.1 % (adapalene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 4 Non-Preferred Brand	Age (Max 39 Years)

Drug	Status	Notes
RETIN-A MICRO PUMP TOPICAL GEL (tretinoin microspheres) WITH PUMP 0.04 %, 0.1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL (tretinoin microspheres) WITH PUMP 0.08 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)

Drug	Status	Notes
RETIN-A MICRO TOPICAL GEL 0.04 %, (tretinoin microspheres) 0.1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, (tretinoin) 0.05 %, 0.1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 2 Generic	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 2 Generic	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Tier 2 Generic	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 2 Generic	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 2 Generic	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 2 Generic	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 2 Generic	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 2 Generic	
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
AKLIEF TOPICAL CREAM 0.005 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for one of the following generic topicals: Adapalene gel/cream/lotion/solution, Tazarotene, or Tretinoin within the past 120 days; Age (Max 39 Years)

Drug	Status	Notes
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 4 Non-Preferred Brand	
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 GM per 1 FILL)

Drug	Status	Notes
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 ML per 1 FILL)

Drug	Status	Notes
CLINDACIN ETZ TOPICAL SWAB 1 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLINDACIN P TOPICAL SWAB 1 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
CLINDACIN TOPICAL FOAM 1 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 2 Generic	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2 Generic	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 2 Generic	ST: Requires prior prescription for generic Cleocin-T 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 2 Generic	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2 Generic	QL (180 ML per 1 FILL)

Drug		Status	Notes
<i>clindamycin phosphate topical swab 1 %</i>	(Clindacin ETZ)	Tier 2 Generic	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 2 Generic	
ERYGEL TOPICAL GEL 2 %	(erythromycin with ethanol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	Tier 2 Generic	
<i>erythromycin with ethanol topical solution 2 %</i>		Tier 2 Generic	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	Tier 2 Generic	
EVOCLIN TOPICAL FOAM 1 %	(clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>gentamicin topical cream 0.1 %</i>		Tier 2 Generic	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>		Tier 2 Generic	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>		Tier 2 Generic	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	(Centany)	Tier 2 Generic	QL (90 GM per 1 FILL)

Drug	Status	Notes
XEPI TOPICAL CREAM 1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2 Generic	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2 Generic	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 4 Non-Preferred Brand	
CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox-ure-camph-menth-euc)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (19.8 ML per 1 FILL)

Drug	Status	Notes
CICLODAN TOPICAL CREAM 0.77 % (ciclopirox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 % (ciclopirox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (19.8 ML per 1 FILL)
ciclopirox topical cream 0.77 % (Ciclodan)	Tier 2 Generic	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 2 Generic	
ciclopirox topical shampoo 1 %	Tier 2 Generic	
ciclopirox topical solution 8 % (Ciclodan)	Tier 2 Generic	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 % (Loprox (as olamine))	Tier 2 Generic	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 % (Ciclodan Kit)	Tier 2 Generic	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 % (Antifungal (clotrimazole))	Tier 2 Generic	
clotrimazole topical solution 1 % (Athlete's Foot (clotrimazole))	Tier 2 Generic	

Drug	Status	Notes
DAFILOR TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 4 Non-Preferred Brand	
<i>econazole nitrate topical cream 1 %</i>	Tier 2 Generic	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 4 Non-Preferred Brand	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 3 Preferred Brand	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 3 Preferred Brand	
EXODERM TOPICAL LOTION 25-1 %	Tier 2 Generic	
FERVINA TOPICAL LOTION 3-5-20 %	Tier 4 Non-Preferred Brand	
FIDILA TOPICAL SHAMPOO 2-2 %	Tier 4 Non-Preferred Brand	
FILOMA TOPICAL SOLUTION 8-1-1 %	Tier 4 Non-Preferred Brand	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 4 Non-Preferred Brand	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 4 Non-Preferred Brand	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 4 Non-Preferred Brand	
<i>ketoconazole topical cream 2 %</i>	Tier 2 Generic	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 2 Generic	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 4 Non-Preferred Brand	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2 Generic	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 GM per 1 FILL)

Drug	Status	Notes
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 ML per 1 FILL)
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 2 Generic	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 % (luliconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)

Drug	Status	Notes
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 2 Generic	
<i>naftifine topical cream 1 %</i>	Tier 2 Generic	
<i>naftifine topical cream 2 %</i>	Tier 2 Generic	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 2 Generic	
NAFTIN TOPICAL GEL 2 % (naftifine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2 Generic	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2 Generic	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2 Generic	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 2 Generic	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2 Generic	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2 Generic	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2 Generic	
<i>oxiconazole topical cream 1 %</i>	Tier 2 Generic	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 4 Non-Preferred Brand	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 4 Non-Preferred Brand	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 2 Generic	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 2 Generic	
<i>tavaborole topical solution with applicator 5 %</i>	Tier 2 Generic	PA

Drug	Status	Notes
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Topical Antiparasitics</b>		
ELIMITE TOPICAL CREAM 5 % (permethrin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 2 Generic	



Drug	Status	Notes
NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OVIDE TOPICAL LOTION 0.5 % (malathion)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 2 Generic	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 2 Generic	
ULESFIA TOPICAL LOTION 5 %	Tier 4 Non-Preferred Brand	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2 Generic	

Drug	Status	Notes
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Sulfonamides</b>		
ABENOR HP TOPICAL LOTION 15-4 %	Tier 4 Non-Preferred Brand	
AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
AVAR TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1419 GM per 1 FILL)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 2 Generic	
<i>mafenide acetate topical packet 50 gram</i>	(Sulfamylon)	Tier 2 Generic	
OXIAICE TOPICAL LOTION 15-4 %		Tier 4 Non-Preferred Brand	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
PLEXION TOPICAL CLEANSER 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 4 Non-Preferred Brand	
SILVADENE TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>silver sulfadiazine topical cream 1 %</i>	(SSD)	Tier 2 Generic	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 2 Generic	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i>	(Avar LS)	Tier 2 Generic	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	(Avar)	Tier 2 Generic	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>		Tier 2 Generic	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i>	(Plexion)	Tier 2 Generic	

Drug		Status	Notes
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	(Sumaxin)	Tier 2 Generic	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i>	(Sumadan)	Tier 2 Generic	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>		Tier 2 Generic	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 4 Non-Preferred Brand	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 4 Non-Preferred Brand	
SUMADAN TOPICAL CLEANSER 9-4.5 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SUMAXIN TOPICAL CLEANSER 9-4 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Dermatology - Antiinflammatory</b>		
<b>Interleukin-13 (Il-13) Inhibitors, Mab</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 5 Specialty	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5 Specialty	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 5 Specialty	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 5 Specialty	PA; SP
<b>Interleukin-31(II-31)Receptor Alpha Antagonist,Mab</b>		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 5 Specialty	PA; SP
<b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3 Preferred Brand	ST: Requires prior prescription for a Topical Corticosteroid or Calcineurin Inhibitor within the past 120 days
ZORYVE TOPICAL CREAM 0.15 %	Tier 4 Non-Preferred Brand	PA
ZORYVE TOPICAL FOAM 0.3 %	Tier 4 Non-Preferred Brand	PA
<b>Topical Antibiotics/Antiinflammatory,Steroidal</b>		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 120 days
<b>Topical Anti-Inflammatory Steroidal</b>		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 4 Non-Preferred Brand	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 2 Generic	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 2 Generic	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 2 Generic	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days

Drug	Status	Notes
<i>alclometasone topical cream 0.05 %</i>	Tier 2 Generic	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2 Generic	
<i>amcinonide topical cream 0.1 %</i>	Tier 2 Generic	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BESER TOPICAL LOTION 0.05 % (fluticasone propionate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2 Generic	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2 Generic	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2 Generic	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2 Generic	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 2 Generic	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2 Generic	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2 Generic	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2 Generic	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2 Generic	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2 Generic	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 2 Generic	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 4 Non-Preferred Brand	
<i>clobetasol scalp solution 0.05 %</i>	Tier 2 Generic	
<i>clobetasol topical cream 0.05 %</i>	Tier 2 Generic	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 2 Generic	
<i>clobetasol topical gel 0.05 %</i>	Tier 2 Generic	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 2 Generic	
<i>clobetasol topical ointment 0.05 %</i>	Tier 2 Generic	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 2 Generic	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	Tier 2 Generic	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2 Generic	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 2 Generic	



Drug	Status	Notes
CLOBEX TOPICAL LOTION 0.05 % (clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 % (clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 2 Generic	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 4 Non-Preferred Brand	
CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days

Drug	Status	Notes
CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)

Drug	Status	Notes
DERMA-SMOOTH/FS BODY OIL (fluocinolone) TOPICAL OIL 0.01 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DERMA-SMOOTH/FS SCALP OIL (fluocinolone and shower cap) SCALP OIL 0.01 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 2 Generic	
<i>desonide topical gel 0.05 %</i>	Tier 2 Generic	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 2 Generic	

Drug	Status	Notes
<i>desonide topical ointment 0.05 %</i>	Tier 2 Generic	
DESOWEN TOPICAL CREAM 0.05 % (desonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 2 Generic	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 2 Generic	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 2 Generic	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	Tier 2 Generic	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days

Drug		Status	Notes
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 4 Non-Preferred Brand	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	(Derma-Smoothe/FS Scalp Oil)	Tier 2 Generic	
<i>fluocinolone topical cream 0.01 %</i>		Tier 2 Generic	
<i>fluocinolone topical cream 0.025 %</i>	(Synalar)	Tier 2 Generic	
<i>fluocinolone topical oil 0.01 %</i>	(Derma-Smoothe/FS Body Oil)	Tier 2 Generic	
<i>fluocinolone topical ointment 0.025 %</i>	(Synalar)	Tier 2 Generic	
<i>fluocinolone topical solution 0.01 %</i>	(Synalar)	Tier 2 Generic	
<i>fluocinonide topical cream 0.05 %</i>		Tier 2 Generic	
<i>fluocinonide topical cream 0.1 %</i>	(Vanos)	Tier 2 Generic	
<i>fluocinonide topical gel 0.05 %</i>		Tier 2 Generic	
<i>fluocinonide topical ointment 0.05 %</i>		Tier 2 Generic	
<i>fluocinonide topical solution 0.05 %</i>		Tier 2 Generic	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 2 Generic	
<i>fluocinonide-emollient topical cream 0.05 %</i>	(Fluocinonide-E)	Tier 2 Generic	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 4 Non-Preferred Brand	

Drug	Status	Notes
<i>flurandrenolide topical cream 0.05 %</i>	Tier 2 Generic	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 2 Generic	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 2 Generic	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 2 Generic	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 2 Generic	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 2 Generic	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 2 Generic	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Tier 2 Generic	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2 Generic	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2 Generic	



Drug	Status	Notes
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL OINTMENT 0.1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream</i> 0.1 %	Tier 2 Generic	

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

Drug	Status	Notes
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Tier 2 Generic	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
KENALOG TOPICAL AEROSOL 0.147 (triamcinolone acetonide) MG/GRAM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>mometasone topical cream 0.1 %</i>	Tier 2 Generic	
<i>mometasone topical ointment 0.1 %</i>	Tier 2 Generic	

Drug		Status	Notes
<i>mometasone topical solution 0.1 %</i>		Tier 2 Generic	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 4 Non-Preferred Brand	
OLUX TOPICAL FOAM 0.05 %	(clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OLUX-E TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PANDEL TOPICAL CREAM 0.1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 2 Generic	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 2 Generic	
PROCTOCORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2 Generic	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2 Generic	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2 Generic	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 3 Preferred Brand	

Drug	Status	Notes
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 4 Non-Preferred Brand	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 4 Non-Preferred Brand	QL (375 GM per 30 days)

Drug	Status	Notes
SYNALAR TOPICAL CREAM 0.025 % (fluocinolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SYNALAR TS TOPICAL KIT 0.01 %	Tier 4 Non-Preferred Brand	
TELORA TOPICAL GEL 0.1-0.5 %	Tier 4 Non-Preferred Brand	
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<p>TOPICORT TOPICAL GEL 0.05 % (desoximetasone)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>
<p>TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>

Drug	Status	Notes
<p>TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days</p>
<p>TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>

Drug	Status	Notes
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Tier 2 Generic	
<i>triamcinolone acetonide topical cream</i> 0.025 %, 0.1 %	Tier 2 Generic	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Tier 2 Generic	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 2 Generic	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 2 Generic	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 2 Generic	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 2 Generic	QL (454 GM per 30 days)
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 2 Generic	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 2 Generic	
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	Tier 2 Generic	

Drug	Status	Notes
FLECTOR TRANSDERMAL PATCH 12 (diclofenac epolamine) HOUR 1.3 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA TOPICAL CREAM 1.5 %	Tier 3 Preferred Brand	PA
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Systemic</b>		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	Tier 5 Specialty	PA; SP
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL (aluminum chloride) SOLUTION 20 %	Tier 3 Preferred Brand	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3 Preferred Brand	
<b>Antiseborrheic Agents</b>		
OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium) SHAMPOO 10 %	Tier 3 Preferred Brand	

Drug	Status	Notes
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OVACE PLUS TOPICAL CREAM 10 %	Tier 4 Non-Preferred Brand	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Ciclopirox shampoo/gel or Ketoconazole shampoo/cream within the past 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
selenium sulfide topical lotion 2.5 %	Tier 2 Generic	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 2 Generic	
sulfacetamide sodium topical cleanser 10 % (Ovace)	Tier 2 Generic	
sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash)	Tier 2 Generic	
sulfacetamide sodium topical shampoo 10 % (Ovace Plus Shampoo)	Tier 2 Generic	
sulfacetamide sodium topical shampoo 9.8 % (Plexion NS)	Tier 2 Generic	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 4 Non-Preferred Brand	
<b>Emollients</b>		
ammonium lactate topical cream 12 %	Tier 2 Generic	
ammonium lactate topical lotion 12 % (AmLactin)	Tier 2 Generic	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 4 Non-Preferred Brand	
KERASTAT TOPICAL CREAM	Tier 4 Non-Preferred Brand	
KERASTAT TOPICAL GEL 5 %	Tier 4 Non-Preferred Brand	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 2 Generic	
PRESERA TOPICAL FOAM	Tier 4 Non-Preferred Brand	
XCLAIR TOPICAL CREAM	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
<b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>		
LITFULO ORAL CAPSULE 50 MG	Tier 5 Specialty	PA; SP
<b>Iodine Antiseptics</b>		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 2 Generic	
<b>Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2 Generic	
<i>lactated ringers irrigation solution</i>	Tier 4 Non-Preferred Brand	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2 Generic	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4 Non-Preferred Brand	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4 Non-Preferred Brand	
<i>ringer's irrigation solution</i>	Tier 2 Generic	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 2 Generic	
<i>sorbitol irrigation solution 3 %</i>	Tier 2 Generic	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2 Generic	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 4 Non-Preferred Brand	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 4 Non-Preferred Brand	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 2 Generic	
<b>Irritants/Counter-Irritants</b>		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 2 Generic	
QUTENZA TOPICAL KIT 8 %	Tier 4 Non-Preferred Brand	PA
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 4 Non-Preferred Brand	PA
<b>Keratolytics</b>		
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 2 Generic	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 2 Generic	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 2 Generic	



Drug	Status	Notes
CONDYLOX TOPICAL GEL 0.5 % (podofilox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 4 Non-Preferred Brand	
HYDRO 40 TOPICAL FOAM 40 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NENDRUX TOPICAL GEL 40-5 %	Tier 4 Non-Preferred Brand	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 4 Non-Preferred Brand	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 4 Non-Preferred Brand	
PODOCON TOPICAL LIQUID 25 %	Tier 2 Generic	
podofilox topical gel 0.5 % (Condylox)	Tier 2 Generic	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %	Tier 2 Generic	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 2 Generic	
PRONAL TOPICAL GEL 10-40 %	Tier 4 Non-Preferred Brand	
salicylic acid topical cream 6 % (Salimez)	Tier 2 Generic	
salicylic acid topical cream,extended release 6 %	Tier 2 Generic	
salicylic acid topical film forming liquid w/appl 27.5 % (Virasal)	Tier 2 Generic	
salicylic acid topical film-forming soln er w/ appl 28.5 % (UltraSal-ER)	Tier 2 Generic	
salicylic acid topical foam 6 % (Salvax)	Tier 2 Generic	
salicylic acid topical liquid 26 %	Tier 2 Generic	
salicylic acid topical lotion 6 %	Tier 2 Generic	
salicylic acid topical lotion,extended release 6 %	Tier 2 Generic	

Drug	Status	Notes
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 2 Generic	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 4 Non-Preferred Brand	
SALIMEZ TOPICAL CREAM 6 % (salicylic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 4 Non-Preferred Brand	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 2 Generic	
SALYCIM TOPICAL CREAM 6 % (salicylic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 2 Generic	
<i>silver nitrate topical solution 10 %</i>	Tier 2 Generic	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
URAMAXIN GT TOPICAL GEL 45 % (urea)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 4 Non-Preferred Brand	
URAMAXIN TOPICAL CREAM 45 % (urea)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
URAMAXIN TOPICAL FOAM 20 %	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
URAMAXIN TOPICAL GEL 45 % (urea)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
	UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 2 Generic	
	<i>urea topical cream 39 %</i> (Uredeb)	Tier 2 Generic	
	<i>urea topical cream 40 %, 47 %</i>	Tier 2 Generic	
	<i>urea topical cream 45 %</i> (Uramaxin)	Tier 2 Generic	
	<i>urea topical cream 50 %</i> (Ure-K)	Tier 2 Generic	
	<i>urea topical foam 35 %</i> (Hydro 35)	Tier 2 Generic	
	<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 2 Generic	
UREDEB TOPICAL CREAM 39 % (urea)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
WAYZEN TOPICAL GEL 40-5 %	Tier 4 Non-Preferred Brand	
XALIX TOPICAL FILM-FORMING SOLNER W/ APPL 28 %	Tier 4 Non-Preferred Brand	
XIRUN TOPICAL GEL 10-40 %	Tier 4 Non-Preferred Brand	
XUREA TOPICAL CREAM 39 % (urea)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Oxidizing Agents</b>		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 4 Non-Preferred Brand	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
RENOVAR TOPICAL SOLUTION	Tier 4 Non-Preferred Brand	
<b>Protectives</b>		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 4 Non-Preferred Brand	
PR CREAM TOPICAL CREAM	Tier 2 Generic	
RECEDO TOPICAL GEL	Tier 4 Non-Preferred Brand	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 2 Generic	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4 Non-Preferred Brand	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3 Preferred Brand	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 2 Generic	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 2 Generic	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 3 Preferred Brand	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 3 Preferred Brand	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 3 Preferred Brand	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 3 Preferred Brand	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>diclofenac sodium topical gel 3 %</i>	Tier 2 Generic	QL (100 GM per 1 FILL)
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FLUOROPLEX TOPICAL CREAM 1 %	Tier 4 Non-Preferred Brand	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 2 Generic	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 2 Generic	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2 Generic	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 3 Preferred Brand	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 3 Preferred Brand	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 5 Specialty	SP; QL (60 GM per 28 days)



