Wellstar Health Plan

What is the Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**
  The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

- **Alphabetical Index Listing**
  If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

- **Website or Mobile App**
  Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

What are generic drugs?

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

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

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

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

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: "How does a member request an exception to the formulary?"

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share ($0 copay for members). The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)
- Tier 4: Specialty medications

General Exclusions:

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

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs
- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices

- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.

2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.

Effective January 2024

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Allergenic Extracts, Therapeutics		
all ext-cal pepper tree pollen injection solution 1 :20	Tier 4	SP
all ext-weed pol-sheep sorrel injection solution 1 :20	Tier 4	SP
all xt-weed pol-russian thistl injection solution 1:20	Tier 4	SP
all.xt,kblue-june grass pollen injection solution 100,000 bau/ml	Tier 4	SP
aller ext-alternaria alternata injection solution 1:20 , 36,000 unit/ml	Tier 4	SP
aller ext-american cockroach injection solution 1:20	Tier 4	SP
aller ext-spiny pigweed pollen injection solution 1:20	Tier 4	SP
aller ext-tree poll,red cedar injection solution 1:20	Tier 4	SP
aller ext-tree pollen,am elm injection solution 1:20	Tier 4	SP
aller ext-tree pollen,bayberry injection solution 1:20	Tier 4	SP
aller ext-tree pollen,mesquite injection solution 1:20	Tier 4	SP
aller ext-weed pollen-kochia injection solution 1:20	Tier 4	SP
aller xt-shagbark hickory poll injection solution 1:20	Tier 4	SP
aller xt-tree pol,e.cottonwood injection solution 1:20	Tier 4	SP
aller xt-tree pollen,box elder injection solution 1:20	Tier 4	SP
aller xt-tree pollen,hackberry injection solution 1 :20	Tier 4	SP
aller xt-tree pollen,red birch injection solution 1:20	Tier 4	SP
aller xt-tree pollen,white ash injection solution 1:20	Tier 4	SP
aller xt-tree pollen-melaleuca injection solution 1:20	Tier 4	SP

Drug	Status	Notes
aller xt-tree pollen-white oak injection solution 1:20	Tier 4	SP
aller xt-weed pollen-cocklebur injection solution 1:20	Tier 4	SP
aller xt-weed pollen-goldenrod injection solution 1:20	Tier 4	SP
aller xt-weed pollen-sagebrush injection solution 1:20	Tier 4	SP
aller xt-weed poll-yellow dock injection solution 1:20	Tier 4	SP
allerg ex,grass pollen-bermuda injection solution 10,000 bau/ml	Tier 4	SP
allerg ex,grass pollen-orchard injection solution 100,000 bau/ml	Tier 4	SP
allerg ex-grass pollen-johnson injection solution 1:20	Tier 4	SP
allerg ext,grass pollen-redtop injection solution 100,000 bau/ml	Tier 4	SP
allerg ext-acremonium strictum injection solution 53,000 unit/ml	Tier 4	SP
allerg ext-black walnut pollen injection solution 1:20	Tier 4	SP
allerg ext-grass,perennial rye injection solution 100,000 bau/ml	Tier 4	SP
allerg ext-penicillium notatum injection solution 1:20 , 31,000 unit/ml	Tier 4	SP
allerg ext-tall ragweed pollen injection solution 1:20	Tier 4	SP
allerg ext-tree pollen-acacia injection solution 1:20	Tier 4	SP
allerg ext-tree pollen-alder injection solution 1:20	Tier 4	SP
allerg ext-tree pollen-red oak injection solution 1:20	Tier 4	SP
allerg ext-tree poll-jun, west injection solution 1:20	Tier 4	SP
allerg ext-tree poll-red maple injection solution 1:20	Tier 4	SP
allerg ext-weed pollen-mugwort injection solution 1:20	Tier 4	SP
allerg ex-weed pol-rgh pigweed injection solution 1:20	Tier 4	SP
allerg xt,d.farinae-d.pteronys injection solution 5,000-5,000 unit/ml	Tier 4	SP
allerg xt,grass pollen-timothy injection solution 100,000 bau/ml	Tier 4	SP

Drug	Status	Notes
allerg xt,grass-meadow fescue injection solution 100,000 bau/ml	Tier 4	SP
allerg xt-sheep sor,yellw dock injection solution 1:20	Tier 4	SP
allerg xt-tree poll-elm, cedar injection solution 1:20	Tier 4	SP
allerg xt-weed poll-dog fennel injection solution 1 :20	Tier 4	SP
allerg xt-white birch pollen injection solution 1:20	Tier 4	SP
allerg xt-white pine pollen injection solution 1:20	Tier 4	SP
allergen ext-amer beech pollen injection solution 1:20	Tier 4	SP
allergen ext-aspergillus fumig injection solution 1:20 , 8,000 unit/ml	Tier 4	SP
allergen ext-aureoba.pullulans injection solution 1:20 , 51,000 unit/ml	Tier 4	SP
allergen ext-botrytis cinerea injection solution 1:20 , 43,000 unit/ml	Tier 4	SP
allergen ext-c.cladosporioides injection solution 1:20 , 64,000 unit/ml	Tier 4	SP
allergen ext-candida albicans injection solution 1:1000	Tier 4	SP
allergen ext-cattle epithelium injection solution 1:20	Tier 4	SP
allergen ext-crop pollen-corn injection solution 1:20	Tier 4	SP
allergen ext-english plantain injection solution 1:20	Tier 4	SP
allergen ext-german cockroach injection solution 1 :20	Tier 4	SP
allergen ext-olive tree pollen injection solution 1:20	Tier 4	SP
allergen ext-rabbit epithelium injection solution 1:10 , 1:20	Tier 4	SP
allergen extract-s. cerevisiae injection solution 1:20	Tier 4	SP
allergen ext-t. mentagrophytes injection solution 1:20	Tier 4	SP
allergen ext-tree pollen,pecan injection solution 1:20	Tier 4	SP
allergen xt tree pol-aust pine injection solution 1:20	Tier 4	SP
allergen xt-am.sycamore pollen injection solution 1:20	Tier 4	SP

Drug	Status	Notes
allergen xt-grass pollen-bahia injection solution 1:20	Tier 4	SP
allergen xt-grass pollen-brome injection solution 1:20	Tier 4	SP
allergen xt-grass pollen-quack injection solution 1:10	Tier 4	SP
allergen xt-mite,d.pteronyssin injection solution 10,000 unit/ml	Tier 4	SP
allergen xt-queen palm pollen injection solution 1 :20	Tier 4	SP
allergen xt-virginia live oak injection solution 1:20	Tier 4	SP
allergenic ex-horse epithelium injection solution 1 :10, 1:20	Tier 4	SP
allergenic ext, mixed feathers injection solution 1:20	Tier 4	SP
allergenic ext-dog epithelium injection solution 1:10 , 1:20	Tier 4	SP
allergenic ext-grass pollen injection solution 100,000 bau/ml	Tier 4	SP
allergenic ext-mite, d farinae injection solution 10,000 unit/ml	Tier 4	SP
allergenic ext-mixed ragweed injection solution 1:20 , 100 unit/ml	Tier 4	SP
allergenic ext-mucor plumbeus injection solution 1:20 , 30,000 unit/ml	Tier 4	SP
allergenic extract-alfalfa injection solution 1:20	Tier 4	SP
allergenic extract-cockroach injection solution 1:20	Tier 4	SP
allergenic extract-corn smut injection solution 1:20	Tier 4	SP
allergenic extract-fire ant injection solution 1:10 , 1:20	Tier 4	SP
allergenic extract-guinea pig injection solution 1:20	Tier 4	SP
allergenic extract-mosquito injection solution 1:100	Tier 4	SP
allergenic extract-weed pollen injection solution 1:20	Tier 4	SP
allergenic ext-tree pollen injection solution 1:20	Tier 4	SP
allergenic xt-epicoccum nigrum injection solution 1:20 , 27,000 unit/ml	Tier 4	SP
allergenic xt-mouse epithelium injection solution 1:20	Tier 4	SP

Drug	Status	Notes
allergen-weed-lambsquarters injection solution 1:20	Tier 4	SP
allergn ext-mount.cedar pollen injection solution 1:20	Tier 4	SP
allergn xt-red mulberry pollen injection solution 1:20	Tier 4	SP
allergn xt-wht mulberry pollen injection solution 1:20	Tier 4	SP
cat hair std allergenic ext injection solution 10,000 bau/ml	Tier 4	SP
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA; SP

Drug	Status	Notes
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
std grass pollen-sweet vernal injection solution 100,000 bau/ml	Tier 4	SP
tree pollen-arizona cypress injection solution 1:20	Tier 4	SP
tree pollen-bald cypress injection solution 1:20	Tier 4	SP
tree pollen-privet injection solution 1:20	Tier 4	SP
tree pollen-sweet gum injection solution 1:20	Tier 4	SP
weed pollen-carelessweed injection solution 1:40	Tier 4	SP
weed pollen-short ragweed injection solution 1:20	Tier 4	SP
weed pollen-true marsh elder injection solution 1:20	Tier 4	SP
weed pollen-western ragweed injection solution 1:20	Tier 4	SP
Antihistamines - 1St Generation		
brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml	Tier 4	SP
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
diphenhydramine hcl injection solution 50 mg/ml	Tier 4	SP
diphenhydramine hcl injection syringe 50 mg/ml	Tier 4	SP
diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml	Tier 4	SP
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 4	SP
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	

Drug		Status	Notes
hydroxyzine pamoate oral capsule 100 mg, 50 mg		Tier 1	
hydroxyzine pamoate oral capsule 25 mg	(Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML		Tier 3	ST; ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml		Tier 4	SP
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(All Day Allergy (cetirizine))	Tier 1	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	SP
Nasal Antihistamine			
azelastine nasal aerosol,spray 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	Tier 1	QL (30.5 GM per 30 days)