Drug	Status	Notes
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TOLAK TOPICAL CREAM 4 %	Tier 3 Preferred Brand	
<b>Topical Local Anesthetics</b>		
ANACAINE TOPICAL OINTMENT 10 %	Tier 4 Non-Preferred Brand	
ANASTIA TOPICAL LOTION 2.75 %	Tier 4 Non-Preferred Brand	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 4 Non-Preferred Brand	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY	Tier 4 Non-Preferred Brand	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 4 Non-Preferred Brand	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 4 Non-Preferred Brand	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 4 Non-Preferred Brand	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 4 Non-Preferred Brand	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 2 Generic	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 2 Generic	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 2 Generic	

Drug	Status	Notes
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 2 Generic	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 4 Non-Preferred Brand	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 2 Generic	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 2 Generic	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 2 Generic	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 2 Generic	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2 Generic	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 2 Generic	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days)

Drug		Status	Notes
LIDOPIN TOPICAL CREAM 3 %	(lidocaine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LIDOPIN TOPICAL CREAM 3.25 %		Tier 4 Non-Preferred Brand	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 4 Non-Preferred Brand	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 4 Non-Preferred Brand	
NOBELA TOPICAL OINTMENT 10-10-20 %		Tier 4 Non-Preferred Brand	
NOLIRA TOPICAL CREAM 23-7 %		Tier 4 Non-Preferred Brand	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 4 Non-Preferred Brand	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 4 Non-Preferred Brand	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %		Tier 4 Non-Preferred Brand	
REGENECARE TOPICAL GEL 2 %		Tier 4 Non-Preferred Brand	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY		Tier 4 Non-Preferred Brand	
TRANZAREL TOPICAL GEL 4 %		Tier 4 Non-Preferred Brand	
<b>Topical Preparations, Miscellaneous</b>			
KEFUNOVA TOPICAL CREAM 5-0.005 %		Tier 4 Non-Preferred Brand	
sodium chloride topical solution 0.9 %	(Saljet Saline Rinse)	Tier 2 Generic	

Drug	Status	Notes
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 4 Non-Preferred Brand	
NEXOBRID TOPICAL GEL 8.8 %	Tier 4 Non-Preferred Brand	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4 Non-Preferred Brand	PA
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 5 Specialty	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 5 Specialty	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 5 Specialty	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5 Specialty	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 5 Specialty	PA; SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5 Specialty	PA; SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 2 Generic	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 5 Specialty	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5 Specialty	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5 Specialty	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 5 Specialty	PA; SP
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	Tier 5 Specialty	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5 Specialty	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5 Specialty	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5 Specialty	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 5 Specialty	PA; SP
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2 Generic	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 2 Generic	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 2 Generic	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2 Generic	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 2 Generic	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 4 Non- Preferred Brand	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3 Preferred Brand	ST: Requires prior prescription for a topical corticosteroid within the past 120 days

Drug	Status	Notes
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam and shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
PURAZIL TOPICAL CREAM 0.005-4 %	Tier 4 Non-Preferred Brand	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 2 Generic	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 2 Generic	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 2 Generic	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years)

Drug	Status	Notes
TAZORAC TOPICAL CREAM 0.1 % (tazarotene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years)

Drug	Status	Notes
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
VTAMA TOPICAL CREAM 1 %	Tier 4 Non-Preferred Brand	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 4 Non-Preferred Brand	PA
<b>II-23 Receptor Antagonist, Monoclonal Antibody</b>		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	Tier 5 Specialty	PA; SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 5 Specialty	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 5 Specialty	PA; SP
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 5 Specialty	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5 Specialty	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 5 Specialty	PA; SP



Drug	Status	Notes
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5 Specialty	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 5 Specialty	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5 Specialty	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 5 Specialty	PA; SP
<b>Topical Agents, Miscellaneous</b>		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 4 Non-Preferred Brand	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4 Non-Preferred Brand	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4 Non-Preferred Brand	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 4 Non-Preferred Brand	
<b>Topical Immunosuppressive Agents</b>		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days

Drug	Status	Notes
HOVYN TOPICAL SOLUTION 0.1 %	Tier 4 Non-Preferred Brand	
NUJO TOPICAL SOLUTION 0.1 %	Tier 4 Non-Preferred Brand	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 2 Generic	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2 Generic	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days
<b>Topical Vit D Analog/Antiinflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 2 Generic	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 2 Generic	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Taclonex ointment within the past 120 days

Drug		Status	Notes
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	(calcipotriene- betamethasone)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for a topical corticosteroid within the past 120 days
WYNZORA TOPICAL CREAM 0.005- 0.064 %		Tier 4 Non- Preferred Brand	ST: Requires prior prescription for generic Taclonex ointment within the past 120 days
<b>Diabetes</b>			
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>			
<i>alogliptin-metformin oral tablet 12.5- 1,000 mg, 12.5-500 mg</i>	(Kazano)	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50- 500 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5- 1,000 MG, 2.5-500 MG, 2.5-850 MG		Tier 4 Non- Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	Tier 2 Generic	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 2 Generic	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Dpp-4 Enzyme Inhibitor &amp; Thiazolidinedione</b>		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg (Oseni)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i>	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 3 Preferred Brand	PA; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML (exenatide)	Tier 3 Preferred Brand	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 3 Preferred Brand	PA; QL (1.2 ML per 30 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i>	Tier 2 Generic	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 2 Generic	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 4 Non-Preferred Brand	PA; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3 Preferred Brand	PA; QL (3 ML per 28 days)

Drug	Status	Notes
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	Tier 3 Preferred Brand	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 3 Preferred Brand	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 ML per 30 days)

Drug	Status	Notes
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
<i>bexagliflozin oral tablet 20 mg</i> (Brenzavvy)	Tier 2 Generic	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 3 Preferred Brand	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3 Preferred Brand	PA; QL (0.5 ML per 7 days)
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 2 Generic	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2 Generic	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 3 Preferred Brand	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 3 Preferred Brand	



Drug	Status	Notes
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
<i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>alogliptin oral tablet 6.25 mg</i>	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
TRADJENTA ORAL TABLET 5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2 Generic	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 2 Generic	
<i>glipizide oral tablet 2.5 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	Tier 2 Generic	
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
GLUCOTROL XL ORAL TABLET (glipizide) EXTENDED RELEASE 24HR 10 MG, 5 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 2 Generic	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 2 Generic	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2 Generic	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2 Generic	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 2 Generic	

Drug	Status	Notes
<b>Antihyperglycemic, Sglit-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 2 Generic	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 2 Generic	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2 Generic	
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3 Preferred Brand	QL (30 ML per 28 days)

Drug	Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3 Preferred Brand	QL (15 ML per 28 days)
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2 Generic	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2 Generic	
<b>Antihyperglycemic,Insulin-Response &amp; Release Comb.</b>		
DUETACT ORAL TABLET 30-2 MG, 30- 4 MG (pioglitazone-glimepiride)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 2 Generic	ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	Tier 3 Preferred Brand	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 2 Generic	ST: Requires prior prescription for Metformin, preferred Sulfonylura or preferred Metformin/Sulfonylura combination within the past 120 days
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Blood Sugar Diagnostics</b>		
ACCU-CHEK AVIVA PLUS TEST STRP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST (blood sugar diagnostic) STRIP STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)



Drug	Status	Notes
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
AGAMATRIX PRESTO TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
BIONIME RIGHTEST TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CLEVER CHOICE MICRO TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
DARIO BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY STEP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)



Drug	Status	Notes
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EASYMAX STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORA 6 CONNECT GLUCOSE STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D20 STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G20 STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORA GTEL GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)



Drug	Status	Notes
FORA V10 STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V20 STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
FORA V30A STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)

Drug	Status	Notes
GE100 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)



Drug	Status	Notes
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug		Status	Notes
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)



Drug	Status	Notes
TRUE METRIX GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
<b>Diabetic Supplies</b>		
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 4 Non-Preferred Brand	PA
CEQUR SIMPLICITY INSERTER	Tier 4 Non-Preferred Brand	PA
DEXCOM G6 RECEIVER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	Tier 4 Non-Preferred Brand	PA
EVERSENSE 365 TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	PA
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	Tier 4 Non-Preferred Brand	
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	PA
FREESTYLE LIBRE 14 DAY READER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4 Non-Preferred Brand	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	PA
GUARDIAN SENSOR 3 DEVICE	Tier 4 Non-Preferred Brand	PA
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 4 Non-Preferred Brand	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 4 Non-Preferred Brand	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 4 Non-Preferred Brand	
ILET INSULIN PUMP	Tier 4 Non-Preferred Brand	PA
ILET STARTER KIT CONTACT KIT	Tier 4 Non-Preferred Brand	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ILET STARTER KIT-INSET KIT	Tier 4 Non-Preferred Brand	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
MINIMED 630G INSULIN PUMP	Tier 4 Non-Preferred Brand	PA
MINIMED 780G INSULIN PUMP	Tier 4 Non-Preferred Brand	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (10 EA per 30 days)

Drug	Status	Notes
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (10 EA per 30 days)
T:SLIM X2 CONTROL-IQ	Tier 4 Non-Preferred Brand	PA
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 4 Non-Preferred Brand	
TANDEM MOBI SYSTEM	Tier 4 Non-Preferred Brand	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 4 Non-Preferred Brand	
V-GO 20 DEVICE	Tier 3 Preferred Brand	
V-GO 30 DEVICE	Tier 3 Preferred Brand	
V-GO 40 DEVICE	Tier 3 Preferred Brand	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGGRANEX TOPICAL GEL 0.01 %	Tier 3 Preferred Brand	
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON- AEROSOL 3 MG/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 2 Generic	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 4 Non-Preferred Brand	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2 Generic	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3 Preferred Brand	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3 Preferred Brand	QL (0.4 ML per 1 FILL)

Drug	Status	Notes
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 (diazoxide) MG/ML	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 3 Preferred Brand	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 3 Preferred Brand	QL (2.4 ML per 1 FILL)
<b>Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 4 Non-Preferred Brand	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)



Drug	Status	Notes
HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3 Preferred Brand	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 3 Preferred Brand	QL (30 ML per 28 days)

Drug		Status	Notes
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	(insulin lispro protamin- lispro)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 3 Preferred Brand	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 3 Preferred Brand	QL (40 ML per 28 days)

Drug		Status	Notes
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70- 30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	Tier 4 Non- Preferred Brand	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 2 Generic	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 2 Generic	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 2 Generic	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 2 Generic	QL (40 ML per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Semglee-yfgn, Toujeo, or Tresiba within the past 120 days; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3 Preferred Brand	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3 Preferred Brand	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3 Preferred Brand	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Humulin 70-30 within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLOG FLEXPEN U-100 INSULIN (insulin aspart u-100) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN (insulin asp prt-insulin aspart) SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLOG MIX 70-30FLEXPEN U-100 (insulin asp prt-insulin SUBCUTANEOUS INSULIN PEN 100 aspart) UNIT/ML (70-30)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN (insulin aspart u-100) SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
NOVOLOG U-100 INSULIN ASPART (insulin aspart u-100) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3 Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (40 ML per 28 days)

Drug		Status	Notes
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 3 Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 3 Preferred Brand	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 3 Preferred Brand	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 3 Preferred Brand	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 3 Preferred Brand	QL (40 ML per 28 days)



Drug	Status	Notes
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 2 Generic	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2 Generic	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 4 Non-Preferred Brand	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Ear Preparations,Antibiotics</b>		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %  (ciprofloxacin hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 2 Generic	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4 Non-Preferred Brand	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2 Generic	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2 Generic	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2 Generic	
<b>Ear Preparations,Local Anesthetics</b>		
TYMBION INTRATYMPANIC SOLUTION 20 MG/ML (2 %)- 1:100,000	Tier 4 Non-Preferred Brand	
<b>Otic Preparations,Anti-Inflammatory-Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 4 Non-Preferred Brand	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 2 Generic	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 2 Generic	

Drug	Status	Notes
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin-fluocinolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 365 days)

Drug		Status	Notes
SAMSCA ORAL TABLET 30 MG	(tolvaptan)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 365 days)
<i>tolvaptan oral tablet 15 mg</i>	(Samsca)	Tier 5 Specialty	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	(Samsca)	Tier 5 Specialty	SP; QL (60 EA per 365 days)
<b>Bicarbonate Producing/Containing Agents</b>			
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION		Tier 4 Non-Preferred Brand	

Drug	Status	Notes
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 2 Generic	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 2 Generic	
ferric citrate oral tablet 210 mg iron (Auryxia)	Tier 2 Generic	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
FOSRENOL ORAL (lanthanum) TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2 Generic	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 2 Generic	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3 Preferred Brand	
RENVELA ORAL POWDER IN PACKET (sevelamer carbonate) 0.8 GRAM, 2.4 GRAM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Tier 2 Generic	
sevelamer carbonate oral tablet 800 mg (Renvela)	Tier 2 Generic	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 2 Generic	
sodium polystyrene sulfonate oral powder	Tier 2 Generic	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2 Generic	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 4 Non-Preferred Brand	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3 Preferred Brand	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 4 Non-Preferred Brand	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4 Non-Preferred Brand	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 2 Generic	

Drug		Status	Notes
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 2 Generic	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 2 Generic	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 2 Generic	



Drug	Status	Notes
KLOR-CON ORAL PACKET 20 MEQ (potassium chloride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2 Generic	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2 Generic	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 2 Generic	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 2 Generic	
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>	Tier 2 Generic	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Tier 2 Generic	

Drug		Status	Notes
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 2 Generic	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 2 Generic	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 2 Generic	
<b>Sodium/Saline Preparations</b>			
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2 Generic	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2 Generic	

Drug		Status	Notes
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2 Generic	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>		Tier 2 Generic	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>		Tier 2 Generic	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	(BD PosiFlush Normal Saline 0.9)	Tier 2 Generic	
<i>sodium chloride 0.9 % injection solution</i>		Tier 2 Generic	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>		Tier 2 Generic	

Drug	Status	Notes
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2 Generic	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 2 Generic	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CIALIS ORAL TABLET 5 MG (tadalafil)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>tadalafil oral tablet 2.5 mg</i>	Tier 2 Generic	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 2 Generic	PA
<b>Endocrine Disorder - Other</b>		
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5 Specialty	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 5 Specialty	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5 Specialty	PA; SP
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Antidiuretic And Vasopressor Hormones</b>		
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 2 Generic	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2 Generic	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 2 Generic	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 2 Generic	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
<b>Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5 Specialty	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5 Specialty	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5 Specialty	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5 Specialty	PA; SP
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	Tier 5 Specialty	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 5 Specialty	PA; SP
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 5 Specialty	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 5 Specialty	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 5 Specialty	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 5 Specialty	PA; SP
<b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Forteo)	Tier 5 Specialty	PA; SP
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 5 Specialty	PA; SP
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5 Specialty	PA; SP
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3 Preferred Brand	

Drug	Status	Notes
<b>Bone Resorption Inhibitors</b>		
ACTONEL ORAL TABLET 150 MG (risedronate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG (risedronate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 2 Generic	QL (75 ML per 7 days)



Drug	Status	Notes
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 2 Generic	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 2 Generic	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 2 Generic	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2 Generic	
EVISTA ORAL TABLET 60 MG (raloxifene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
FOSAMAX ORAL TABLET 70 MG (alendronate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ibandronate oral tablet 150 mg</i>	Tier 2 Generic	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 5 Specialty	PA; SP
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

Drug		Status	Notes
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	(zoledronic acid-mannitol-water)	Tier 4 Non-Preferred Brand	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>risedronate oral tablet 150 mg</i>	(Actonel)	Tier 2 Generic	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>		Tier 2 Generic	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	(Actonel)	Tier 2 Generic	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	(Atelvia)	Tier 2 Generic	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 5 Specialty	PA; SP
<i>zoledronic acid intravenous recon soln 4 mg</i>		Tier 2 Generic	SP
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>		Tier 2 Generic	SP

Drug	Status	Notes
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	Tier 2 Generic	SP
zoledronic acid-mannitol-water (Reclast) intravenous piggyback 5 mg/100 ml	Tier 2 Generic	SP
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml	Tier 2 Generic	SP
<b>Calcimimetic,Parathyroid Calcium Enhancer</b>		
cinacalcet oral tablet 30 mg, 60 mg (Sensipar)	Tier 5 Specialty	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg (Sensipar)	Tier 5 Specialty	SP; QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	Tier 5 Specialty	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)

Drug	Status	Notes
SENSIPAR ORAL TABLET 90 MG (cinacalcet)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5 Specialty	SP
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5 Specialty	PA; SP
<b>Growth Hormones</b>		
GENOTROPIN MINIQICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5 Specialty	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5 Specialty	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5 Specialty	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 5 Specialty	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5 Specialty	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5 Specialty	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5 Specialty	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5 Specialty	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 5 Specialty	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5 Specialty	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5 Specialty	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5 Specialty	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5 Specialty	PA; SP
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2 Generic	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 2 Generic	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 2 Generic	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3 Preferred Brand	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3 Preferred Brand	PA
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 5 Specialty	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 5 Specialty	PA; SP
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 3 Preferred Brand	PA
<b>Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty</b>		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 5 Specialty	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5 Specialty	PA; SP
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 5 Specialty	PA; SP
<b>Natriuretic Peptides</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5 Specialty	PA; SP
<b>Parathyroid Hormones</b>		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	Tier 5 Specialty	PA; SP
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2 Generic	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2 Generic	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2 Generic	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2 Generic	
<b>Insulin-Like Growth Factor Receptor (Igf-R) Inhib</b>		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 5 Specialty	PA; SP
<b>Iodine Containing Agents</b>		
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 2 Generic	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 2 Generic	
STRONG IODINE ORAL SOLUTION 5 %	Tier 2 Generic	



Drug	Status	Notes
<b>Thyroid Hormones</b>		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid (pork))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days

Drug	Status	Notes
ARMOUR THYROID ORAL TABLET 15 (thyroid (pork)) MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days

Drug	Status	Notes
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Liothyronine tablets within the past 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 2 Generic	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 2 Generic	QL (2 EA per 1 day)
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 (levothyroxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 2 Generic	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 2 Generic	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 2 Generic	QL (2 EA per 1 day)
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 (levothyroxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 2 Generic	

Drug	Status	Notes
<p>NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</p> <p>(thyroid (pork))</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days</p>
<p>NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</p> <p>(thyroid (pork))</p>	<p>Tier 2 Generic</p>	
<p>RENTHYROID ORAL TABLET 120 MG, 15 MG</p> <p>(thyroid (pork))</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days</p>

Drug	Status	Notes
SYNTHROID ORAL TABLET 100 MCG, (levothyroxine) 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 2 Generic	
TIROSINT ORAL CAPSULE 100 MCG, (levothyroxine) 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4 Non-Preferred Brand	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)

#### Eye - General Disorders

#### Eye Antibiotic, Glucocorticoid And Nsaid Comb.

<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 2 Generic	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 2 Generic	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 2 Generic	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 2 Generic	

Drug		Status	Notes
<b>Eye Antibiotic-Corticoid Combinations</b>			
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	(neomycin-polymyxin b-dexameth)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(Neo-Polycin HC)	Tier 2 Generic	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	(Maxitrol)	Tier 2 Generic	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	(Maxitrol)	Tier 2 Generic	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>		Tier 2 Generic	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 2 Generic	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 4 Non-Preferred Brand	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>		Tier 2 Generic	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>		Tier 2 Generic	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 3 Preferred Brand	



Drug	Status	Notes
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2 Generic	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4 Non-Preferred Brand	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 2 Generic	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 2 Generic	ST: Requires prior prescription for one generic ophthalmic antihistamines (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) (bepotastine besilate) DROPS 1.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for one generic ophthalmic antihistamines (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2 Generic	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 2 Generic	

Drug	Status	Notes
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 2 Generic	QL (3 ML per 30 days)
<b>Eye Antiinflammatory Agents</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days)

Drug	Status	Notes
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 2 Generic	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 2 Generic	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 2 Generic	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)

Drug	Status	Notes
BROMSITE OPHTHALMIC (EYE) (bromfenac) DROPS 0.075 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 2 Generic	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2 Generic	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 4 Non-Preferred Brand	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2 Generic	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 2 Generic	QL (10 ML per 14 days)

Drug	Status	Notes
DUREZOL OPTHALMIC (EYE) (difluprednate) DROPS 0.05 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 ML per 14 days)
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4 Non-Preferred Brand	PA
FLAREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension 0.1 %</i>	Tier 2 Generic	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops 0.03 %</i>	Tier 2 Generic	
FML FORTE OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)

Drug	Status	Notes
FML LIQUIFILM OPHTHALMIC (EYE) (fluorometholone) DROPS,SUSPENSION 0.1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3 Preferred Brand	QL (3.4 ML per 16 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	Tier 4 Non-Preferred Brand	SP
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 2 Generic	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 2 Generic	QL (20 ML per 30 days)

Drug	Status	Notes
LOTEMAX OPHTHALMIC (EYE) (loteprednol etabonate) DROPS,GEL 0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) (loteprednol etabonate) DROPS,SUSPENSION 0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 3 Preferred Brand	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3 Preferred Brand	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye)</i> (Lotemax) <i>drops,gel 0.5 %</i>	Tier 2 Generic	QL (10 GM per 14 days)

Drug	Status	Notes
<i>loteprednol etabonate ophthalmic (eye)</i> (Alrex) <i>drops,suspension 0.2 %</i>	Tier 2 Generic	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye)</i> <i>drops,suspension 0.5 %</i>	Tier 2 Generic	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (9 ML per 16 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	Tier 4 Non-Preferred Brand	SP
PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate) DROPS,SUSPENSION 1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 14 days)



Drug	Status	Notes
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 2 Generic	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 2 Generic	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 2 Generic	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 2 Generic	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 2 Generic	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 2 Generic	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2 Generic	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG	Tier 4 Non-Preferred Brand	SP

Drug	Status	Notes
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	Tier 5 Specialty	SP
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2 Generic	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 4 Non-Preferred Brand	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 2 Generic	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 2 Generic	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 2 Generic	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 2 Generic	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2 Generic	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 %	Tier 4 Non-Preferred Brand	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 2 Generic	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 2 Generic	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 2 Generic	
<b>Eye Sulfonamides</b>		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3 Preferred Brand	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2 Generic	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 2 Generic	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2 Generic	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2 Generic	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3 Preferred Brand	PA
<b>Ophthalmic (Eye) Antiparasitics</b>		
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	Tier 5 Specialty	PA; SP
<b>Ophthalmic Antibiotics</b>		
AZASITE OPTHALMIC (EYE) DROPS 1 %	Tier 4 Non- Preferred Brand	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2 Generic	
<i>bacitracin-polymyxin b ophthalmic (eye) (Polycin) ointment 500-10,000 unit/gram</i>	Tier 2 Generic	
BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3 Preferred Brand	
CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 %	Tier 3 Preferred Brand	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2 Generic	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2 Generic	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2 Generic	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2 Generic	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 2 Generic	
<i>moxifloxacin ophthalmic (eye) drops 0.5 (Vigamox) %</i>	Tier 2 Generic	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2 Generic	
<i>neomycin-bacitracin-polymyxin (Neo-Polycin) ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g</i>	Tier 2 Generic	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 2 Generic	
NEO-POLYCIN OPTHALMIC (EYE) (neomycin-bacitracin- OINTMENT 3.5-400-10,000 MG-UNIT- polymyxin) UNIT/G	Tier 2 Generic	

Drug	Status	Notes
OCUFLOX OPHTHALMIC (EYE) (ofloxacin) DROPS 0.3 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 2 Generic	
POLYCIN OPHTHALMIC (EYE) (bacitracin-polymyxin b) OINTMENT 500-10,000 UNIT/GRAM	Tier 2 Generic	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2 Generic	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2 Generic	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 2 Generic	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3 Preferred Brand	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 2 Generic	
VIGAMOX OPHTHALMIC (EYE) (moxifloxacin) DROPS 0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Ophthalmic Antifungal Agents</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4 Non-Preferred Brand	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Restasis and Xiidra within the past 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 2 Generic	
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette 0.05 %</i>	Tier 2 Generic	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3 Preferred Brand	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) (cyclosporine) DROPPERETTE 0.05 %	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4 Non-Preferred Brand	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3 Preferred Brand	QL (60 EA per 30 days)
<b>Ophthalmic Complement Inhibitors</b>		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3 Preferred Brand	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2 Generic	QL (50 ML per 30 days)
<b>Ophthalmic Preparations, Miscellaneous</b>		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 4 Non-Preferred Brand	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 4 Non-Preferred Brand	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 4 Non-Preferred Brand	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 4 Non-Preferred Brand	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 4 Non-Preferred Brand	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 4 Non-Preferred Brand	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 4 Non-Preferred Brand	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 4 Non-Preferred Brand	
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %	Tier 4 Non-Preferred Brand	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 4 Non-Preferred Brand	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2 Generic	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2 Generic	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPHTHALMIC (EYE) (brimonidine) DROPS 0.1 %, 0.15 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2 Generic	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2 Generic	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4 Non-Preferred Brand	
BETIMOL OPHTHALMIC (EYE) DROPS (timolol) 0.5 %	Tier 4 Non-Preferred Brand	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	Tier 2 Generic	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2 Generic	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 2 Generic	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2 Generic	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 2 Generic	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 2 Generic	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 2 Generic	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 2 Generic	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2 Generic	
COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol) DROPS 0.2-0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
COSOPT (PF) OPHTHALMIC (EYE) (dorzolamide-timolol (pf)) DROPPERETTE 2-0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS (dorzolamide-timolol) 22.3-6.8 MG/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>dorzolamide (pf) ophthalmic (eye) drops</i> 2 %	Tier 2 Generic	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	Tier 2 Generic	
<i>dorzolamide-timolol (pf) ophthalmic (eye)</i> (Cosopt (PF)) <i>dropperette</i> 2-0.5 %	Tier 2 Generic	ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 2 Generic	
DURYSTA INTRACAMERAL IMPLANT 10 MCG	Tier 5 Specialty	SP
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4 Non-Preferred Brand	
ISTALOL OPHTHALMIC (EYE) DROPS, (timolol maleate) ONCE DAILY 0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 2 Generic	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2 Generic	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 3 Preferred Brand	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 5 Specialty	SP
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2 Generic	
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Simbrinza or Travatan Z within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3 Preferred Brand	
<i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF)) <i>dropperette 0.0015 %</i>	Tier 2 Generic	QL (1 EA per 1 day)
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 2 Generic	
<i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose (PF)) <i>dropperette 0.25 %, 0.5 %</i>	Tier 2 Generic	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2 Generic	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 2 Generic	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 2 Generic	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	Tier 2 Generic	
<i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 2 Generic	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 2 Generic	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 2 Generic	

Drug	Status	Notes
TIMOPTIC OCUDOSE (PF) (timolol maleate (pf)) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) (travoprost) DROPS 0.004 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 2 Generic	QL (2.5 ML per 25 days)
Vuity OPHTHALMIC (EYE) DROPS (pilocarpine hcl) 1.25 %	Tier 4 Non-Preferred Brand	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)

Drug	Status	Notes
XALATAN OPHTHALMIC (EYE) DROPS (latanoprost) 0.005 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost (pf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 2 Generic	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 2 Generic	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 2 Generic	

Drug	Status	Notes
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 2 Generic	
CYCLOGYL OPHTHALMIC (EYE) (cyclopentolate) DROPS 0.5 %, 1 %, 2 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4 Non-Preferred Brand	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 2 Generic	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 2 Generic	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 2 Generic	

Drug	Status	Notes
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 2 Generic	
ISOPTO ATROPINE OPHTHALMIC (atropine) (EYE) DROPS 1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 4 Non-Preferred Brand	
MYDRIACYL OPHTHALMIC (EYE) (tropicamide) DROPS 1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 2 Generic	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 2 Generic	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Tier 2 Generic	
<b>Ophthalmic Antifibrotic Agents</b>		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 5 Specialty	SP

Drug	Status	Notes
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 4 Non-Preferred Brand	
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4 Non-Preferred Brand	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3 Preferred Brand	
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-pe-ketor-wat)	Tier 2 Generic	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 4 Non-Preferred Brand	
<b>Ocular Photoactivated Vessel-Occluding Agents</b>		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 5 Specialty	SP
<b>Ophth Vasc. Endothelial Growth Factor Antagonists</b>		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	Tier 5 Specialty	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
<b>Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody</b>		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 5 Specialty	PA; SP
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.25 mg/0.09 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 5 Specialty	PA; SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	Tier 5 Specialty	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 5 Specialty	PA; SP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 5 Specialty	PA; SP



Drug	Status	Notes
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 5 Specialty	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 5 Specialty	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 5 Specialty	PA; SP
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 5 Specialty	PA; SP
<b>Ophthalmic Vegf-A And Ang-2 Inhib, Bispecific Ab</b>		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	Tier 5 Specialty	PA; SP
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 5 Specialty	PA; SP
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 2 Generic	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 2 Generic	QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)

Drug	Status	Notes
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
allopurinol oral tablet 100 mg (Zyloprim)	Tier 2 Generic	
allopurinol oral tablet 300 mg	Tier 2 Generic	
febuxostat oral tablet 40 mg, 80 mg (Uloric)	Tier 2 Generic	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)

Drug	Status	Notes
ZYLOPRIM ORAL TABLET 100 MG (allopurinol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Hyperuricemia Tx - Urate-Oxidase Enzyme-Type</b>		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Tier 5 Specialty	PA; SP
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 2 Generic	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2 Generic	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	PA; SP
CABLIVI INJECTION KIT 11 MG	Tier 5 Specialty	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 5 Specialty	PA; SP
<b>Anticoagulants, Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 2 Generic	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 2 Generic	

Drug	Status	Notes
<b>Antifibrinolytic Agents</b>		
AMICAR ORAL SOLUTION 250 MG/ML (aminocaproic acid) (25 %)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 2 Generic	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 2 Generic	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Tier 5 Specialty	SP
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Tier 4 Non-Preferred Brand	SP
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 5 Specialty	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5 Specialty	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 5 Specialty	SP
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 5 Specialty	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 5 Specialty	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5 Specialty	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 5 Specialty	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 5 Specialty	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 5 Specialty	SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 5 Specialty	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 5 Specialty	SP
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5 Specialty	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 5 Specialty	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 5 Specialty	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 5 Specialty	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP

Drug	Status	Notes
<b>Antiporphyria Factors</b>		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 5 Specialty	SP
<b>Blood Factors,Miscellaneous</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5 Specialty	SP
<b>Citrates As Anticoagulants</b>		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 2 Generic	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 2 Generic	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 4 Non-Preferred Brand	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 2 Generic	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 2 Generic	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 2 Generic	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 2 Generic	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3 Preferred Brand	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 3 Preferred Brand	QL (74 EA per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	Tier 2 Generic	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3 Preferred Brand	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 3 Preferred Brand	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Erythroid Maturation Agents</b>		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 5 Specialty	PA; SP
<b>Factor Ix Complex (Pcc) Preparations</b>		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	Tier 5 Specialty	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 5 Specialty	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5 Specialty	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5 Specialty	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 5 Specialty	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5 Specialty	SP
<b>Factor X Preparations</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5 Specialty	SP
<b>Factor Xiii Preparations</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5 Specialty	SP
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5 Specialty	SP



Drug	Status	Notes
<b>Hematinics, Other</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5 Specialty	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5 Specialty	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5 Specialty	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5 Specialty	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5 Specialty	PA; SP
<b>Hemophilia Treatment Agents, Non-Factor Replacement</b>		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 5 Specialty	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 5 Specialty	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5 Specialty	PA; SP
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Heparin And Related Preparations</b>		
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 10 MG/0.8 ML	Tier 5 Specialty	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 2.5 MG/0.5 ML	Tier 5 Specialty	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (15 ML per 30 days)

Drug	Status	Notes
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 5 MG/0.4 ML	Tier 5 Specialty	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 7.5 MG/0.6 ML	Tier 5 Specialty	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 5 Specialty	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 5 Specialty	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 5 Specialty	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 5 Specialty	QL (15 ML per 30 days)

Drug	Status	Notes
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 5 Specialty	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 5 Specialty	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 5 Specialty	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 5 Specialty	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 5 Specialty	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 5 Specialty	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 5 Specialty	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 5 Specialty	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 5 Specialty	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 5 Specialty	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2 Generic	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 2 Generic	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2 Generic	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2 Generic	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2 Generic	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2 Generic	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2 Generic	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 2 Generic	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2 Generic	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2 Generic	

Drug	Status	Notes
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 2 Generic	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 2 Generic	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 2 Generic	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2 Generic	
LOVENOX SUBCUTANEOUS (enoxaparin) SOLUTION 300 MG/3 ML	Tier 5 Specialty	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS (enoxaparin) SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 5 Specialty	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
FABHALTA ORAL CAPSULE 200 MG	Tier 5 Specialty	PA; SP
PIASKY INJECTION SOLUTION 340 MG/2 ML	Tier 5 Specialty	PA; SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 5 Specialty	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 5 Specialty	PA; SP
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4 Non-Preferred Brand	PA
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 4 Non-Preferred Brand	PA
<b>Leukocyte (Wbc) Stimulants</b>		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5 Specialty	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5 Specialty	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5 Specialty	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5 Specialty	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5 Specialty	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
<b>Plasma Proteins</b>		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT	Tier 5 Specialty	SP
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 5 Specialty	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1 EHB/ACA	
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1 EHB/ACA	
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	Tier 5 Specialty	SP
AGGRASTAT IN SODIUM CHLORIDE (tirofiban-0.9% sodium INTRAVENOUS SOLUTION 12.5 chloride) MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	Tier 5 Specialty	SP
ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG	Tier 1 EHB/ACA	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Tier 1 EHB/ACA	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	Tier 1 EHB/ACA	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2 Generic	
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1 EHB/ACA	

Drug	Status	Notes
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Tier 3 Preferred Brand	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 1 EHB/ACA	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2 Generic	
<i>clopidogrel oral tablet 300 mg</i>	Tier 2 Generic	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 2 Generic	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2 Generic	
EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 5 Specialty	SP
PLAVIX ORAL TABLET 75 MG (clopidogrel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug	Status	Notes
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	Tier 2 Generic	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 1 EHB/ACA	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 1 EHB/ACA	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	Tier 2 Generic	QL (2 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 2 Generic	
<i>anagrelide oral capsule 1 mg</i>	Tier 2 Generic	
<b>Protein C Preparations</b>		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 5 Specialty	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 5 Specialty	SP
<b>Pyruvate Kinase Activators</b>		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5 Specialty	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 5 Specialty	PA; SP
<b>Sickle Cell Anemia Agents</b>		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4 Non-Preferred Brand	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	Tier 5 Specialty	PA; SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 5 Specialty	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 4 Non-Preferred Brand	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Tier 4 Non-Preferred Brand	PA
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5 Specialty	PA; SP
<b>Thrombin Inhibitors, Sel., Direct, &amp; Rev.-Hirudin Type</b>		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 5 Specialty	SP
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 5 Specialty	SP
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 5 Specialty	SP
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 5 Specialty	SP
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 2 Generic	QL (2 EA per 1 day)

Drug	Status	Notes
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4 Non-Preferred Brand	PA
<b>Thrombopoietin Receptor Agonists</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5 Specialty	PA; SP
DOPTelet (10 TAB PACK) ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
DOPTelet (15 TAB PACK) ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
DOPTelet (30 TAB PACK) ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 5 Specialty	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	Tier 5 Specialty	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 5 Specialty	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 5 Specialty	PA; SP
<b>Topical Hemostatics</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 4 Non-Preferred Brand	
AVITENE FLOUR TOPICAL POWDER	Tier 4 Non-Preferred Brand	
AVITENE TOPICAL POWDER IN PACKET	Tier 4 Non-Preferred Brand	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 4 Non-Preferred Brand	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4 Non-Preferred Brand	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 4 Non-Preferred Brand	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 4 Non-Preferred Brand	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4 Non-Preferred Brand	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
GELFOAM MUCOUS MEMBRANE POWDER	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4 Non-Preferred Brand	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GELFOAM TOPICAL SPONGE 4	Tier 4 Non-Preferred Brand	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 2 Generic	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 4 Non-Preferred Brand	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SYRINGE AVITENE TOPICAL POWDER	Tier 4 Non-Preferred Brand	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 4 Non-Preferred Brand	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 2 Generic	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2 Generic	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 2 Generic	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	Tier 2 Generic	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 4 Non-Preferred Brand	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 2 Generic	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 2 Generic	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2 Generic	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 2 Generic	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 2 Generic	

Drug	Status	Notes
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANDROGEL TRANSDERMAL GEL IN (testosterone) METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ANDROGEL TRANSDERMAL GEL IN (testosterone) PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	Tier 4 Non-Preferred Brand	SP



Drug	Status	Notes
DEPO-TESTOSTERONE (testosterone cypionate) INTRAMUSCULAR OIL 100 MG/ML	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4 Non-Preferred Brand	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 4 Non-Preferred Brand	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 4 Non-Preferred Brand	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2 Generic	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4 Non-Preferred Brand	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 2 Generic	PA