Drug		Status	Notes
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 1	ST; ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex 24hr Allergy)	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	QL (10.6 GM per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG		Tier 4	PA; SP
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 2	ST; ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 1	ST; ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML		Tier 3	ST; ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents			
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG		Tier 4	SP
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML		Tier 4	SP

Drug		Status	Notes
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 2	QL (1 EA per 28 days)
ANZEMET ORAL TABLET 50 MG		Tier 3	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML		Tier 4	SP
aprepitant oral capsule 125 mg		Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg		Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 1	QL (3 EA per 21 days)
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)		Tier 4	SP
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML		Tier 4	SP
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 1	
dimenhydrinate injection solution 50 mg/ml		Tier 4	SP
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 2	QL (3 EA per 21 days)
fosaprepitant intravenous recon soln 150 mg	(Emend (fosaprepitant))	Tier 4	SP
granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml		Tier 4	SP
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)		Tier 4	SP
granisetron hcl oral tablet 1 mg		Tier 1	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 1	
ondansetron hcl (pf) injection solution 4 mg/2 ml		Tier 4	SP
ondansetron hcl (pf) injection syringe 4 mg/2 ml		Tier 4	SP
ondansetron hcl intravenous solution 2 mg/ml		Tier 4	SP

Drug		Status	Notes
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 1	
ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml		Tier 4	SP
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	
palonosetron intravenous solution 0.25 mg/2 ml, 0.25 mg/5 ml		Tier 4	SP
palonosetron intravenous syringe 0.25 mg/5 ml		Tier 4	SP
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		Tier 4	SP
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML		Tier 4	SP
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	(trimethobenzamide)	Tier 4	SP
trimethobenzamide oral capsule 300 mg		Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	QL (2 EA per 14 days)
Asthma And Copd			
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
Anticholinergics, Orally Inhaled Long Acting			
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 EA per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	
terbutaline subcutaneous solution 1 mg/ml		Tier 4	SP
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Proventil HFA)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 GM per 30 days)

Drug		Status	Notes
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
arformoterol inhalation solution for nebulization 15 mcg/2 ml	(Brovana)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (32.1 GM per 30 days)

Drug		Status	Notes
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30.9 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA 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 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)

Drug	Status	Notes
Glucocorticoids, Orally Inhaled		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml (Pulmicort)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml (Pulmicort)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; SP

Drug		Status	Notes
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab			
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		Tier 4	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML		Tier 4	PA; SP
Leukotriene Receptor Antagonists			
montelukast oral granules in packet 4 mg	(Singulair)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
montelukast oral tablet 10 mg	(Singulair)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		Tier 3	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		Tier 4	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML		Tier 4	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML		Tier 3	
Monoclonal Antibody - Interleukin-5 Antagonists			
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	PA; SP
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 4	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		Tier 4	PA; SP

Drug		Status	Notes
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML		Tier 4	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors			
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 3	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT		Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S KIT		Tier 3	

Drug		Status	Notes
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 3	
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE		Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 3	
COMFORTSEAL SMALL MASK DEVICE		Tier 3	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 3	

Drug		Status	Notes
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE		Tier 3	
EASIVENT MASK MEDIUM DEVICE		Tier 3	
EASIVENT MASK SMALL DEVICE		Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE		Tier 3	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
LC PLUS	(nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	

Drug		Status	Notes
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
nebulizer and compressor device	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	

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

Drug		Status	Notes
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
TRUNEB NEBULIZER	(nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER	(nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK	(nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	(nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER		Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE	(nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors			
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		Tier 4	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)		Tier 4	PA; SP
Xanthines			
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml		Tier 4	SP
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	Tier 4	SP
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)		Tier 4	SP
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	(theophylline)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
theophylline oral elixir 80 mg/15 ml	(Elixophyllin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
theophylline oral solution 80 mg/15 ml		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	Tier 1	ST; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml		Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg		Tier 1	QL (60 EA per 30 days)
memantine oral tablet 5 mg	(Namenda)	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 2	ST; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib			
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		Tier 2	ST; ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		Tier 2	ST; ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody			
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML		Tier 4	PA; SP
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML		Tier 4	PA; SP

Drug		Status	Notes
Cholinesterase Inhibitors			
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML		Tier 4	SP
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	QL (60 EA per 30 days)
neostigmine in sterile water injection syringe 5 mg/5 ml		Tier 4	SP
neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml	(Bloxiverz)	Tier 4	SP
neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)		Tier 4	SP
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)		Tier 4	SP
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg		Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
REGONOL INJECTION SOLUTION 5 MG/ML		Tier 4	SP
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 1	QL (30 EA per 30 days)
Neonatal Fc Receptor (Fcrn) Inhibitors			
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML		Tier 4	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML		Tier 4	PA; SP
VYVGART INTRAVENOUS SOLUTION 20 MG/ML		Tier 4	PA; SP