Drug	Status	Notes
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2 Generic	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 2 Generic	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 2 Generic	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2 Generic	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 2 Generic	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 2 Generic	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 2 Generic	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 4 Non-Preferred Brand	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
VOGELXO TRANSDERMAL GEL IN (testosterone) METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VOGELXO TRANSDERMAL GEL IN (testosterone) PACKET 1 % (50 MG/5 GRAM)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4 Non-Preferred Brand	PA
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4 Non-Preferred Brand	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3 Preferred Brand	

Drug		Status	Notes
<b>Estrogen And Progestin Combinations</b>			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 3 Preferred Brand	QL (30 EA per 30 days)
<b>Estrogen/Androgen Combinations</b>			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(Covaryx H.S.)	Tier 2 Generic	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(Covaryx)	Tier 2 Generic	
<b>Estrogenic Agents</b>			
ACTIVELLA ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days)

Drug	Status	Notes
CLIMARA TRANSDERMAL PATCH (estradiol) WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 3 Preferred Brand	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR (estradiol valerate) OIL 20 MG/ML, 40 MG/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DEPO-ESTRADIOL INTRAMUSCULAR (estradiol cypionate) OIL 5 MG/ML	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
DIVIGEL TRANSDERMAL GEL IN (estradiol) PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN (estradiol) PACKET 1 MG/GRAM (0.1 %)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)

Drug	Status	Notes
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2 Generic	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)

Drug	Status	Notes
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	Tier 2 Generic	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation (EstroGel)	Tier 2 Generic	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%) (Divigel)	Tier 2 Generic	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %) (Divigel)	Tier 2 Generic	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %) (Divigel)	Tier 2 Generic	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	Tier 2 Generic	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	Tier 2 Generic	QL (1 EA per 7 days)



Drug		Status	Notes
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 2 Generic	
estradiol valerate intramuscular oil 40 mg/ml		Tier 2 Generic	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg		Tier 2 Generic	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Mimvey)	Tier 2 Generic	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	(estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2 Generic	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2 Generic	
LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2 Generic	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 4 Non-Preferred Brand	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 4 Non-Preferred Brand	QL (1 EA per 7 days)

Drug	Status	Notes
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 2 Generic	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 7 days)
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 2 Generic	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 3 Preferred Brand	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 3 Preferred Brand	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 3 Preferred Brand	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3 Preferred Brand	

Drug	Status	Notes
VIVELLE-DOT TRANSDERMAL PATCH (estradiol) SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 7 days)
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant- Nk3 Receptor Antag</b>		
VEOZAH ORAL TABLET 45 MG	Tier 4 Non-Preferred Brand	
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3 Preferred Brand	
GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)	Tier 2 Generic	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 2 Generic	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	Tier 2 Generic	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2 Generic	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 2 Generic	

Drug	Status	Notes
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Immunization</b>		
<b>Antisera</b>		
ASCENIV INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 5 Specialty	PA; SP

Drug	Status	Notes
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 5 Specialty	PA; SP
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 5 Specialty	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 5 Specialty	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 5 Specialty	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 5 Specialty	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5 Specialty	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 5 Specialty	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5 Specialty	PA; SP
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML)	Tier 4 Non-Preferred Brand	SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5 Specialty	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5 Specialty	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	Tier 4 Non-Preferred Brand	SP
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	Tier 4 Non-Preferred Brand	SP

Drug	Status	Notes
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	Tier 4 Non-Preferred Brand	SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5 Specialty	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5 Specialty	PA; SP
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	Tier 4 Non-Preferred Brand	SP
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 5 Specialty	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	Tier 4 Non-Preferred Brand	SP
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	Tier 4 Non-Preferred Brand	SP
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	Tier 5 Specialty	SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5 Specialty	PA; SP
<b>Covid-19 Vaccines</b>		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Enteric Virus Vaccines</b>		
IPOLE INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4 Non- Preferred Brand	
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Gram Positive Cocci Vaccines</b>		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Influenza Virus Vaccines</b>		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE



Drug	Status	Notes
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Toxin-Producing Bacilli Vaccines/Toxoids</b>		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4 Non- Preferred Brand	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4 Non- Preferred Brand	

Drug	Status	Notes
<b>Vaccine/Toxoid Preparations, Combinations</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td)	Tier 1 EHB/ACA \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Viral/Tumorigenic Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Tier 4 Non- Preferred Brand	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Tier 4 Non- Preferred Brand	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 4 Non- Preferred Brand	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 1 EHB/ACA	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5 Specialty	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5 Specialty	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5 Specialty	PA; SP
<i>imiquimod topical cream in packet 5 %</i>	Tier 2 Generic	QL (2 EA per 1 day)
KERIDA TOPICAL GEL 5-0.1-30 %	Tier 4 Non- Preferred Brand	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 5 Specialty	SP
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4 Non- Preferred Brand	
<b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>		
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 5 Specialty	SP
<b>Immunosuppressant-Interferon Gamma Inhibitor, Mab</b>		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	Tier 5 Specialty	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Immunosuppressives</b>		
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 2 Generic	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 2 Generic	
CELLCEPT INTRAVENOUS (mycophenolate mofetil INTRAVENOUS RECON SOLN 500 MG (hcl))	Tier 4 Non-Preferred Brand	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	Tier 2 Generic	SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 2 Generic	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 2 Generic	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 2 Generic	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 2 Generic	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 2 Generic	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 2 Generic	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 2 Generic	



Drug	Status	Notes
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5 Specialty	PA; SP
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	Tier 2 Generic	SP
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 2 Generic	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 2 Generic	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 2 Generic	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 2 Generic	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4 Non-Preferred Brand	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 3 Preferred Brand	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 3 Preferred Brand	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 5 Specialty	SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 3 Preferred Brand	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3 Preferred Brand	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 3 Preferred Brand	
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML (cyclosporine)	Tier 4 Non-Preferred Brand	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3 Preferred Brand	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 2 Generic	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2 Generic	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 2 Generic	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	Tier 2 Generic	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Tier 5 Specialty	SP

Drug		Status	Notes
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	(everolimus (immunosuppressive))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Rho Kinase Inhibitor</b>			
REZUROCK ORAL TABLET 200 MG		Tier 5 Specialty	PA; SP
<b>Infectious Disease - Bacterial</b>			
<b>Absorbable Sulfonamides</b>			
BACTRIM DS ORAL TABLET 800-160 MG	(sulfamethoxazole-trimethoprim)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
BACTRIM ORAL TABLET 400-80 MG	(sulfamethoxazole-trimethoprim)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
sulfadiazine oral tablet 500 mg		Tier 2 Generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 2 Generic	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 2 Generic	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 2 Generic	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 2 Generic	
<b>Betalactams</b>			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 5 Specialty	PA; SP
<b>Cephalosporins - 1St Generation</b>			
cefadroxil oral capsule 500 mg		Tier 2 Generic	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 2 Generic	
cefadroxil oral tablet 1 gram		Tier 2 Generic	
cephalexin oral capsule 250 mg, 500 mg, 750 mg		Tier 2 Generic	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 2 Generic	
cephalexin oral tablet 250 mg, 500 mg		Tier 2 Generic	
<b>Cephalosporins - 2Nd Generation</b>			
cefaclor oral capsule 250 mg, 500 mg		Tier 2 Generic	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		Tier 2 Generic	
cefaclor oral tablet extended release 12 hr 500 mg		Tier 2 Generic	

Drug	Status	Notes
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2 Generic	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2 Generic	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2 Generic	
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 2 Generic	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2 Generic	
<i>cefixime oral capsule 400 mg</i>	Tier 2 Generic	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2 Generic	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2 Generic	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2 Generic	
SPECTRACEF ORAL TABLET 400 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3 Preferred Brand	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3 Preferred Brand	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2 Generic	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2 Generic	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 2 Generic	

Drug	Status	Notes
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 2 Generic	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3 Preferred Brand	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2 Generic	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 3 Preferred Brand	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 2 Generic	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 2 Generic	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
URYL ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Macrolides</b>			
<i>azithromycin oral packet 1 gram</i>	(Zithromax)	Tier 2 Generic	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	(Zithromax)	Tier 2 Generic	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	(Zithromax)	Tier 2 Generic	
<i>azithromycin oral tablet 600 mg</i>		Tier 2 Generic	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>		Tier 2 Generic	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		Tier 2 Generic	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>		Tier 2 Generic	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 3 Preferred Brand	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG		Tier 3 Preferred Brand	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 2 Generic	



Drug		Status	Notes
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	(erythromycin ethylsuccinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 2 Generic	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	(erythromycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 2 Generic	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	(E.E.S. Granules)	Tier 2 Generic	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	(EryPed 400)	Tier 2 Generic	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	(E.E.S. 400)	Tier 2 Generic	

Drug	Status	Notes
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 2 Generic	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2 Generic	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 2 Generic	
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ZITHROMAX Z-PAK ORAL TABLET 250 (azithromycin) MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Nitrofurantoin Derivatives</b>		
FURADANTIN ORAL SUSPENSION 25 (nitrofurantoin) MG/5 ML	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
MACROBID ORAL CAPSULE 100 MG	(nitrofurantoin monohyd/m-cryst)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>		Tier 2 Generic	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>		Tier 2 Generic	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	(Macrobid)	Tier 2 Generic	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	(Furadantin)	Tier 2 Generic	PA
<b>Oxazolidinones</b>			
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	(Zyvox)	Tier 2 Generic	
<i>linezolid oral tablet 600 mg</i>	(Zyvox)	Tier 2 Generic	
SIVEXTRO ORAL TABLET 200 MG		Tier 3 Preferred Brand	PA

Drug	Status	Notes
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZYVOX ORAL TABLET 600 MG (linezolid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2 Generic	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2 Generic	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2 Generic	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2 Generic	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 2 Generic	

Drug	Status	Notes
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 2 Generic	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 2 Generic	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 2 Generic	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 2 Generic	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 2 Generic	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2 Generic	
<i>ampicillin oral capsule 500 mg</i>	Tier 2 Generic	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin-pot clavulanate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AUGMENTIN ORAL TABLET 500-125 MG	(amoxicillin-pot clavulanate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.



Drug		Status	Notes
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000- 62.5 MG	(amoxicillin-pot clavulanate)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>		Tier 2 Generic	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 4 Non- Preferred Brand	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>		Tier 2 Generic	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		Tier 2 Generic	
PIVYA ORAL TABLET 185 MG		Tier 4 Non- Preferred Brand	PA
<b>Pleuromutilin Derivatives</b>			
XENLETA ORAL TABLET 600 MG		Tier 4 Non- Preferred Brand	PA
<b>Quinolones</b>			
BAXDELA ORAL TABLET 450 MG		Tier 4 Non- Preferred Brand	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 3 Preferred Brand	

Drug	Status	Notes
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 2 Generic	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 2 Generic	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 2 Generic	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2 Generic	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2 Generic	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2 Generic	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Tetracyclines</b>		
AVIDOXY ORAL TABLET 100 MG (doxycycline monohydrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2 Generic	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 2 Generic	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2 Generic	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 2 Generic	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 2 Generic	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 2 Generic	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxylene NL)	Tier 2 Generic	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 2 Generic	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxylene NL)	Tier 2 Generic	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i> (Oracea)	Tier 2 Generic	ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2 Generic	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 2 Generic	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 2 Generic	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 4 Non-Preferred Brand	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2 Generic	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2 Generic	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 2 Generic	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 2 Generic	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
MORGIDOX ORAL CAPSULE 50 MG (doxycycline hyclate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 4 Non-Preferred Brand	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2 Generic	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2 Generic	

Drug	Status	Notes
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 4 Non-Preferred Brand	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DIFLUCAN ORAL TABLET 100 MG (fluconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 2 Generic	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 2 Generic	
<i>fluconazole oral tablet 100 mg</i> (Diflucan)	Tier 2 Generic	
<i>fluconazole oral tablet 150 mg, 200 mg, 50 mg</i>	Tier 2 Generic	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 2 Generic	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 2 Generic	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 2 Generic	

Drug	Status	Notes
<i>ketoconazole oral tablet 200 mg</i>	Tier 2 Generic	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 4 Non- Preferred Brand	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 4 Non- Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 4 Non- Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4 Non- Preferred Brand	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 2 Generic	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 2 Generic	PA



Drug	Status	Notes
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2 Generic	

Drug		Status	Notes
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	(voriconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VFEND ORAL TABLET 50 MG	(voriconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VIVJOA ORAL CAPSULE 150 MG		Tier 4 Non-Preferred Brand	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	(Vfend)	Tier 2 Generic	
<i>voriconazole oral tablet 200 mg</i>		Tier 2 Generic	
<i>voriconazole oral tablet 50 mg</i>	(Vfend)	Tier 2 Generic	
<b>Antifungal Antibiotics</b>			
BREXAFEMME ORAL TABLET 150 MG		Tier 4 Non-Preferred Brand	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>		Tier 2 Generic	
<i>griseofulvin microsize oral tablet 500 mg</i>		Tier 2 Generic	

Drug	Status	Notes
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2 Generic	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2 Generic	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2 Generic	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
BETHKIS INHALATION SOLUTION (tobramycin) FOR NEBULIZATION 300 MG/4 ML	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KITABIS PAK INHALATION SOLUTION (tobramycin with nebulizer) FOR NEBULIZATION 300 MG/5 ML	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>neomycin oral tablet 500 mg</i>	Tier 2 Generic	

Drug		Status	Notes
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin in 0.225 % nacl)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 5 Specialty	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	(Tobi)	Tier 5 Specialty	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	(Bethkis)	Tier 5 Specialty	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	(Kitabis Pak)	Tier 5 Specialty	PA; SP
<b>Antibacterial Agents,Miscellaneous</b>			
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %	(glycine urologic solution)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>glycine urologic solution irrigation solution 1.5 %</i>	(Glycine Urologic)	Tier 2 Generic	

Drug	Status	Notes
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2 Generic	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5 Specialty	PA; SP
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2 Generic	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2 Generic	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2 Generic	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4 Non-Preferred Brand	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2 Generic	
<i>rifabutin oral capsule 150 mg</i>	Tier 2 Generic	
TRECTOR ORAL TABLET 250 MG	Tier 4 Non-Preferred Brand	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 2 Generic	
<i>pretomanid oral tablet 200 mg</i>	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 4 Non-Preferred Brand	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2 Generic	
<b>Lincosamides</b>		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 2 Generic	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 2 Generic	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 2 Generic	
<b>Rifamycins And Related Derivative Antibiotics</b>		
XIFAXAN ORAL TABLET 200 MG	Tier 4 Non-Preferred Brand	PA
XIFAXAN ORAL TABLET 550 MG	Tier 3 Preferred Brand	PA

Drug	Status	Notes
<b>Vancomycin And Derivatives</b>		
FIRVANQ ORAL RECON SOLN 25 (vancomycin) MG/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 (vancomycin) MG/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (600 ML per 1 FILL)

Drug		Status	Notes
VANCOCIN ORAL CAPSULE 125 MG (vancomycin)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (56 EA per 1 FILL)
VANCOCIN ORAL CAPSULE 250 MG (vancomycin)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (112 EA per 1 FILL)
<i>vancomycin oral capsule 125 mg</i>	(Vancocin)	Tier 2 Generic	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	(Vancocin)	Tier 2 Generic	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	(Firvanq)	Tier 2 Generic	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	(Firvanq)	Tier 2 Generic	QL (600 ML per 1 FILL)



Drug	Status	Notes
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2 Generic	
<b>Amebacides</b>		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 2 Generic	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 4 Non-Preferred Brand	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 2 Generic	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2 Generic	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 2 Generic	

Drug	Status	Notes
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EGATEN ORAL TABLET 250 MG	Tier 4 Non-Preferred Brand	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 3 Preferred Brand	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 2 Generic	
<i>ivermectin oral tablet 6 mg</i>	Tier 2 Generic	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 2 Generic	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 4 Non-Preferred Brand	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 2 Generic	

Drug	Status	Notes
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 2 Generic	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2 Generic	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2 Generic	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 4 Non-Preferred Brand	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 2 Generic	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 2 Generic	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 2 Generic	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 2 Generic	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 3 Preferred Brand	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
MALARONE PEDIATRIC ORAL (atovaquone-proguanil) TABLET 62.5-25 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>mefloquine oral tablet 250 mg</i>	Tier 2 Generic	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (100 EA per 30 days)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3 Preferred Brand	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 2 Generic	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 3 Preferred Brand	QL (100 EA per 30 days)
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4 Non-Preferred Brand	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 2 Generic	QL (2 EA per 1 day)
<b>Antiprotozoal Drugs,Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 2 Generic	

Drug	Status	Notes
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2 Generic	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3 Preferred Brand	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4 Non-Preferred Brand	
MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 2 Generic	

Drug	Status	Notes
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab</b>		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 3 Preferred Brand	PA; SP
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL TABLET 300 MG	Tier 3 Preferred Brand	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 3 Preferred Brand	PA; SP
<b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 3 Preferred Brand	SP; QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 3 Preferred Brand	SP; QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Antiretroviral- Nucleoside,Nucleotide,Protease Inh.</b>		
SYM TUZA ORAL TABLET 800-150-200-10 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 3 Preferred Brand	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3 Preferred Brand	QL (30 EA per 28 days); Age (Min 12 Years)
<b>Antiviral Monoclonal Antibodies</b>		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML	Tier 1 EHB/ACA	PA; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML	Tier 1 EHB/ACA	PA; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER

Drug	Status	Notes
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML	Tier 5 Specialty	PA; SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 5 Specialty	PA; SP
<b>Antiviral Nucleotide Analogs</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 2 Generic	QL (40 EA per 29 days); Age (Min 18 Years)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 2 Generic	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 2 Generic	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2 Generic	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2 Generic	
FLUMADINE ORAL TABLET 100 MG (rimantadine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LIVTENCITY ORAL TABLET 200 MG	Tier 5 Specialty	PA; SP
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 2 Generic	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 2 Generic	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 2 Generic	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 4 Non-Preferred Brand	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4 Non-Preferred Brand	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4 Non-Preferred Brand	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 2 Generic	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 2 Generic	



Drug	Status	Notes
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 EA per 180 days)