Drug		Status	Notes
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 4	PA; SP
Antidepressant - Postpartum Depression (Ppd)			
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML		Tier 4	SP
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG		Tier 2	PA
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 3	
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 3	PA
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Selective Serotonin Reuptake Inhibitor (Ssris)			
citalopram oral solution 10 mg/5 ml		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fluoxetine oral tablet 10 mg, 20 mg, 60 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
sertraline oral capsule 150 mg, 200 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
doxepin oral concentrate 10 mg/ml		Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	
protriptyline oral tablet 10 mg, 5 mg		Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 1	
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 1	PA

Drug		Status	Notes
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg		Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	(Zenzedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	(Zenzedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	(Zenzedi)	Tier 1	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	(Zenzedi)	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	Tier 1	QL (2 EA per 1 day)

Drug		Status	Notes
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		Tier 3	ST; ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	ST; ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 1	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 3	ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 1	
disulfiram oral tablet 250 mg, 500 mg		Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		Tier 4	SP
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	

Drug		Status	Notes
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		Tier 1	
diazepam injection solution 5 mg/ml		Tier 4	SP
diazepam injection syringe 5 mg/ml		Tier 4	SP
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 1	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)		Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 1	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 1	
meprobamate oral tablet 200 mg, 400 mg		Tier 1	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Tier 3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 1	
lithium carbonate oral tablet 300 mg		Tier 1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 1	
lithium carbonate oral tablet extended release 450 mg		Tier 1	
lithium citrate oral solution 8 meq/5 ml		Tier 1	
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt			
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM		Tier 4	PA; SP
sodium oxybate oral solution 500 mg/ml	(Xyrem)	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML		Tier 4	PA; SP

Drug	Status	Notes
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 4	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 4	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 4	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 4	SP; QL (1 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 4	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 4	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 4	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 4	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 4	SP; QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	SP
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST; ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 4	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 4	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 4	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 4	SP; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 4	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 4	SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 4	SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 4	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 4	SP; QL (1.32 ML per 70 days)

Drug		Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		Tier 4	SP; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML		Tier 4	SP; QL (2.63 ML per 70 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	Tier 1	QL (60 EA per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	Tier 4	SP
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 1	
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		Tier 4	SP; QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	Tier 4	SP; QL (1 EA per 14 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	Tier 4	SP; QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	
risperidone oral tablet 0.25 mg		Tier 1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	Tier 4	SP; QL (1 EA per 14 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 4	SP; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 4	SP; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 4	SP; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 4	SP; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 4	SP; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 4	SP; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 4	SP; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	Tier 4	SP
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 4	SP; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 4	SP; QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
droperidol injection solution 2.5 mg/ml	Tier 4	SP
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)	Tier 4	SP
haloperidol lactate injection solution 5 mg/ml	Tier 4	SP

Drug	Status	Notes
haloperidol lactate intramuscular syringe 5 mg/ml	Tier 4	SP
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Anti-Psychotics,Phenothiazines		
chlorpromazine injection solution 25 mg/ml	Tier 4	SP
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine decanoate injection solution 25 mg/ml	Tier 4	SP
fluphenazine hcl injection solution 2.5 mg/ml	Tier 4	SP
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Barbiturates		
AMYTAL INJECTION RECON SOLN 500 MG	Tier 4	SP
pentobarbital sodium injection solution 50 mg/ml	Tier 4	SP
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	Tier 4	SP
SEZABY INTRAVENOUS RECON SOLN 100 MG	Tier 4	SP

Drug		Status	Notes
Benzodiazepine Antagonists			
flumazenil intravenous solution 0.1 mg/ml		Tier 4	SP
Central Nervous System Stimulants			
doxapram intravenous solution 20 mg/ml	(Dopram)	Tier 4	SP
Hsdd Agents-Mixed Serotonin Agonist/Antagonists			
ADDYI ORAL TABLET 100 MG		Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML		Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists			
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		Tier 4	PA; SP
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 4	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 4	PA; SP
Narcotic Antagonists			
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
nalmefene injection solution 1 mg/ml		Tier 4	SP
naloxone injection auto-injector 10 mg/0.4 ml		Tier 1	
naloxone injection solution 0.4 mg/ml		Tier 4	SP
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG		Tier 3	
naltrexone oral tablet 50 mg		Tier 1	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION		Tier 3	QL (4 EA per 30 days)

Drug		Status	Notes
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML		Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines			
estazolam oral tablet 1 mg, 2 mg		Tier 1	
flurazepam oral capsule 15 mg, 30 mg		Tier 1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	Tier 4	SP
lorazepam injection syringe 2 mg/ml		Tier 4	SP
midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml		Tier 1	
quazepam oral tablet 15 mg	(Doral)	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	
triazolam oral tablet 0.125 mg		Tier 1	
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)	(Precedex in 0.9 % sodium chlor)	Tier 4	SP
dexmedetomidine in 0.9 % nacl intravenous syringe 20 mcg/5 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)		Tier 4	SP
dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)		Tier 4	SP
dexmedetomidine intravenous solution 100 mcg/ml	(Precedex)	Tier 4	SP
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 1	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
ketamine sublingual troche 100 mg		Tier 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG		Tier 1	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1,000 MCG/250ML (4 MCG/ML)		Tier 4	SP
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML)	(dexmedetomidine in 0.9 % nacl)	Tier 4	SP
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)