Drug	Status	Notes
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (360 ML per 180 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3 Preferred Brand	
TEMBEXA ORAL TABLET 100 MG	Tier 3 Preferred Brand	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3 Preferred Brand	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 2 Generic	
VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>VALCYTE ORAL TABLET 450 MG</b> (valganciclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 2 Generic	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 2 Generic	
<b>VALTREX ORAL TABLET 1 GRAM, 500 MG</b> (valacyclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
VIRAZOLE INHALATION RECON SOLN (ribavirin) 6 GRAM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 3 Preferred Brand	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 3 Preferred Brand	QL (2 EA per 180 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 3 Preferred Brand	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 2 Generic	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 2 Generic	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3 Preferred Brand	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 3 Preferred Brand	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (darunavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 3 Preferred Brand	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (darunavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
DESCOVY ORAL TABLET 120-15 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 2 Generic	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 2 Generic	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 2 Generic	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 2 Generic	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3 Preferred Brand	QL (31 ML per 1 day)

Drug	Status	Notes
SELZENTRY ORAL TABLET 150 MG (maraviroc)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG (maraviroc)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 3 Preferred Brand	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 2 Generic	
<i>etravirine oral tablet 100 mg</i> (Intelligence)	Tier 2 Generic	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelligence)	Tier 2 Generic	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG (etravirine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 3 Preferred Brand	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2 Generic	QL (1200 ML per 30 days)



Drug	Status	Notes
<i>nevirapine oral tablet 200 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 2 Generic	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 2 Generic	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 4 Non-Preferred Brand	QL (2 EA per 1 day)
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	Tier 2 Generic	SP
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 2 Generic	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3 Preferred Brand	QL (850 ML per 30 days)

Drug	Status	Notes
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (lamivudine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)

Drug	Status	Notes
EPIVIR ORAL TABLET 300 MG (lamivudine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 2 Generic	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 2 Generic	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 2 Generic	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 3 Preferred Brand	SP
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day)

Drug	Status	Notes
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1920 ML per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (960 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 2 Generic	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 2 Generic	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet</i> (Viread) 300 mg	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 3 Preferred Brand	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG (tenofovir disoproxil fumarate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 EA per 1 day)

Drug	Status	Notes
KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 2 Generic	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 2 Generic	QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg</i>	Tier 2 Generic	QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 2 Generic	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 2 Generic	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 2 Generic	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 3 Preferred Brand	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 3 Preferred Brand	QL (12 EA per 1 day)

Drug	Status	Notes
<p>NORVIR ORAL TABLET 100 MG (ritonavir)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (12 EA per 1 day)</p>
<p>REYATAZ ORAL CAPSULE 200 MG (atazanavir)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)</p>



Drug	Status	Notes
REYATAZ ORAL CAPSULE 300 MG (atazanavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 3 Preferred Brand	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 2 Generic	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 3 Preferred Brand	
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	Tier 2 Generic	SP; Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug		Status	Notes
ISENTRESS ORAL TABLET 400 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 3 Preferred Brand	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 3 Preferred Brand	QL (6 EA per 1 day)
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>			
ATRIPLA ORAL TABLET 600-200-300 MG	(efavirenz-emtricitabin-tenofov)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>		Tier 2 Generic	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	(Symfi Lo)	Tier 2 Generic	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i>	(Symfi)	Tier 2 Generic	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivu-tenofovir disoproxil fumarate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscriber's benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivu-tenofovir disoproxil fumarate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscriber's benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 3 Preferred Brand	QL (6 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5 Specialty	PA; SP
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 5 Specialty	PA; SP
EPCLUSA ORAL TABLET 200-50 MG	Tier 5 Specialty	PA; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 5 Specialty	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 5 Specialty	PA; SP
HARVONI ORAL TABLET 45-200 MG	Tier 5 Specialty	PA; SP
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 5 Specialty	PA; SP
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 5 Specialty	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 5 Specialty	PA; SP
<b>Hepatitis B Treatment Agents</b>		
adefovir oral tablet 10 mg (Hepsera)	Tier 5 Specialty	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5 Specialty	SP; QL (630 ML per 30 days)

Drug	Status	Notes
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 5 Specialty	SP; QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 2 Generic	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 5 Specialty	SP; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5 Specialty	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5 Specialty	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 2 Generic	
<i>ribavirin oral tablet 200 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 5 Specialty	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 5 Specialty	PA; SP
ZEPATIER ORAL TABLET 50-100 MG	Tier 5 Specialty	PA; SP
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 5 Specialty	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
D-PENAMINE ORAL TABLET 125 MG	Tier 5 Specialty	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 5 Specialty	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 5 Specialty	PA; SP
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3 Preferred Brand	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5 Specialty	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5 Specialty	PA; SP
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 5 Specialty	PA; SP
<i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i> (Hyrimoz Pen Crohn's-UC Starter)	Tier 5 Specialty	PA; SP
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 5 Specialty	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5 Specialty	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	Tier 5 Specialty	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5 Specialty	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5 Specialty	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5 Specialty	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5 Specialty	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5 Specialty	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5 Specialty	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5 Specialty	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5 Specialty	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5 Specialty	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5 Specialty	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	Tier 5 Specialty	PA; SP



Drug	Status	Notes
REMICADE INTRAVENOUS RECON (infliximab) SOLN 100 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Tier 5 Specialty	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Tier 5 Specialty	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	Tier 5 Specialty	PA; SP
SIMLANDI(CF) SUBCUTANEOUS (adalimumab-ryvk) SYRINGE KIT 40 MG/0.4 ML	Tier 5 Specialty	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 5 Specialty	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5 Specialty	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5 Specialty	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 5 Specialty	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 5 Specialty	PA; SP
<b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 2 Generic	
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 5 Specialty	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5 Specialty	PA; SP
<b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 4 Non-Preferred Brand	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	Tier 3 Preferred Brand	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 4 Non-Preferred Brand	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 4 Non-Preferred Brand	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 4 Non-Preferred Brand	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 4 Non-Preferred Brand	PA

Drug		Status	Notes
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML		Tier 4 Non-Preferred Brand	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML		Tier 4 Non-Preferred Brand	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML		Tier 3 Preferred Brand	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML		Tier 3 Preferred Brand	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA
<b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>			
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		Tier 5 Specialty	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 5 Specialty	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 5 Specialty	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>			
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	Tier 5 Specialty	PA; SP
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5 Specialty	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 5 Specialty	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5 Specialty	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 5 Specialty	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 5 Specialty	PA; SP
<b>Glucocorticoids</b>		
BETALOAN SUIK KIT 6 MG/ML	Tier 4 Non-Preferred Brand	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Tier 2 Generic	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Tier 2 Generic	ST: Requires prior prescription for Balsalazide within the past 120 days
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>cortisone oral tablet 25 mg</i>	Tier 2 Generic	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 5 Specialty	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 5 Specialty	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 4 Non-Preferred Brand	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2 Generic	

Drug	Status	Notes
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2 Generic	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2 Generic	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 4 Non-Preferred Brand	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 5 Specialty	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 2 Generic	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Tier 2 Generic	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
MEDROL ORAL TABLET 2 MG	Tier 3 Preferred Brand	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 4 Non-Preferred Brand	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 4 Non-Preferred Brand	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 2 Generic	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 2 Generic	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 2 Generic	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2 Generic	

Drug	Status	Notes
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 2 Generic	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 2 Generic	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 2 Generic	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 2 Generic	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 3 Preferred Brand	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2 Generic	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2 Generic	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2 Generic	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 4 Non-Preferred Brand	
TRILOAN II SUIK KIT 40 MG/ML	Tier 4 Non-Preferred Brand	
TRILOAN SUIK KIT 40 MG/ML	Tier 4 Non-Preferred Brand	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Balsalazide within the past 120 days

Drug		Status	Notes
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	(prednisolone sodium phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Gold Salts</b>			
<i>auranofin oral capsule 3 mg</i>	(Ridaura)	Tier 2 Generic	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 4 Non-Preferred Brand	
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>			
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		Tier 5 Specialty	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 5 Specialty	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 5 Specialty	PA; SP
<b>Interleukin-6 (IL-6) Receptor Inhibitors</b>			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 5 Specialty	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		Tier 5 Specialty	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 5 Specialty	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 5 Specialty	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 5 Specialty	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 5 Specialty	PA; SP



Drug	Status	Notes
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 5 Specialty	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
<b>Janus Kinase (Jak) Inhibitors</b>		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 5 Specialty	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5 Specialty	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5 Specialty	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5 Specialty	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 5 Specialty	PA; SP
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2 Generic	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5 Specialty	PA; SP
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5 Specialty	PA; SP
STELARA INTRAVENOUS SOLUTION (ustekinumab) 130 MG/26 ML	Tier 5 Specialty	PA; SP
STELARA SUBCUTANEOUS (ustekinumab) SOLUTION 45 MG/0.5 ML	Tier 5 Specialty	PA; SP
STELARA SUBCUTANEOUS SYRINGE (ustekinumab) 45 MG/0.5 ML, 90 MG/ML	Tier 5 Specialty	PA; SP
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5 Specialty	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5 Specialty	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
ARTHROTEC 50 ORAL (diclofenac-misoprostol) TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ARTHROTEC 75 ORAL (diclofenac-misoprostol) TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 2 Generic	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 2 Generic	

Drug	Status	Notes
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 2 Generic	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
DAYPRO ORAL TABLET 600 MG (oxaprozin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2 Generic	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2 Generic	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 2 Generic	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 2 Generic	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2 Generic	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 2 Generic	
<i>etodolac oral tablet 500 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 2 Generic	
FELDENE ORAL CAPSULE 20 MG (piroxicam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>flurbiprofen oral tablet 100 mg</i> (Lurbipr)	Tier 2 Generic	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 2 Generic	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 2 Generic	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 2 Generic	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2 Generic	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2 Generic	
<i>indomethacin rectal suppository 100 mg</i>	Tier 2 Generic	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Tier 2 Generic	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 2 Generic	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 2 Generic	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 2 Generic	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 2 Generic	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 2 Generic	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 2 Generic	
<i>ketorolac oral tablet 10 mg</i>	Tier 2 Generic	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 2 Generic	

Drug	Status	Notes
LODINE ORAL TABLET 400 MG (etodolac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LURBIPR ORAL TABLET 100 MG (flurbiprofen)	Tier 2 Generic	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 2 Generic	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2 Generic	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 2 Generic	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2 Generic	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2 Generic	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 2 Generic	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 2 Generic	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	Tier 2 Generic	

Drug	Status	Notes
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2 Generic	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 2 Generic	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 2 Generic	
<i>piroxicam oral capsule 10 mg</i>	Tier 2 Generic	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Tier 2 Generic	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2 Generic	
<i>tolmetin oral capsule 400 mg</i>	Tier 2 Generic	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	Tier 2 Generic	
TORONOVA II SUIK KIT 30 MG/ML	Tier 4 Non-Preferred Brand	
TORONOVA SUIK KIT 30 MG/ML	Tier 4 Non-Preferred Brand	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 5 Specialty	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5 Specialty	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 5 Specialty	PA; SP
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
<i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>	Tier 2 Generic	
<i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml) 0.25%</i>	Tier 2 Generic	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 2 Generic	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 4 Non-Preferred Brand	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 2 Generic	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 2 Generic	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 2 Generic	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2 Generic	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 2 Generic	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 4 Non-Preferred Brand	
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Tier 2 Generic	

Drug	Status	Notes
<i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>	Tier 2 Generic	
<i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %</i>	Tier 2 Generic	
<i>ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %, 20 mg/10 ml (2 mg/ml) 0.2 %</i>	Tier 2 Generic	
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 4 Non-Preferred Brand	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflamm. Colon Dx, 5-A-Salicylate, Rectal Tx</b>		
CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscriber's benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 2 Generic	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 2 Generic	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 2 Generic	



Drug	Status	Notes
ROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipe)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SFROWASA RECTAL ENEMA 4 (mesalamine) GRAM/60 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Drug Tx-Chronic Inflamm. Colon Dx,5-Aminosalicylat</b>		
APRISO ORAL CAPSULE,EXTENDED (mesalamine) RELEASE 24HR 0.375 GRAM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
AZULFIDINE EN-TABS ORAL (sulfasalazine) TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 2 Generic	

Drug	Status	Notes
COLAZAL ORAL CAPSULE 750 MG (balsalazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DIPENTUM ORAL CAPSULE 250 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lialda within the past 120 days

Drug		Status	Notes
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol)	Tier 2 Generic	
<i>mesalamine oral capsule, extended release 500 mg</i>	(Pentasa)	Tier 2 Generic	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	Tier 2 Generic	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	(Lialda)	Tier 2 Generic	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>		Tier 2 Generic	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 3 Preferred Brand	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 3 Preferred Brand	
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	Tier 2 Generic	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	(Azulfidine EN-tabs)	Tier 2 Generic	

Drug		Status	Notes
<b>Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth</b>			
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	(hydrocortisone-pramoxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	(Analpram-HC)	Tier 2 Generic	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>		Tier 2 Generic	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>		Tier 2 Generic	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>		Tier 2 Generic	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>		Tier 2 Generic	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>		Tier 2 Generic	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 4 Non-Preferred Brand	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 3 Preferred Brand	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %		Tier 4 Non-Preferred Brand	
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3 Preferred Brand	
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>			
ENTYVIO INTRAVENOUS RECON SOLN 300 MG		Tier 5 Specialty	PA; SP

Drug	Status	Notes
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5 Specialty	PA; SP
<b>Irritable Bowel Agents,Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 2 Generic	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2 Generic	

Drug	Status	Notes
ANUSOL-HC RECTAL SUPPOSITORY (hydrocortisone acetate) 25 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 2 Generic	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 2 Generic	



Drug		Status	Notes
PROCTOCORT RECTAL SUPPOSITORY 30 MG	(hydrocortisone acetate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)</b>			
<i>budesonide rectal foam 2 mg/actuation</i>	(Uceris)	Tier 2 Generic	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	(hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 4 Non-Preferred Brand	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	Tier 2 Generic	

Drug		Status	Notes
UCERIS RECTAL FOAM 2 MG/ACTUATION	(budesonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Lower Gastrointestinal Disorders - Other</b>			
<b>Ammonia Inhibitors</b>			
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	(sodium phenylbutyrate)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
BUPHENYL ORAL TABLET 500 MG	(sodium phenylbutyrate)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>carglumic acid oral tablet, dispersible 200 mg</i>	(Carbaglu)	Tier 5 Specialty	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2 Generic	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2 Generic	
LITHOSTAT ORAL TABLET 250 MG		Tier 4 Non-Preferred Brand	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 5 Specialty	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 5 Specialty	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 5 Specialty	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	(Buphenyl)	Tier 5 Specialty	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	(Buphenyl)	Tier 5 Specialty	PA; SP
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>			
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG		Tier 3 Preferred Brand	SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>			
XERMELO ORAL TABLET 250 MG		Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2 Generic	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 2 Generic	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 2 Generic	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 2 Generic	
<b>Bile Salts</b>		
URSO FORTE ORAL TABLET 500 MG (ursodiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ursodiol oral capsule 300 mg</i>	Tier 2 Generic	
<i>ursodiol oral tablet 250 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 2 Generic	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 5 Specialty	PA; SP
<b>Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>		
IBSRELA ORAL TABLET 50 MG	Tier 4 Non-Preferred Brand	PA
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 2 Generic	
LOTROXEX ORAL TABLET 0.5 MG, 1 MG (alosetron)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Laxatives And Cathartics</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2 Generic	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)

Drug	Status	Notes
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4000 ML per 1 FILL)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 2 Generic	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 2 Generic	QL (2 EA per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 FILL)
<i>peg 3350-electrolytes oral recon soln</i> 236-22.74-6.74 -5.86 gram (GaviLyte-G)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)

Drug	Status	Notes
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 1 EHB/ACA	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 1 EHB/ACA	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)



Drug		Status	Notes
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	(sodium,potassium,mag sulfates)	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (354 ML per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)
<b>Narcotic Antagonists, Peripherally-Acting</b>			
<i>alvimopan oral capsule 12 mg</i>		Tier 2 Generic	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 4 Non- Preferred Brand	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		Tier 4 Non- Preferred Brand	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		Tier 4 Non- Preferred Brand	PA
SYMPROIC ORAL TABLET 0.2 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
<b>Ppar Agonist</b>			
IQIRVO ORAL TABLET 80 MG		Tier 5 Specialty	PA; SP
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analog</b>			
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		Tier 5 Specialty	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Tissue Bulking Implants - Non-Cosmetic</b>		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 5 Specialty	SP
<b>Medical Supplies</b>		
<b>Durable Medical Equipment,Misc(Group 1)</b>		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strip, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra Test Strip, Onetouch Verio Test Strip, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
<b>Medical Supplies,Miscellaneous(Group 2)</b>		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT	Tier 5 Specialty	SP
<b>Syringes And Accessories</b>		
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (insulin u-500 syringe-needle)	Tier 3 Preferred Brand	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 3 Preferred Brand	
<b>Tissue Bulking Implants</b>		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	Tier 5 Specialty	PA; SP
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	Tier 5 Specialty	PA; SP
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	Tier 2 Generic	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 2 Generic	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen)	Tier 2 Generic	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL)

Drug	Status	Notes
EPIPEN INJECTION AUTO-INJECTOR (epinephrine) 0.3 MG/0.3 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL)

Drug	Status	Notes
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	Tier 4 Non-Preferred Brand	QL (4 EA per 1 FILL)
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil)	Tier 5 Specialty	PA; SP
<b>Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Mab</b>		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Metabolic Disease Enzyme Replacement, Asmd</b>		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	Tier 5 Specialty	PA; SP
<b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	Tier 5 Specialty	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 5 Specialty	PA; SP
<b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 5 Specialty	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 5 Specialty	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 5 Specialty	PA; SP
<b>Metabolic Disease Enzyme Replacement, Pompe Disease</b>		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 5 Specialty	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
POMBILITI INTRAVENOUS RECON SOLN 105 MG	Tier 5 Specialty	PA; SP
<b>Metabolic Dx Enzyme Replacement, Lyso. Acid Lip. Def.</b>		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 5 Specialty	PA; SP
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 4 Non-Preferred Brand	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2 Generic	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 2 Generic	

Drug	Status	Notes
EVOXAC ORAL CAPSULE 30 MG (cevimeline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 2 Generic	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan)	Tier 5 Specialty	SP
<i>sapropterin oral tablet,soluble 100 mg</i> (Kuvan)	Tier 5 Specialty	SP
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 5 Specialty	SP
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	Tier 5 Specialty	SP
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 5 Specialty	PA; SP



Drug	Status	Notes
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 5 Specialty	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Tier 5 Specialty	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5 Specialty	PA; SP
<b>Thyroid Hormone Receptor (Thr) Agonist</b>		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5 Specialty	PA; SP
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3 Preferred Brand	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4 Non-Preferred Brand	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG (melphalan hcl)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
ALKERAN ORAL TABLET 2 MG	(melphalan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 5 Specialty	SP
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	(Treanda)	Tier 5 Specialty	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 5 Specialty	SP
BICNU INTRAVENOUS RECON SOLN 100 MG	(carmustine)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>busulfan intravenous solution 60 mg/10 ml</i>	(Busulfex)	Tier 5 Specialty	SP