Drug		Status	Notes
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 4	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 4	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg	(Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg		Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 1	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	(methylphenidate hcl)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	QL (3 EA per 1 day)

Drug		Status	Notes
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	(Daytrana)	Tier 1	ST; ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG		Tier 3	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG		Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)		Tier 3	120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)		Tier 3	150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)		Tier 3	180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)		Tier 3	60mL BOTTLE; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type			
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	(Strattera)	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG		Tier 3	ST; ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Drug		Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG		Tier 3	ST; ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 3	ST; ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
adenosine intravenous solution 3 mg/ml		Tier 4	SP
adenosine intravenous syringe 3 mg/ml		Tier 4	SP
amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)		Tier 4	SP
amiodarone intravenous solution 50 mg/ml		Tier 4	SP
amiodarone intravenous syringe 150 mg/3 ml		Tier 4	SP
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
bretylium tosylate injection solution 50 mg/ml		Tier 4	SP
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
ibutilide fumarate intravenous solution 0.1 mg/ml	(Corvert)	Tier 4	SP
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	(Xylocaine (Cardiac) (PF))	Tier 4	SP
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)		Tier 4	SP
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)		Tier 4	SP
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MULTAQ ORAL TABLET 400 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)		Tier 4	SP
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	(amiodarone)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
procainamide injection solution 100 mg/ml, 500 mg/ml		Tier 4	SP
procainamide intravenous syringe 100 mg/ml		Tier 4	SP
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	

Drug	Status	Notes
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	Tier 4	SP
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)	Tier 4	SP
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	Tier 4	SP
epinephrine hcl in 0.9 % nacl intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 4	SP
epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	Tier 4	SP
epinephrine hcl in 5% dextrose intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 4	SP
epinephrine hcl in 5% dextrose intravenous syringe 100 mcg/10 ml (10 mcg/ml)	Tier 4	SP
epinephrine in 0.9 % sod chlor intravenous solution 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 4	SP
epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)	Tier 4	SP
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml) (Adrenalin)	Tier 4	SP
epinephrine injection syringe 0.1 mg/ml	Tier 1	
epinephrine intravenous solution 0.1 mg/ml	Tier 4	SP
isoproterenol hcl injection solution 0.2 mg/ml (Isuprel)	Tier 4	SP
isoproterenol in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml)	Tier 4	SP
norepinephrine bitart in water intravenous solution 2 mg/ml	Tier 4	SP

Drug		Status	Notes
norepinephrine bitart in water intravenous syringe 4 mg/50 ml (80 mcg/ml)		Tier 4	SP
norepinephrine bitartrate intravenous solution 1 mg/ml	(Levophed (bitartrate))	Tier 4	SP
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)		Tier 4	SP
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 32 mg/250 ml (128 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)		Tier 4	SP
racepineph in sod chl,iso (pf) injection syringe 1 mg/ml		Tier 4	SP
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	(Lanoxin)	Tier 4	SP
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 1	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML)	(digoxin)	Tier 2	
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML)		Tier 4	SP
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 2	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)		Tier 4	SP
Inotropic Drugs			
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)		Tier 4	SP
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)		Tier 4	SP
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)		Tier 4	SP
milrinone intravenous solution 1 mg/ml		Tier 4	SP
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
labetalol in dextrose,iso-osm intravenous solution 1 mg/ml		Tier 4	SP
labetalol in nacl (iso-osmot) intravenous solution 1 mg/ ml		Tier 4	SP
labetalol intravenous solution 5 mg/ml		Tier 4	SP
labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)		Tier 4	SP
labetalol oral tablet 100 mg, 200 mg, 300 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Alpha-Adrenergic Blocking Agents			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 4	PA; SP

Drug		Status	Notes
phentolamine injection recon soln 5 mg		Tier 4	SP
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antihypertensives, Ace Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
benazepril oral tablet 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
enalaprilat intravenous solution 1.25 mg/ml		Tier 4	SP
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 3	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antihypertensives, Angiotensin Receptor Antagonist			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
eprosartan oral tablet 600 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antihypertensives, Miscellaneous			
metyrosine oral capsule 250 mg	(Demser)	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML)		Tier 4	SP
sodium nitroprusside intravenous solution 25 mg/ml		Tier 4	SP
Antihypertensives, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	
methyldopate intravenous solution 250 mg/5 ml		Tier 4	SP
Antihypertensives, Vasodilators			
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	(fenoldopam)	Tier 4	SP
hydralazine injection solution 20 mg/ml		Tier 4	SP
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
betaxolol oral tablet 10 mg, 20 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	(Brevibloc in NaCl (iso-osm))	Tier 4	SP
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)		Tier 4	SP
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	(Brevibloc)	Tier 4	SP
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)		Tier 4	SP
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 3	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
metoprolol tartrate intravenous solution 5 mg/5 ml		Tier 4	SP
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
pindolol oral tablet 10 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
propranolol intravenous solution 1 mg/ml		Tier 4	SP
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
sotalol intravenous solution 150 mg/10 ml (15 mg/ml)		Tier 4	SP
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
sotalol oral tablet 240 mg	(Betapace)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SOTYLIZE ORAL SOLUTION 5 MG/ML		Tier 3	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tabs within the past 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML)		Tier 4	SP
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML)	(nicardipine in nacl (iso-os))	Tier 4	SP
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	(diltiazem hcl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML		Tier 4	SP
CONJUPRI ORAL TABLET 2.5 MG	(levamlodipine)	Tier 3	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl in 0.9% nacl intravenous solution 125 mg/125 ml (1 mg/ml)		Tier 4	SP
diltiazem hcl intravenous recon soln 100 mg		Tier 4	SP