Drug	Status	Notes
BUSULFEX INTRAVENOUS SOLUTION (busulfan) 60 MG/10 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 5 Specialty	SP
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	Tier 5 Specialty	SP
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	Tier 5 Specialty	SP
<i>carmustine intravenous recon soln 300 mg</i>	Tier 5 Specialty	SP
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 5 Specialty	SP
<i>cisplatin intravenous solution 1 mg/ml</i> (Kemoplat)	Tier 5 Specialty	SP
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 5 Specialty	SP
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	Tier 5 Specialty	SP
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	Tier 5 Specialty	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 5 Specialty	SP
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 5 Specialty	SP
EVOMELA INTRAVENOUS RECON SOLN 50 MG	Tier 5 Specialty	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	Tier 5 Specialty	PA; SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 5 Specialty	SP

Drug	Status	Notes
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 2 Generic	
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM (ifosfamide)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	Tier 5 Specialty	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 5 Specialty	SP
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (cisplatin)	Tier 5 Specialty	SP
LEUKERAN ORAL TABLET 2 MG	Tier 5 Specialty	SP
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	Tier 5 Specialty	SP
MYLERAN ORAL TABLET 2 MG	Tier 5 Specialty	SP

Drug	Status	Notes
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 5 Specialty	SP
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 5 Specialty	SP
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5 Specialty	PA; SP
TEPADINA INJECTION RECON SOLN (thiotepa) 100 MG	Tier 5 Specialty	SP
TEPADINA INJECTION RECON SOLN (thiotepa) 15 MG	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	Tier 5 Specialty	SP

Drug		Status	Notes
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	(bendamustine)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 5 Specialty	SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG		Tier 5 Specialty	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG		Tier 5 Specialty	PA; SP
<b>Antiandrogenic Agents</b>			
<i>abiraterone oral tablet 250 mg, 500 mg</i>	(Zytiga)	Tier 5 Specialty	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	(Casodex)	Tier 2 Generic	
CASODEX ORAL TABLET 50 MG	(bicalutamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 5 Specialty	PA; SP

Drug	Status	Notes
NILANDRON ORAL TABLET 150 MG (nilutamide)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 5 Specialty	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 5 Specialty	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 5 Specialty	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 5 Specialty	PA; SP
YONSA ORAL TABLET 125 MG	Tier 5 Specialty	PA; SP
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antibiotic Antineoplastics</b>		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 5 Specialty	SP

Drug		Status	Notes
CAELYX INTRAVENOUS SUSPENSION 2 MG/ML	(doxorubicin, peg- liposomal)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	(dactinomycin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>dactinomycin intravenous recon soln 0.5 mg</i>	(Cosmegen)	Tier 5 Specialty	SP
<i>daunorubicin intravenous solution 5 mg/ml</i>		Tier 5 Specialty	SP



Drug	Status	Notes
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin, peg-liposomal)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 2 Generic	SP
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	Tier 5 Specialty	SP
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML (epirubicin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>epirubicin intravenous recon soln 50 mg</i>	Tier 5 Specialty	SP
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	Tier 5 Specialty	SP

Drug	Status	Notes
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML (idarubicin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	Tier 5 Specialty	SP
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	Tier 5 Specialty	SP
<i>mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml), 40 mg/40 ml (1 mg/ml)</i>	Tier 5 Specialty	SP
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)	Tier 5 Specialty	SP
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	Tier 5 Specialty	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (valrubicin)	Tier 5 Specialty	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 5 Specialty	SP
<b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	Tier 5 Specialty	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	Tier 5 Specialty	PA; SP
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	Tier 5 Specialty	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 5 Specialty	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
<b>Antimetabolites</b>		
ALIMTA INTRAVENOUS RECON SOLN (pemetrexed disodium) 100 MG, 500 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ARRANON INTRAVENOUS SOLUTION (nelarabine) 250 MG/50 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 5 Specialty	PA; SP
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Tier 5 Specialty	SP
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 5 Specialty	PA; SP
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 5 Specialty	SP
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 5 Specialty	SP

Drug	Status	Notes
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 5 Specialty	SP
<i>cytarabine injection solution 20 mg/ml</i>	Tier 5 Specialty	SP
<i>decitabine intravenous recon soln 50 mg</i>	Tier 5 Specialty	SP
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 5 Specialty	SP
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 5 Specialty	SP
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 5 Specialty	SP
FOLOTYN INTRAVENOUS SOLUTION (pralatrexate) 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Tier 5 Specialty	PA; SP
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Tier 5 Specialty	SP
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 5 Specialty	SP
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	Tier 5 Specialty	SP
INQOVI ORAL TABLET 35-100 MG	Tier 5 Specialty	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4 Non-Preferred Brand	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5 Specialty	PA; SP
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	Tier 5 Specialty	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2 Generic	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2 Generic	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2 Generic	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2 Generic	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<i>nelarabine intravenous solution 250 mg/50 ml</i> (Arranon)	Tier 5 Specialty	SP
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	Tier 5 Specialty	SP
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5 Specialty	PA; SP
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 5 Specialty	PA; SP
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	Tier 5 Specialty	PA; SP
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 5 Specialty	PA; SP
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 5 Specialty	PA; SP
<i>pemetrexed intravenous solution 25 mg/ml</i> (Pemfexy)	Tier 5 Specialty	PA; SP
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (pemetrexed)	Tier 5 Specialty	PA; SP
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i> (Folotyn)	Tier 5 Specialty	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 5 Specialty	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 5 Specialty	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3 Preferred Brand	
VIDAZA INJECTION RECON SOLN 100 MG (azacitidine)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antineoplast Egf Receptor Blocker Rcmb Mc Antibody</b>		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 5 Specialty	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 5 Specialty	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 5 Specialty	PA; SP
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 5 Specialty	PA; SP
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 5 Specialty	PA; SP
<b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Antibiotic And Antimetabolite</b>		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Anti-Cd38 Monoclonal Antibody</b>		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	Tier 5 Specialty	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody</b>		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER

Drug	Status	Notes
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AROMASIN ORAL TABLET 25 MG (exemestane)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER



Drug	Status	Notes
FEMARA ORAL TABLET 2.5 MG (letrozole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
letrozole oral tablet 2.5 mg (Femara)	Tier 2 Generic	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5 Specialty	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 5 Specialty	PA; SP
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 5 Specialty	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5 Specialty	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 5 Specialty	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody</b>		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Egfr And Met Receptor Inhib, Mab</b>		
RYBREVENT INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Etoposides And Analogs</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Antineoplastic - Halichondrin B Analogs</b>		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i> (Halaven)	Tier 5 Specialty	PA; SP
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5 Specialty	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5 Specialty	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Immunotherapy, T-Cell Engager</b>		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Interleukin-15 Receptor Agonists</b>		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Kras Protein Inhibitor</b>		
KRAZATI ORAL TABLET 200 MG	Tier 5 Specialty	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 5 Specialty	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 5 Specialty	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5 Specialty	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5 Specialty	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5 Specialty	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET (everolimus FOR SUSPENSION 2 MG, 3 MG, 5 MG (antineoplastic))	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 5 Specialty	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 5 Specialty	PA; SP
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TORISEL INTRAVENOUS RECON (temsirolimus) SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
CAMPTOSAR INTRAVENOUS (irinotecan) SOLUTION 100 MG/5 ML, 40 MG/2 ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CAMPTOSAR INTRAVENOUS (irinotecan) SOLUTION 300 MG/15 ML	Tier 5 Specialty	SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5 Specialty	SP
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	Tier 5 Specialty	SP
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 5 Specialty	SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<i>topotecan intravenous recon soln 4 mg</i>	Tier 5 Specialty	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 5 Specialty	SP
<b>Antineoplastic - Vegf-A,B &amp; P1gf Inhibitor</b>		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 5 Specialty	PA; SP
<b>Antineoplastic - Vegfr Antagonist</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic- Cd22 Antibody- Cytotoxic Antibiotic</b>		
BESPO NSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 5 Specialty	PA; SP
<b>Antineoplastic- Cd33 Antibody- Cytotoxic Antibiotic</b>		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 5 Specialty	PA; SP
<b>Antineoplastic Immunomodulator Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 5 Specialty	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5 Specialty	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
ORGOVYX ORAL TABLET 120 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 5 Specialty	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5 Specialty	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5 Specialty	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5 Specialty	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5 Specialty	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5 Specialty	PA; SP
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Tier 5 Specialty	PA; SP
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	Tier 5 Specialty	PA; SP
<i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>	Tier 5 Specialty	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5 Specialty	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5 Specialty	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 5 Specialty	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5 Specialty	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5 Specialty	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5 Specialty	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5 Specialty	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5 Specialty	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5 Specialty	PA; SP
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Tier 5 Specialty	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 5 Specialty	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5 Specialty	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5 Specialty	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 5 Specialty	PA; SP
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5 Specialty	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5 Specialty	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 5 Specialty	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5 Specialty	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5 Specialty	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5 Specialty	PA; SP
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5 Specialty	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5 Specialty	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 5 Specialty	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5 Specialty	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5 Specialty	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 5 Specialty	PA; SP
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 5 Specialty	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 5 Specialty	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5 Specialty	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5 Specialty	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 5 Specialty	PA; SP



Drug	Status	Notes
NEXAVAR ORAL TABLET 200 MG (sorafenib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)	Tier 5 Specialty	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5 Specialty	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 5 Specialty	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5 Specialty	PA; SP
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 5 Specialty	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5 Specialty	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 5 Specialty	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 5 Specialty	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 5 Specialty	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 5 Specialty	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5 Specialty	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5 Specialty	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 5 Specialty	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5 Specialty	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	Tier 5 Specialty	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 5 Specialty	PA; SP
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 5 Specialty	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
STIVARGA ORAL TABLET 40 MG	Tier 5 Specialty	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 5 Specialty	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5 Specialty	PA; SP
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5 Specialty	PA; SP
TARCEVA ORAL TABLET 100 MG (erlotinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	Tier 5 Specialty	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 5 Specialty	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5 Specialty	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5 Specialty	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 5 Specialty	PA; SP
TYKERB ORAL TABLET 250 MG (lapatinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5 Specialty	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5 Specialty	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5 Specialty	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5 Specialty	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 5 Specialty	PA; SP
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5 Specialty	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 5 Specialty	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 5 Specialty	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5 Specialty	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5 Specialty	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab</b>		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 5 Specialty	PA; SP
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 5 Specialty	PA; SP
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 5 Specialty	PA; SP
ISTODAX INTRAVENOUS RECON (romidepsin) SOLN 10 MG/2 ML	Tier 5 Specialty	PA; SP
<i>romidepsin intravenous recon soln 10 (Istodax) mg/2 ml</i>	Tier 5 Specialty	PA; SP
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 5 Specialty	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 5 Specialty	SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl- 2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5 Specialty	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic-Cd123-Directed Cytotoxin Conjugate</b>		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic-Immunotherapy Checkpoint Inhib Comb</b>		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	Tier 5 Specialty	PA; SP
<b>Antineoplastic-Interleukin-6(IL- 6)Inhib,Antibody</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5 Specialty	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 5 Specialty	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastics Antibody/Antibody-Drug Complexes</b>		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 5 Specialty	PA; SP
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 5 Specialty	PA; SP
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Tier 5 Specialty	PA; SP
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
DATROWAY INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	Tier 5 Specialty	PA; SP
ENHERTU INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	Tier 5 Specialty	PA; SP
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	Tier 5 Specialty	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 5 Specialty	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	Tier 5 Specialty	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	Tier 5 Specialty	PA; SP
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 5 Specialty	PA; SP
TIVDAK INTRAVENOUS RECON SOLN 40 MG	Tier 5 Specialty	PA; SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 5 Specialty	PA; SP
VYLOY INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	Tier 5 Specialty	PA; SP
<b>Antineoplastics,Miscellaneous</b>		
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 5 Specialty	SP

Drug	Status	Notes
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	Tier 5 Specialty	SP
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 5 Specialty	PA; SP
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> (Docivyx)	Tier 5 Specialty	SP
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	Tier 5 Specialty	SP
ERWINASE INJECTION RECON SOLN 10,000 UNIT	Tier 5 Specialty	SP
<i>etoposide oral capsule 50 mg</i>	Tier 2 Generic	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 5 Specialty	SP
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 5 Specialty	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 5 Specialty	PA; SP
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 5 Specialty	SP
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	Tier 5 Specialty	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5 Specialty	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 5 Specialty	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (arsenic trioxide)	Tier 5 Specialty	SP
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	Tier 5 Specialty	PA; SP
<b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	Tier 5 Specialty	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<b>Chemotherapy Rescue/Antidote Agents</b>		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	Tier 5 Specialty	SP
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg</i>	Tier 2 Generic	SP
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2 Generic	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 5 Specialty	SP
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 5 Specialty	SP
<i>mesna oral tablet 400 mg</i> (Mesnex)	Tier 2 Generic	
MESNEX ORAL TABLET 400 MG (mesna)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	Tier 5 Specialty	SP
<b>Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody</b>		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 5 Specialty	PA; SP
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4 Non-Preferred Brand	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 2 Generic	



Drug	Status	Notes
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 4 Non-Preferred Brand	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 4 Non-Preferred Brand	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 4 Non-Preferred Brand	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4 Non-Preferred Brand	
<b>Radioactive Therapeutic Agents</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 4 Non-Preferred Brand	
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)	Tier 5 Specialty	PA; SP
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
FARESTON ORAL TABLET 60 MG (toremifene)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	(fulvestrant)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	(Faslodex)	Tier 5 Specialty	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 5 Specialty	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 3 Preferred Brand	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i>	(Fareston)	Tier 5 Specialty	PA; SP
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>			
<i>bexarotene oral capsule 75 mg</i>	(Targretin)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Steroid Antineoplastics</b>		
megestrol oral tablet 20 mg, 40 mg	Tier 2 Generic	
<b>Vinca Alkaloids</b>		
vinblastine intravenous solution 1 mg/ml	Tier 5 Specialty	SP
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 5 Specialty	SP
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 5 Specialty	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 5 Specialty	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5 Specialty	PA; SP
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 5 Specialty	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5 Specialty	PA; SP
BETASERON SUBCUTANEOUS (interferon beta-1b) RECON SOLN 0.3 MG	Tier 5 Specialty	PA; SP
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML, 40 MG/ML	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 5 Specialty	PA; SP
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 5 Specialty	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 5 Specialty	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 5 Specialty	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 5 Specialty	PA; SP
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	Tier 5 Specialty	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 5 Specialty	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 5 Specialty	PA; SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	Tier 5 Specialty	PA; SP
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	Tier 5 Specialty	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 5 Specialty	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5 Specialty	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5 Specialty	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 5 Specialty	PA; SP
PONVORY ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 5 Specialty	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5 Specialty	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5 Specialty	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
teriflunomide oral tablet 14 mg, 7 mg (Aubagio)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 5 Specialty	PA; SP
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
AMPYRA ORAL TABLET EXTENDED (dalfampridine) RELEASE 12 HR 10 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 5 Specialty	PA; SP
<b>Amyotrophic Lateral Sclerosis Agents</b>		
<i>edaravone intravenous solution 30 mg/100 ml</i> (Radicava)	Tier 5 Specialty	PA; SP
<i>edaravone intravenous solution 60 mg/100 ml</i>	Tier 5 Specialty	PA; SP
RADICAVA INTRAVENOUS SOLUTION (edaravone) 30 MG/100 ML	Tier 5 Specialty	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 5 Specialty	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
RILUTEK ORAL TABLET 50 MG (riluzole)	Tier 4 Non-Preferred Brand	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 2 Generic	
<b>Anti-Cd19 (B Lymphocyte) Monoclonal Antibody</b>		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)



Drug	Status	Notes
<b>Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab</b>		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 5 Specialty	PA; SP
<b>Metabolic Disease Enzyme Replacement, Batten Disea</b>		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 5 Specialty	PA; SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	Tier 5 Specialty	PA; SP
<b>Metabolic Disease Enzyme Replacement, Mocd</b>		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5 Specialty	PA; SP
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5 Specialty	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 5 Specialty	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 5 Specialty	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5 Specialty	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5 Specialty	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5 Specialty	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5 Specialty	PA; SP
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 4 Non-Preferred Brand	PA
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
VELSIPITY ORAL TABLET 2 MG	Tier 5 Specialty	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5 Specialty	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 5 Specialty	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 5 Specialty	PA; SP
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 2 Generic	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 2 Generic	

Drug	Status	Notes
PERIDEX MUCOUS MEMBRANE (chlorhexidine gluconate) MOUTHWASH 0.12 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PERIOGARD MUCOUS MEMBRANE (chlorhexidine gluconate) MOUTHWASH 0.12 %	Tier 2 Generic	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 2 Generic	
<b>Keratinocyte Growth Factor (Kgf)</b>		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	Tier 5 Specialty	SP
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 2 Generic	
GOPRELTO NASAL SOLUTION 4 % (cocaine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2 Generic	

Drug	Status	Notes
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 2 Generic	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2 Generic	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 4 Non-Preferred Brand	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 2 Generic	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4 Non-Preferred Brand	
<b>Antivenins</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 4 Non-Preferred Brand	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 2 Generic	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 2 Generic	ST: Requires prior prescription for Megestrol Acetate 40MG/ML suspension within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4 Non-Preferred Brand	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 4 Non-Preferred Brand	
<b>Cardioplegic Solutions</b>		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 4 Non-Preferred Brand	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 2 Generic	

Drug	Status	Notes
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 4 Non- Preferred Brand	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 4 Non- Preferred Brand	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4 Non- Preferred Brand	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 2 Generic	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 2 Generic	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 2 Generic	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 2 Generic	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 4 Non- Preferred Brand	