Drug		Status	Notes
diltiazem hcl intravenous solution 5 mg/ml		Tier 4	SP
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(Taztia XT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral tablet 90 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
diltiazem in dextrose 5 % intravenous solution 125 mg/125 ml (1 mg/ml)		Tier 4	SP
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 1	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nicardipine in 0.9 % sod chlor intravenous syringe 1 mg/10 ml		Tier 4	SP
nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)	(Cardene IV in sodium chloride)	Tier 4	SP
nicardipine intravenous solution 25 mg/10 ml	(Cardene IV)	Tier 4	SP
nicardipine intravenous syringe 2.5 mg/ml		Tier 4	SP
nicardipine oral capsule 20 mg, 30 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nifedipine oral capsule 10 mg, 20 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nimodipine oral capsule 30 mg		Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 4	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 4	PA; SP
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	(diltiazem hcl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
verapamil intravenous solution 2.5 mg/ml		Tier 4	SP
verapamil intravenous syringe 2.5 mg/ml		Tier 4	SP
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
verapamil oral tablet extended release 120 mg	(Calan SR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
verapamil oral tablet extended release 180 mg, 240 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Loop Diuretics			
bumetanide injection solution 0.25 mg/ml		Tier 4	SP
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ethacrynate sodium intravenous recon soln 50 mg	(Sodium Edecrin)	Tier 4	SP

Drug		Status	Notes
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 3	
furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)		Tier 4	SP
furosemide injection solution 10 mg/ml		Tier 4	SP
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
torsemide oral tablet 10 mg, 100 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
torsemide oral tablet 20 mg	(Soaanz)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Osmotic Diuretics			
mannitol 20 % intravenous parenteral solution 20 %	(Osmitrol 20 %)	Tier 4	SP
mannitol 25 % intravenous solution 25 %		Tier 4	SP
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	(mannitol 15 %)	Tier 4	SP
Potassium Sparing Diuretics			
amiloride oral tablet 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 4	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 4	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML		Tier 4	PA; SP
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	(Revatio)	Tier 4	PA; SP
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	(Revatio)	Tier 4	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	Tier 4	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 4	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG		Tier 4	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		Tier 4	PA; SP

Drug	Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg (Veletri)	Tier 4	PA; SP
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 4	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 4	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)	Tier 4	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	Tier 4	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 4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)	Tier 4	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; SP

Drug		Status	Notes
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 1	
Renin Inhibitor, Direct/Thiazide Diuretic Comb			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		Tier 3	
Thiazide And Related Diuretics			
chlorothiazide sodium intravenous recon soln 500 mg		Tier 4	SP
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Vasodilators, Combination			
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	Tier 1	
Vasodilators,Miscellaneous			
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	(alprostadil)	Tier 4	SP
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)

Drug		Status	Notes
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
Antihyperlipidemic - Angiopoietin-Like 3 Inhibitor			
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML		Tier 4	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		Tier 3	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 3	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $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)
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	(simvastatin)	Tier 3	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)		Tier 3	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fluvastatin oral capsule 20 mg		$Copay	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; 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)

Drug	Status	Notes
fluvastatin oral capsule 40 mg	$Copay	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; 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)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	$Copay	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; 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)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $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
lovastatin oral tablet 10 mg, 20 mg, 40 mg		$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $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		$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $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)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $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 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $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
simvastatin oral tablet 5 mg	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $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)
simvastatin oral tablet 80 mg	Tier 1	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days

Drug		Status	Notes
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG		Tier 2	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
cholestyramine-aspartame oral powder in packet 4 gram	(Cholestyramine Light)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
COLESTID FLAVORED ORAL PACKET 7.5 GRAM		Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
colestipol oral granules 5 gram	(Colestid)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
colestipol oral packet 5 gram	(Colestid)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
colestipol oral tablet 1 gram	(Colestid)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PREVALITE ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fenofibrate oral tablet 160 mg, 54 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 1	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 day)
Niacin Preparations			
niacin oral tablet 500 mg	(Niacor)	Tier 1	
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 4	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)