Drug	Status	Notes
MICROPLEGIA MODIFIED DEL NIDO PERFUSION SYRINGE 40 ML	Tier 4 Non-Preferred Brand	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2 Generic	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2 Generic	
PLEGISOL PERFUSION SOLUTION 16 (cardioplegic soln) MEQ/L (= K+)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Cholinergic And Anticholinergic Combinations</b>		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4 Non-Preferred Brand	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4 Non-Preferred Brand	
<b>Condoms</b>		
AIMSCO LATEX CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DUREX AIR CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN BARESKIN DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN EXTENDED PLEASURE DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN PLEASURE PACK DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA THIN DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug		Status	Notes
TRUSTEX-RIA NON-LUB CONDOMS DEVICE		Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
Cystic Fibrosis - Inhaled Osmotic Agents			
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG		Tier 5 Specialty	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diluent Solutions			
DILUENT FOR BICNU INTRAVENOUS SOLUTION	(diluent, carmustine (ethanol))	Tier 5 Specialty	SP
diluent for decitabine intravenous solution		Tier 5 Specialty	SP
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE		Tier 5 Specialty	SP
DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML	(diluent, romidepsin (prop gly))	Tier 4 Non-Preferred Brand	SP
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML		Tier 5 Specialty	SP
diluent for melphalan intravenous solution 10 ml		Tier 5 Specialty	SP
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE		Tier 5 Specialty	SP
DILUENT FOR ROTARIX ORAL SYRINGE		Tier 4 Non-Preferred Brand	
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION		Tier 5 Specialty	SP
diluent, carmustine (ethanol) intravenous solution	(Diluent for BiCNU)	Tier 5 Specialty	SP
diluent, romidepsin (prop gly) intravenous solution 2.2 ml	(Diluent For Istodax)	Tier 5 Specialty	SP
diluent, voretigene neparvovec subretinal solution		Tier 5 Specialty	SP
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 4 Non-Preferred Brand	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION		Tier 4 Non-Preferred Brand	
Drugs To Treat Hereditary Tyrosinemia			
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)		Tier 5 Specialty	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 5 Specialty	SP
miglustat oral capsule 100 mg (Yargesa)		Tier 5 Specialty	PA; SP



Drug	Status	Notes
OPFOLDA ORAL CAPSULE 65 MG	Tier 5 Specialty	PA; SP
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 4 Non-Preferred Brand	
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2 Generic	
<i>midazolam injection solution 5 mg/ml</i>	Tier 2 Generic	
<b>General Anesthetics,Inhalant</b>		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 2 Generic	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 2 Generic	
<i>sevoflurane inhalation liquid 99.97 %</i> (Ultane)	Tier 2 Generic	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 2 Generic	

Drug	Status	Notes
ULTANE INHALATION LIQUID 99.97 % (sevoflurane)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 4 Non-Preferred Brand	
HYPER-SAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 7 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %	Tier 2 Generic	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 4 Non-Preferred Brand	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 2 Generic	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 2 Generic	

Drug		Status	Notes
<i>sodium chloride inhalation solution for nebulization 7 %</i>	(Hyper-Sal)	Tier 2 Generic	
<b>Intra-Uterine Devices (IUD's)</b>			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		Tier 1 EHB/ACA	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		Tier 1 EHB/ACA	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		Tier 1 EHB/ACA	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		Tier 1 EHB/ACA	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		Tier 1 EHB/ACA	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		Tier 1 EHB/ACA	
<b>Metabolic Deficiency Agents</b>			
<i>betaine oral powder 1 gram/scoop</i>	(Cystadane)	Tier 5 Specialty	PA; SP
CARNITOR ORAL SOLUTION 100 MG/ML	(levocarnitine (with sugar))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
CARNITOR ORAL TABLET 330 MG	(levocarnitine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	(Carnitor)	Tier 2 Generic	
<i>levocarnitine oral solution 100 mg/ml</i>	(Carnitor (sugar-free))	Tier 2 Generic	
<i>levocarnitine oral tablet 330 mg</i>	(Carnitor)	Tier 2 Generic	
<b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		Tier 5 Specialty	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		Tier 5 Specialty	SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML		Tier 5 Specialty	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)		Tier 5 Specialty	PA; SP
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>			
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 5 Specialty	PA; SP
<b>Metallic Poison,Agents To Treat</b>			
CHEMET ORAL CAPSULE 100 MG		Tier 4 Non-Preferred Brand	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	(Jadenu Sprinkle)	Tier 5 Specialty	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	(Jadenu)	Tier 5 Specialty	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	(Exjade)	Tier 5 Specialty	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	(Ferriprox)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
<i>deferoxamine injection recon soln 2 gram</i>	Tier 2 Generic	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 2 Generic	PA
DESFERAL INJECTION RECON SOLN (deferoxamine) 500 MG	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EXJADE ORAL TABLET, DISPERSIBLE (deferasirox) 125 MG, 250 MG, 500 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5 Specialty	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, (deferiprone) 500 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
SYPRINE ORAL CAPSULE 250 MG (trientine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 5 Specialty	PA; SP
<i>trientine oral capsule 500 mg</i>	Tier 5 Specialty	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 4 Non-Preferred Brand	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4 Non-Preferred Brand	
<b>Needles/Needleless Devices</b>		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3 Preferred Brand	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3 Preferred Brand	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3 Preferred Brand	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 3 Preferred Brand	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 3 Preferred Brand	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3 Preferred Brand	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 3 Preferred Brand	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 3 Preferred Brand	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3 Preferred Brand	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3 Preferred Brand	



Drug	Status	Notes
ULTRA-FINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 3 Preferred Brand	
<b>Neuromuscular Blocking Agents</b>		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 5 Specialty	PA; SP
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	Tier 5 Specialty	PA; SP
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 5 Specialty	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	Tier 5 Specialty	PA; SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	Tier 5 Specialty	PA; SP
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5 Specialty	PA; SP
<b>Oral Mucositis/Stomatitis Agents</b>		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 4 Non- Preferred Brand	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4 Non- Preferred Brand	
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4 Non- Preferred Brand	
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 4 Non- Preferred Brand	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 4 Non- Preferred Brand	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4 Non- Preferred Brand	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4 Non- Preferred Brand	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4 Non- Preferred Brand	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 4 Non- Preferred Brand	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 4 Non- Preferred Brand	

Drug	Status	Notes
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4 Non-Preferred Brand	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4 Non-Preferred Brand	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM	Tier 4 Non-Preferred Brand	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 4 Non-Preferred Brand	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4 Non-Preferred Brand	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4 Non-Preferred Brand	
<b>Somatostatic Agents</b>		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml, 60 mg/0.2 ml, 90 mg/0.3 ml</i> (Somatuline Depot)	Tier 5 Specialty	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 5 Specialty	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 5 Specialty	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 5 Specialty	SP
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i> (Sandostatin LAR Depot)	Tier 5 Specialty	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	(octreotide,microspheres)	Tier 5 Specialty	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	(lanreotide)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	(lanreotide)	Tier 5 Specialty	PA; SP
<b>Tissue/Wound Adhesives</b>			
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)		Tier 4 Non-Preferred Brand	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML		Tier 4 Non-Preferred Brand	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML		Tier 4 Non-Preferred Brand	
<b>Water</b>			
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION	(water for inject, bacteriostat)	Tier 2 Generic	SP
<i>water for injection, sterile injection solution</i>	(Sterile Water for Injection)	Tier 2 Generic	SP

Drug	Status	Notes
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 5 Specialty	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 5 Specialty	PA; SP
<i>pirfenidone oral tablet 534 mg</i>	Tier 5 Specialty	PA; SP
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5 Specialty	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5 Specialty	PA; SP
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4 Non-Preferred Brand	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4 Non-Preferred Brand	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4 Non-Preferred Brand	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2 Generic	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5 Specialty	PA; SP
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 2 Generic	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 2 Generic	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 2 Generic	
<b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2 Generic	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2 Generic	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 2 Generic	

Drug		Status	Notes
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>		Tier 2 Generic	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>		Tier 2 Generic	
ESGIC ORAL TABLET 50-325-40 MG	(butalbital-acetaminophen-caff)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 2 Generic	
<b>Analgesic/Antipyretics, Salicylates</b>			
<i>aspirin oral tablet 325 mg</i>	(Bayer Aspirin)	Tier 1 EHB/ACA	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	(Bayer Aspirin)	Tier 1 EHB/ACA	
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	Tier 1 EHB/ACA	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	Tier 1 EHB/ACA	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>		Tier 2 Generic	
<i>diflunisal oral tablet 500 mg</i>		Tier 2 Generic	

Drug	Status	Notes
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 1 EHB/ACA	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 2 Generic	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 2 Generic	
<b>Analgesics, Neuronal-Type Calcium Channel Blockers</b>		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML	Tier 5 Specialty	SP
<b>Analgesics, Non-Narcotics</b>		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF))	Tier 2 Generic	
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	Tier 2 Generic	

Drug	Status	Notes
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML) (clonidine (pf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
JOURNAVX ORAL TABLET 50 MG	Tier 4 Non-Preferred Brand	PA
<b>Analgesics,Narcotics</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2 Generic	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2 Generic	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 2 Generic	



Drug	Status	Notes
BUTRANS TRANSDERMAL PATCH (buprenorphine) WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2 Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 4 Non-Preferred Brand	
DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf)) 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 4 Non-Preferred Brand	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
DISKETTS ORAL TABLET,SOLUBLE 40 (methadone) MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Tier 2 Generic	
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>	Tier 2 Generic	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 2 Generic	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 2 Generic	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 2 Generic	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 2 Generic	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>	Tier 2 Generic	
<i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>	Tier 2 Generic	
<i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>	Tier 2 Generic	

Drug	Status	Notes
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 120 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i> (Dilaudid (PF))	Tier 2 Generic	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 2 Generic	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 2 Generic	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 2 Generic	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 2 Generic	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 2 Generic	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 4 Non-Preferred Brand	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Drug	Status	Notes
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 60 MG (hydrocodone bitartrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2 Generic	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 2 Generic	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 2 Generic	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 2 Generic	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 2 Generic	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 2 Generic	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 2 Generic	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2 Generic	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 2 Generic	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 2 Generic	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i> (Methadose)	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
METHADOSE ORAL CONCENTRATE (methadone) 10 MG/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)	Tier 2 Generic	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 2 Generic	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2 Generic	PA
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 2 Generic	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 2 Generic	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 2 Generic	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2 Generic	
<i>morphine oral tablet 15 mg</i>	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>morphine oral tablet 30 mg</i>	Tier 3 Preferred Brand	
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine oral tablet extended release 15 (MS Contin) mg, 30 mg, 60 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
MS CONTIN ORAL TABLET (morphine) EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 2 Generic	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 4 Non-Preferred Brand	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 4 Non-Preferred Brand	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 2 Generic	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2 Generic	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2 Generic	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2 Generic	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 2 Generic	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i> (RoxyBond)	Tier 2 Generic	
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)



Drug	Status	Notes
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Tier 3 Preferred Brand	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Tier 3 Preferred Brand	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 2 Generic	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 2 Generic	
QDOLO ORAL SOLUTION 5 MG/ML (tramadol)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ROXICODONE ORAL TABLET 15 MG, (oxycodone) 30 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 4 Non-Preferred Brand	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 2 Generic	PA
<i>tramadol oral tablet 50 mg</i>	Tier 2 Generic	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 2 Generic	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 4 Non-Preferred Brand	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 4 Non-Preferred Brand	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 4 Non-Preferred Brand	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3 Preferred Brand	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3 Preferred Brand	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3 Preferred Brand	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2 Generic	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2 Generic	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 2 Generic	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 2 Generic	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4 Non-Preferred Brand	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3 Preferred Brand	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3 Preferred Brand	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4 Non-Preferred Brand	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2 Generic	QL (10 EA per 7 days)

Drug	Status	Notes
FROVA ORAL TABLET 2.5 MG (frovatriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 2 Generic	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (sumatriptan succinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 EA per 30 days)

Drug	Status	Notes
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days)

Drug	Status	Notes
MAXALT ORAL TABLET 10 MG (rizatriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (rizatriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (27 EA per 30 days)

Drug	Status	Notes
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2 Generic	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 3 Preferred Brand	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3 Preferred Brand	PA
RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

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



Drug	Status	Notes
ZOMIG NASAL SPRAY, NON-AEROSOL (zolmitriptan) 2.5 MG, 5 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2 Generic	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3 Preferred Brand	PA
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	(butalbital-acetaminop-caf-cod)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-bitalbital-asa-caff)	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>			
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>		Tier 2 Generic	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>		Tier 2 Generic	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		Tier 2 Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	(Apadaz)	Tier 2 Generic	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2 Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>		Tier 2 Generic	QL (184 ML per 1 day)

Drug	Status	Notes
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 2 Generic	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 2 Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i> 5-325 mg/5 ml	Tier 2 Generic	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 2 Generic	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 2 Generic	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	Tier 2 Generic	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Withdrawal Therapy Agents</b>		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	Tier 5 Specialty	SP
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	Tier 2 Generic	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 2 Generic	
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	Tier 2 Generic	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 5 Specialty	PA; SP
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
SUBOXONE SUBLINGUAL FILM 8-2 MG	(buprenorphine-naloxone)	Tier 3 Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>			
<i>lofexidine oral tablet 0.18 mg</i>	(Lucemyra)	Tier 2 Generic	PA
LUCEMYRA ORAL TABLET 0.18 MG	(lofexidine)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Skeletal Muscle Relaxant, Salicylate, Narc Analgesic</b>			
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>		Tier 2 Generic	QL (8 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2 Generic	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2 Generic	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2 Generic	
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2 Generic	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2 Generic	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2 Generic	
APOKYN SUBCUTANEOUS (apomorphine) CARTRIDGE 10 MG/ML	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>bromocriptine oral capsule 5 mg</i>	Tier 2 Generic	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2 Generic	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 2 Generic	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 2 Generic	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 2 Generic	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2 Generic	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2 Generic	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2 Generic	
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)

Drug	Status	Notes
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5 Specialty	PA; SP
<i>entacapone oral tablet 200 mg</i>	Tier 2 Generic	

Drug	Status	Notes
MIRAPEX ER ORAL TABLET (pramipexole) EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 3 Preferred Brand	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 5 Specialty	PA; SP
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 5 Specialty	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4 Non-Preferred Brand	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2 Generic	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	Tier 2 Generic	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)



Drug	Status	Notes
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	Tier 2 Generic	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 2 Generic	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2 Generic	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2 Generic	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2 Generic	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2 Generic	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
TASMAR ORAL TABLET 100 MG	(tolcapone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i>	(Tasmar)	Tier 2 Generic	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		Tier 5 Specialty	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR/CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>			
<i>carbidopa oral tablet 25 mg</i>	(Lodosyn)	Tier 2 Generic	

Drug		Status	Notes
LODOSYN ORAL TABLET 25 MG (carbidopa)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Seizure Disorder</b>			
<b>Anticonvulsant - Benzodiazepine Type</b>			
clobazam oral suspension 2.5 mg/ml (Onfi)		Tier 2 Generic	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)		Tier 2 Generic	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)		Tier 2 Generic	
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 2 Generic	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 2 Generic	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		Tier 4 Non-Preferred Brand	QL (10 EA per 30 days)

Drug	Status	Notes
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4 Non-Preferred Brand	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 4 Non-Preferred Brand	QL (10 EA per 30 days)

Drug	Status	Notes
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5 Specialty	SP; ST: Requires prior prescriptions or contraindication to 2 of the following generic anticonvulsants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
<b>Anticonvulsants</b>		
APTOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine)	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine)	Tier 4 Non-Preferred Brand	QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)

Drug	Status	Notes
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)

Drug	Status	Notes
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3 Preferred Brand	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	Tier 2 Generic	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	Tier 2 Generic	
carbamazepine oral tablet 200 mg (Epitol)	Tier 2 Generic	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	Tier 2 Generic	
carbamazepine oral tablet, chewable 100 mg, 200 mg	Tier 2 Generic	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3 Preferred Brand	
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 3 Preferred Brand	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 3 Preferred Brand	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3 Preferred Brand	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5 Specialty	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 5 Specialty	PA; SP

Drug		Status	Notes
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3 Preferred Brand	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 3 Preferred Brand	
DILANTIN ORAL CAPSULE 30 MG		Tier 4 Non-Preferred Brand	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3 Preferred Brand	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Tier 2 Generic	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Tier 2 Generic	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Tier 2 Generic	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 2 Generic	
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 4 Non-Preferred Brand	PA
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Tier 2 Generic	
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Tier 2 Generic	
<i>felbamate oral suspension 600 mg/5 ml</i>		Tier 2 Generic	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	(Felbatol)	Tier 2 Generic	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	(Felbatol)	Tier 2 Generic	QL (6 EA per 1 day)
FELBATOL ORAL TABLET 400 MG	(felbamate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 EA per 1 day)



Drug	Status	Notes
FELBATOL ORAL TABLET 600 MG (felbamate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3 Preferred Brand	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3 Preferred Brand	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 3 Preferred Brand	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3 Preferred Brand	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 2 Generic	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 2 Generic	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 2 Generic	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 2 Generic	

Drug	Status	Notes
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
KEPPRA XR ORAL TABLET (levetiracetam) EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 2 Generic	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 2 Generic	QL (2 EA per 1 day)
LAMICTAL ODT ORAL (lamotrigine) TABLET,DISINTEGRATING 100 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
LAMICTAL ODT ORAL (lamotrigine) TABLET,DISINTEGRATING 200 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL (lamotrigine) TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)

Drug	Status	Notes
<p>LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)</p> <p>(lamotrigine)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days</p>
<p>LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)</p> <p>(lamotrigine)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days</p>

Drug	Status	Notes
LAMICTAL ODT STARTER (ORANGE) (lamotrigine) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
LAMICTAL ORAL TABLET, CHEWABLE (lamotrigine) DISPERSIBLE 25 MG, 5 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LAMICTAL STARTER (BLUE) KIT (lamotrigine) ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<p>LAMICTAL STARTER (GREEN) KIT (lamotrigine)  ORAL TABLETS,DOSE PACK 25 MG  (84) -100 MG (14)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>
<p>LAMICTAL STARTER (ORANGE) KIT (lamotrigine)  ORAL TABLETS,DOSE PACK 25 MG  (42) -100 MG (7)</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.</p>



Drug	Status	Notes
<p>LAMICTAL XR ORAL TABLET (lamotrigine) EXTENDED RELEASE 24HR 100 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)</p>
<p>LAMICTAL XR ORAL TABLET (lamotrigine) EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)</p>

Drug	Status	Notes
LAMICTAL XR ORAL TABLET (lamotrigine) EXTENDED RELEASE 24HR 25 MG, 50 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	Tier 2 Generic	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days

Drug	Status	Notes
<i>lamotrigine oral tablet extended release</i> (Lamictal XR) 24hr 100 mg	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release</i> (Lamictal XR) 24hr 200 mg, 250 mg, 300 mg	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release</i> (Lamictal XR) 24hr 25 mg, 50 mg	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)	Tier 2 Generic	
<i>lamotrigine oral tablet, disintegrating</i> 100 mg (Lamictal ODT)	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating</i> 200 mg (Lamictal ODT)	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating</i> 25 mg, 50 mg (Lamictal ODT)	Tier 2 Generic	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack</i> 25 mg (35) (Lamictal Starter (Blue) Kit)	Tier 2 Generic	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (42) -100 mg (7) (Lamictal Starter (Orange) Kit)	Tier 2 Generic	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (84) -100 mg (14) (Lamictal Starter (Green) Kit)	Tier 2 Generic	
<i>levetiracetam oral solution</i> 100 mg/ml (Keppra)	Tier 2 Generic	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	Tier 2 Generic	
<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg (Keppra XR)	Tier 2 Generic	