Drug	Status	Notes
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	Tier 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; SP
Renin-Angiotensin-Aldosterone Sys. (Raas) Hormones		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	Tier 4	SP
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Cardiovascular Disease - Vasodilation		
Vasodilators,Coronary		
amyl nitrite inhalation solution 0.3 ml	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	(nitroglycerin)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
papaverine injection solution 30 mg/ml		Tier 1	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		$Copay	ST; ST: Requires prior prescription for Etonogestrel/Ethinyl Estradiol within the past 120 days; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$Copay	QL (1 EA per 28 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$Copay	QL (1 EA per 28 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	$Copay	QL (1 EA per 28 days)
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	$Copay	QL (1 EA per 28 days)
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		Tier 3	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		$Copay	$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	$Copay	$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	$Copay	$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Tier 3	PA
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		$Copay	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		$Copay	

Drug		Status	Notes
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		$Copay	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$Copay	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$Copay	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$Copay	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	$Copay	
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		$Copay	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$Copay	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$Copay	

Drug		Status	Notes
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		$Copay	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		$Copay	
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$Copay	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)	$Copay	QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		$Copay	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$Copay	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$Copay	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$Copay	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$Copay	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	$Copay	
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	$Copay	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	$Copay	

Drug		Status	Notes
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	$Copay	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	$Copay	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	$Copay	
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$Copay	
ELLA ORAL TABLET 30 MG		$Copay	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$Copay	
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$Copay	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	$Copay	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50 (28))	$Copay	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$Copay	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	

Drug		Status	Notes
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$Copay	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$Copay	
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$Copay	QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	$Copay	QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	$Copay	
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$Copay	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$Copay	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	$Copay	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	$Copay	QL (91 EA per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rivelsa)	$Copay	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	$Copay	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	

Drug		Status	Notes
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	$Copay	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		$Copay	
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$Copay	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	$Copay	QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	$Copay	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	$Copay	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	$Copay	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	$Copay	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	$Copay	QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	$Copay	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		$Copay	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$Copay	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$Copay	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$Copay	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$Copay	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	

Drug		Status	Notes
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	$Copay	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$Copay	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$Copay	
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		$Copay	ST; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$Copay	
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		$Copay	ST; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$Copay	
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	

Drug		Status	Notes
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	$Copay	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	$Copay	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	$Copay	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	$Copay	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	$Copay	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	$Copay	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	$Copay	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	$Copay	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	$Copay	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	$Copay	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	$Copay	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	$Copay	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	$Copay	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		$Copay	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		$Copay	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$Copay	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$Copay	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	$Copay	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		$Copay	
NYMYO ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$Copay	
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$Copay	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	

Drug		Status	Notes
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
PHILITH ORAL TABLET 0.4-35 MG-MCG		$Copay	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$Copay	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	$Copay	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	$Copay	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	$Copay	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	$Copay	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$Copay	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	$Copay	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		$Copay	ST; ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$Copay	
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$Copay	
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	$Copay	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	$Copay	
TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	$Copay	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$Copay	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$Copay	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	$Copay	

Drug		Status	Notes
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$Copay	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$Copay	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$Copay	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$Copay	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$Copay	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$Copay	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$Copay	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$Copay	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$Copay	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	$Copay	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	$Copay	
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	$Copay	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	$Copay	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		$Copay	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	$Copay	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		$Copay	
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	$Copay	
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	$Copay	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$Copay	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	$Copay	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		$Copay	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	$Copay	
WERA (28) ORAL TABLET 0.5-35 MG-MCG		$Copay	

Drug		Status	Notes
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	$Copay	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$Copay	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	$Copay	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	$Copay	
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	$Copay	QL (3 EA per 28 days)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$Copay	QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	$Copay	QL (3 EA per 28 days)
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		$Copay	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		$Copay	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		$Copay	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		$Copay	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		$Copay	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		$Copay	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		$Copay	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		$Copay	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		$Copay	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		$Copay	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		$Copay	
Oxytocics			
carboprost tromethamine intramuscular solution 250 mcg/ml	(Hemabate)	Tier 4	SP
carboprost tromethamine intramuscular syringe 250 mcg/ml		Tier 4	SP

Drug		Status	Notes
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	(carboprost tromethamine)	Tier 4	SP
methylergonovine injection solution 0.2 mg/ml (1 ml)		Tier 4	SP
methylergonovine oral tablet 0.2 mg		Tier 1	QL (28 EA per 30 days)
oxytocin in 0.9 % sod chloride intravenous solution 15 unit/250 ml, 20 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml		Tier 4	SP
oxytocin in dextrose 5 % in lr intravenous solution 20 unit/1,000 ml, 30 unit/500 ml		Tier 4	SP
oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml		Tier 4	SP
oxytocin injection solution 10 unit/ml	(Pitocin)	Tier 4	SP
PITOCIN INJECTION SOLUTION 10 UNIT/ML	(oxytocin)	Tier 4	SP
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Tier 3	
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	(promethazine-phenylephrine)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 1	
Antitussives,Non-Narcotic			
benzonatate oral capsule 100 mg, 150 mg, 200 mg		Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest			
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML	(promethazine-phenyleph-codeine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-1St Generation Antihistamine			
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Drug		Status	Notes
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 3	ST; ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	(Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	
Nose Preparations, Vasoconstrictors (Rx)			
epinephrine hcl nasal solution 1 mg/ml	(Adrenalin)	Tier 1	
Sympathomimetic Agents			
AKOVAZ INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML)	(ephedrine sulfate)	Tier 4	SP
BIORPHEN INTRAVENOUS SOLUTION 0.1 MG/ML		Tier 4	SP
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	(ephedrine sulfate)	Tier 4	SP
EMERPHED INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML)	(ephedrine sulfate)	Tier 4	SP
EMERPHED INTRAVENOUS SYRINGE 50 MG/10 ML (5 MG/ML)		Tier 4	SP
ephedrine sulfate intravenous solution 5 mg/ml	(Emerphed)	Tier 4	SP
ephedrine sulfate intravenous solution 50 mg/ml	(Akovaz)	Tier 4	SP
ephedrine sulfate intravenous syringe 25 mg/5 ml (5 mg/ml)	(Akovaz)	Tier 4	SP