Drug	Status	Notes
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 2 Generic	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 2 Generic	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 2 Generic	

Drug	Status	Notes
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Tier 2 Generic	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Tier 2 Generic	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
OXTELLAR XR ORAL TABLET (oxcarbazepine) EXTENDED RELEASE 24 HR 600 MG		Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 3 Preferred Brand	
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	Tier 2 Generic	
<i>phenytoin oral tablet, chewable 50 mg</i>	(Dilantin Infatabs)	Tier 2 Generic	
<i>phenytoin sodium extended oral capsule 100 mg</i>	(Dilantin Extended)	Tier 2 Generic	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	(Phenytek)	Tier 2 Generic	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	(Lyrica)	Tier 2 Generic	
<i>pregabalin oral solution 20 mg/ml</i>	(Lyrica)	Tier 2 Generic	
<i>primidone oral tablet 125 mg</i>		Tier 2 Generic	
<i>primidone oral tablet 250 mg, 50 mg</i>	(Mysoline)	Tier 2 Generic	



Drug	Status	Notes
<p>QUDEXY XR ORAL (topiramate) CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)</p>
<p>QUDEXY XR ORAL (topiramate) CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)</p>

Drug	Status	Notes
ROWEEPRA ORAL TABLET 500 MG (levetiracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 2 Generic	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)

Drug		Status	Notes
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 2 Generic	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 2 Generic	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 5 Specialty	PA; SP
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4 Non-Preferred Brand	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4 Non-Preferred Brand	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4 Non-Preferred Brand	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4 Non-Preferred Brand	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3 Preferred Brand	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3 Preferred Brand	

Drug	Status	Notes
TEGRETOL XR ORAL TABLET (carbamazepine) EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 3 Preferred Brand	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 2 Generic	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 2 Generic	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, (topiramate) SPRINKLE 15 MG, 25 MG	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 2 Generic	
<i>topiramate oral capsule, sprinkle 50 mg</i>	Tier 2 Generic	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 2 Generic	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 2 Generic	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 2 Generic	QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 2 Generic	

Drug	Status	Notes
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<p>TROKENDI XR ORAL (topiramate) CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)</p>
<p>TROKENDI XR ORAL (topiramate) CAPSULE,EXTENDED RELEASE 24HR 25 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (8 EA per 1 day)</p>

Drug	Status	Notes
TROKENDI XR ORAL (topiramate) CAPSULE,EXTENDED RELEASE 24HR 50 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2 Generic	
<i>valproic acid oral capsule 250 mg</i>	Tier 2 Generic	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	Tier 5 Specialty	PA; SP
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 5 Specialty	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5 Specialty	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5 Specialty	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1200 ML per 30 days)



Drug	Status	Notes
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3 Preferred Brand	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1- 100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	Tier 3 Preferred Brand	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4 Non-Preferred Brand	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 2 Generic	
<i>zonisamide oral capsule 50 mg</i>	Tier 2 Generic	
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 5 Specialty	PA; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 5 Specialty	PA; SP
<b>Joint Contracture Therapy, Collagenase Enzyme</b>		
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 5 Specialty	SP
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 5 Specialty	PA; SP
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral solution 10 mg/5 ml</i> (2 mg/ml) (Ozobax DS)	Tier 2 Generic	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 2 Generic	PA
<i>baclofen oral suspension 25 mg/5 ml</i> (5 mg/ml) (Fleqsuvy)	Tier 2 Generic	PA
<i>baclofen oral tablet 10 mg</i>	Tier 2 Generic	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 2 Generic	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 2 Generic	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 2 Generic	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2 Generic	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2 Generic	QL (3 EA per 1 day)
DANTRIUM ORAL CAPSULE 25 MG (dantrolene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 2 Generic	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 2 Generic	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 2 Generic	QL (3 EA per 1 day)
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>metaxalone oral tablet 400 mg</i>	Tier 2 Generic	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 2 Generic	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 2 Generic	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 2 Generic	QL (6 EA per 1 day)

Drug		Status	Notes
NORGESIC ORAL TABLET 25-385-30 MG	(orphenadrine-asa-caffeine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (8 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>		Tier 2 Generic	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	(Norgesic)	Tier 2 Generic	QL (8 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	(baclofen)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 2 Generic	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 2 Generic	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 2 Generic	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 2 Generic	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 2 Generic	QL (9 EA per 1 day)
VANADOM ORAL TABLET 350 MG (carisoprodol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)

Drug	Status	Notes
ZANAFLEX ORAL CAPSULE 2 MG (tizanidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 EA per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (tizanidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 EA per 1 day)

Drug		Status	Notes
ZANAFLEX ORAL CAPSULE 6 MG	(tizanidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day)
ZANAFLEX ORAL TABLET 4 MG	(tizanidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 EA per 1 day)
<b>Smoking Cessation</b>			
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>			
<i>nicotine (polacrilex) buccal gum 2 mg</i>	(Quit 2)	Tier 1 EHB/ACA	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER



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

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

Drug	Status	Notes
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 4 Non- Preferred Brand	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4 Non- Preferred Brand	
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 4 Non- Preferred Brand	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000- 10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3 Preferred Brand	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2 Generic	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2 Generic	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2 Generic	
<b>Belladonna Alkaloids</b>		
ANASPAZ ORAL (hyoscyamine sulfate) TABLET,DISINTEGRATING 0.125 MG	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 2 Generic	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	(Hyosyne)	Tier 2 Generic	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	(Hyosyne)	Tier 2 Generic	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	(Oscimin)	Tier 2 Generic	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	(Levbid)	Tier 2 Generic	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	(Ed-Spaz)	Tier 2 Generic	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	(Oscimin SL)	Tier 2 Generic	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 2 Generic	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 2 Generic	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2 Generic	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2 Generic	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SYMAX-SL SUBLINGUAL TABLET (hyoscyamine sulfate) 0.125 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SYMAX-SR ORAL TABLET EXTENDED (hyoscyamine sulfate) RELEASE 12 HR 0.375 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule</i> (Librax (with clidinium)) 5-2.5 mg	Tier 2 Generic	

Drug	Status	Notes
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 2 Generic	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 2 Generic	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 2 Generic	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 2 Generic	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 4 Non-Preferred Brand	



Drug		Status	Notes
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROBINUL FORTE ORAL TABLET 2 MG	(glycopyrrolate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ROBINUL ORAL TABLET 1 MG (glycopyrrolate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Anti-Ulcer Preparations</b>		
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 2 Generic	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 2 Generic	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 2 Generic	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2 Generic	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 2 Generic	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
PYLERA ORAL CAPSULE 140-125-125 MG (bismuth subcit k-metronidz-tcn)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 4 Non-Preferred Brand	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4 Non-Preferred Brand	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4 Non-Preferred Brand	PA
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2 Generic	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 2 Generic	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2 Generic	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 2 Generic	
<i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)	Tier 2 Generic	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2 Generic	

Drug	Status	Notes
PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Intestinal Motility Stimulants</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2 Generic	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 2 Generic	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Potassium-Competitive Acid Blockers (Pcabs)</b>		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4 Non-Preferred Brand	PA
<b>Proton-Pump Inhibitors</b>		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
DEXILANT ORAL CAPSULE,BIPHASE (dexlansoprazole) DELAYED RELEAS 30 MG, 60 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Tier 2 Generic	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 2 Generic	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 2 Generic	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet)	Tier 2 Generic	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 2 Generic	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 2 Generic	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 2 Generic	

Drug	Status	Notes
<i>lansoprazole oral tablet,disintegrat, delay</i> (Prevacid SoluTab) <i>rel 15 mg, 30 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)



Drug	Status	Notes
<p>NEXIUM PACKET ORAL GRANULES (esomeprazole magnesium) DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (1 EA per 1 day)</p>
<p>NEXIUM PACKET ORAL GRANULES (esomeprazole magnesium) DR FOR SUSP IN PACKET 40 MG</p>	<p>Tier 4 Non-Preferred Brand</p>	<p>A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days; QL (2 EA per 1 day)</p>
<p><i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i></p>	<p>Tier 2 Generic</p>	

Drug	Status	Notes
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid OTC)	Tier 2 Generic	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	Tier 2 Generic	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 2 Generic	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 2 Generic	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG (lansoprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PREVACID SOLUTAB ORAL (lansoprazole) TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole within the past 120 days

Drug	Status	Notes
PROTONIX ORAL GRANULES DR FOR (pantoprazole) SUSP IN PACKET 40 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
PROTONIX ORAL TABLET,DELAYED (pantoprazole) RELEASE (DR/EC) 20 MG, 40 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 2 Generic	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(AcipHex)	Tier 2 Generic	QL (1 EA per 1 day)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	(omeprazole-sodium bicarbonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>			
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>			
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	(Uroxatral)	Tier 2 Generic	
AVODART ORAL CAPSULE 0.5 MG	(dutasteride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
<i>dutasteride oral capsule 0.5 mg</i>	(Avodart)	Tier 2 Generic	
<i>finasteride oral tablet 5 mg</i>	(Proscar)	Tier 2 Generic	
FLOMAX ORAL CAPSULE 0.4 MG	(tamsulosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PROSCAR ORAL TABLET 5 MG	(finasteride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	(silodosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>silodosin oral capsule 4 mg, 8 mg</i>	(Rapaflo)	Tier 2 Generic	
<i>tamsulosin oral capsule 0.4 mg</i>	(Flomax)	Tier 2 Generic	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	(alfuzosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb</b>			
ENTADFI ORAL CAPSULE 5-5 MG	(finasteride-tadalafil)	Tier 4 Non-Preferred Brand	PA
<i>finasteride-tadalafil oral capsule 5-5 mg</i>	(Entadfi)	Tier 2 Generic	PA

Drug	Status	Notes
<b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn) <i>multiphase 24 hr 0.5-0.4 mg</i>	Tier 2 Generic	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5 Specialty	SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 5 Specialty	PA; SP
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5 Specialty	PA; SP
<b>Kidney Stone Agents</b>		
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 5 Specialty	SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 5 Specialty	SP



Drug	Status	Notes
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
GEMTESA ORAL TABLET 75 MG	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 3 Preferred Brand	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 5 Specialty	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 5 Specialty	PA; SP
<b>Urinary Ph Modifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4 Non-Preferred Brand	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 4 Non-Preferred Brand	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 4 Non-Preferred Brand	
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	Tier 2 Generic	
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	Tier 2 Generic	
potassium citrate oral tablet extended release 5 meq (540 mg)	Tier 2 Generic	

Drug	Status	Notes
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 4 Non-Preferred Brand	
<i>sodium citrate-citric acid oral solution</i> (Oracit) 490-640 mg/5 ml	Tier 2 Generic	
UROCIT-K 10 ORAL TABLET (potassium citrate) EXTENDED RELEASE 10 MEQ (1,080 MG)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
UROCIT-K 15 ORAL TABLET (potassium citrate) EXTENDED RELEASE 15 MEQ	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4 Non-Preferred Brand	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 3 Preferred Brand	PA

Drug	Status	Notes
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 2 Generic	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2 Generic	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 2 Generic	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4 Non-Preferred Brand	PA
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
DETROL LA ORAL (tolterodine) CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DETROL ORAL TABLET 1 MG, 2 MG (tolterodine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>fesoterodine oral tablet extended release</i> (Toviaz) 24 hr 4 mg, 8 mg	Tier 2 Generic	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 2 Generic	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2 Generic	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 2 Generic	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2 Generic	

Drug	Status	Notes
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Tier 2 Generic	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 2 Generic	
TOVIAZ ORAL TABLET EXTENDED (fesoterodine) RELEASE 24 HR 4 MG, 8 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 2 Generic	
<i>trospium oral tablet 20 mg</i>	Tier 2 Generic	

Drug	Status	Notes
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4 Non-Preferred Brand	ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 2 Generic	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4 Non-Preferred Brand	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 2 Generic	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuversa)	Tier 2 Generic	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole) (37.5MG/5 GRAM)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<b>Vaginal Antifungals</b>		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3 Preferred Brand	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2 Generic	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2 Generic	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2 Generic	
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4 Non-Preferred Brand	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4 Non-Preferred Brand	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
<b>Vaginal Estrogen Preparations</b>		
ESTRACE VAGINAL CREAM 0.01 % (estradiol) (0.1 MG/GRAM)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 2 Generic	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 2 Generic	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 4 Non-Preferred Brand	ST: Requires prior prescriptions for Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3 Preferred Brand	



Drug	Status	Notes
VAGIFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2 Generic	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2 Generic	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 2 Generic	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2 Generic	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 2 Generic	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 2 Generic	
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 2 Generic	
<i>fluoride (sodium) dental solution 0.2 %</i> (PrevuDent)	Tier 2 Generic	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	Tier 1 EHB/ACA	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	Tier 1 EHB/ACA	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4 Non-Preferred Brand	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %	Tier 4 Non-Preferred Brand	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 4 Non-Preferred Brand	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PREVIDENT 5000 ORTHO DEFENSE (fluoride (sodium)) DENTAL PASTE 1.1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PREVIDENT 5000 PLUS DENTAL (fluoride (sodium)) CREAM 1.1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2 Generic	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2 Generic	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2 Generic	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2 Generic	
sodium fluoride-pot nitrate dental paste 1.1-5 % (Denta 5000 Plus Sensitive)	Tier 2 Generic	
<b>Folic Acid Preparations</b>		
folic acid injection solution 5 mg/ml	Tier 2 Generic	
folic acid oral tablet 1 mg	Tier 2 Generic	

Drug	Status	Notes
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1 EHB/ACA	
<b>Iron Replacement</b>		
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	Tier 5 Specialty	SP
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 4 Non-Preferred Brand	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 4 Non-Preferred Brand	
<b>Multivitamin Preparations</b>		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4 Non-Preferred Brand	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4 Non-Preferred Brand	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 2 Generic	
<b>Prenatal Vitamin Preparations</b>		
ATABEX OB ORAL TABLET 29-1 MG	Tier 1 EHB/ACA	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	Tier 1 EHB/ACA	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1 EHB/ACA	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 1 EHB/ACA	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4 Non-Preferred Brand	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4 Non-Preferred Brand	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4 Non-Preferred Brand	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 4 Non-Preferred Brand	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Tier 1 EHB/ACA	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
KPN ORAL TABLET 9 MG IRON- 267 MCG	Tier 1 EHB/ACA	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Tier 1 EHB/ACA	
M-NATAL PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic IRON- 1 MG acid)	Tier 1 EHB/ACA	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1 EHB/ACA	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1 EHB/ACA	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1 EHB/ACA	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1 EHB/ACA	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1 EHB/ACA	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1 EHB/ACA	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG	Tier 1 EHB/ACA	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	Tier 1 EHB/ACA	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	Tier 1 EHB/ACA	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4 Non-Preferred Brand	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 1 EHB/ACA	



Drug	Status	Notes
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Tier 1 EHB/ACA	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	Tier 1 EHB/ACA	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 4 Non- Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	Tier 1 EHB/ACA	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Tier 1 EHB/ACA	
<i>pnv cmb#95-ferrous fumarate-fa oral</i> (Prenatal) <i>tablet 28 mg iron- 800 mcg</i>	Tier 1 EHB/ACA	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1 EHB/ACA	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1 EHB/ACA	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	Tier 1 EHB/ACA	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 1 EHB/ACA	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	Tier 1 EHB/ACA	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 1 EHB/ACA	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 2 Generic	

Drug	Status	Notes
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 2 Generic	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 1 EHB/ACA	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	Tier 1 EHB/ACA	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1 EHB/ACA	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	Tier 1 EHB/ACA	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	Tier 1 EHB/ACA	
PRENATAL FORMULA ORAL TABLET (pnv cmb#95-ferrous 28 MG IRON- 800 MCG fumarate-fa)	Tier 1 EHB/ACA	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Tier 1 EHB/ACA	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	Tier 1 EHB/ACA	
PRENATAL MULTI ORAL TABLET 27- 800 MG-MCG	Tier 1 EHB/ACA	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	Tier 1 EHB/ACA	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	Tier 1 EHB/ACA	
PRENATAL MULTIVITAMINS ORAL (pnv cmb#95-ferrous TABLET 28 MG IRON- 800 MCG fumarate-fa)	Tier 1 EHB/ACA	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	Tier 1 EHB/ACA	
PRENATAL ORAL TABLET 28 MG (pnv cmb#95-ferrous IRON- 800 MCG fumarate-fa)	Tier 1 EHB/ACA	
PRENATAL ORAL TABLET 28-800 MG- MCG	Tier 1 EHB/ACA	
PRENATAL PLUS (CALCIUM CARB) (pnv,calcium 72-iron-folic ORAL TABLET 27 MG IRON- 1 MG acid)	Tier 1 EHB/ACA	

Drug	Status	Notes
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Tier 1 EHB/ACA	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (pnv,calcium 72-iron,carb- folic)	Tier 1 EHB/ACA	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Tier 1 EHB/ACA	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac)	Tier 1 EHB/ACA	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	Tier 1 EHB/ACA	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG, 28 MG IRON- 800 MCG	Tier 1 EHB/ACA	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	Tier 1 EHB/ACA	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac)	Tier 1 EHB/ACA	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i> (Prenatal Tablet)	Tier 1 EHB/ACA	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	Tier 1 EHB/ACA	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Tier 1 EHB/ACA	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	Tier 1 EHB/ACA	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	Tier 1 EHB/ACA	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG	Tier 1 EHB/ACA	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	Tier 1 EHB/ACA	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	Tier 1 EHB/ACA	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	Tier 1 EHB/ACA	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	Tier 1 EHB/ACA	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	Tier 1 EHB/ACA	

Drug	Status	Notes
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 1 EHB/ACA	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Tier 1 EHB/ACA	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Tier 1 EHB/ACA	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG- 200 MG	Tier 1 EHB/ACA	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 4 Non- Preferred Brand	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	Tier 1 EHB/ACA	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 2 Generic	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Tier 1 EHB/ACA	
WESTAB PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic IRON- 1 MG acid)	Tier 1 EHB/ACA	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	Tier 1 EHB/ACA	
<b>Prenatal Vitamins Without Iron</b>		
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG	Tier 1 EHB/ACA	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	Tier 1 EHB/ACA	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	Tier 1 EHB/ACA	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	Tier 1 EHB/ACA	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	Tier 1 EHB/ACA	
<b>Vitamin B Preparations</b>		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2 Generic	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2 Generic	

Drug	Status	Notes
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2 Generic	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	Tier 2 Generic	
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 2 Generic	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 2 Generic	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 2 Generic	
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2 Generic	
<b>Vitamin C Preparations</b>		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 4 Non-Preferred Brand	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 2 Generic	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2 Generic	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 2 Generic	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 2 Generic	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 2 Generic	



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