Drug		Status	Notes
ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 15 mg/3 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)		Tier 4	SP
IMMPHENTIV INTRAVENOUS SOLUTION 0.1 MG/ML		Tier 4	SP
phenylephrine hcl in 0.9% nacl intravenous solution 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 25 mg/250 ml (100 mcg/ml), 300 mg/250 ml (1,200 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)		Tier 4	SP
phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 5 mg/50 ml (100 mcg/ml)		Tier 4	SP
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	Tier 4	SP
phenylephrine in sterile water intravenous syringe 60 mg/50 ml (1,200 mcg/ml)		Tier 4	SP
REZIPRES INTRAVENOUS SOLUTION 4.7 MG/ML		Tier 4	SP
Dermatology - Acne			
Acne Agents,Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	(isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
Acne Agents,Topical			
ACIOXIAY TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
ADAINZDE TOPICAL GEL 0.3-2.5-1 %	(adapalene-benzoyl-clindamycin)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	

Drug		Status	Notes
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 1	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 3	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 1	
dapsone topical gel 5 %	(Aczone)	Tier 1	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsone-spironolactone-niacin)	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	(dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	(spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	

Drug		Status	Notes
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
Antibiotics, Miscellaneous, Other			
bacitracin intramuscular recon soln 50,000 unit		Tier 4	SP

Drug		Status	Notes
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 2	
Rosacea Agents, Topical			
AVEIDA TOPICAL GEL 1-1 %		Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
azelaic acid topical gel 15 %		Tier 1	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 3	
DAZOMON TOPICAL GEL 0.25 %		Tier 3	
FINACEA TOPICAL FOAM 15 %		Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %		Tier 3	
metronidazole topical cream 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %		Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 %	(ivermectin)	Tier 1	ST; ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 3	PA
Topical Preparations,Antibacterials			
BASADROX TOPICAL GEL IN PACKET		Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	
IODOSORB TOPICAL GEL 0.9 %		Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE		Tier 1	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	

Drug		Status	Notes
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	
adapalene topical gel 0.3 %		Tier 1	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	
adapalene topical lotion 0.1 %	(Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 3	
AVITA TOPICAL CREAM 0.025 %	(tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 %	(tretinoin)	Tier 1	
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
tretinoin topical cream 0.025 %	(Avita)	Tier 1	
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.01 %	(Retin-A)	Tier 1	
tretinoin topical gel 0.025 %	(Avita)	Tier 1	
tretinoin topical gel 0.05 %	(Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents			
ETHOXIA TOPICAL CREAM 0.05-4 %	(tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 %	(tazarotene-niacinamide)	Tier 3	
Dermatology - Antiinfective			
Topical Antibiotics			
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 3	
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 1	
clindamycin phosphate topical gel 1 %		Tier 1	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 1	ST; ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical solution 1 %	(Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 1	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	
erythromycin with ethanol topical solution 2 %		Tier 1	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 1	
gentamicin topical cream 0.1 %		Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 1	QL (90 GM per 1 FILL)

Drug		Status	Notes
mupirocin calcium topical cream 2 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 %	(mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %		Tier 3	ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
PHEODOYO TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %		Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %		Tier 1	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
econazole topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	

Drug		Status	Notes
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	
ketoconazole topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %		Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
luliconazole topical cream 1 %	(Luzu)	Tier 1	ST; ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	(butenafine)	Tier 3	
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 1	
naftifine topical cream 1 %		Tier 1	
naftifine topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
oxiconazole topical cream 1 %	(Oxistat)	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 3	
PHEOXIA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	
tavaborole topical solution with applicator 5 %	(Kerydin)	Tier 1	PA

Drug		Status	Notes
Topical Antiparasitics			
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
permethrin topical cream 5 %	(Elimite)	Tier 1	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 3	ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides			
BP 10-1 TOPICAL CLEANSER 10-1 %	(sulfacetamide sodium-sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %		Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	(sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	(sulfacetamide sodium-sulfur)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %	(Avar-E LS)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	(Plexion)	Tier 1	

Drug		Status	Notes
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)		Tier 1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	(Plexion Cleansing Cloths)	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %		Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	(sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 2	
Topical Antibiotics/Antiinflammatory,Steroidal			
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST; ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST; ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
Topical Anti-Inflammatory Steroidal			
ACIOXIA TOPICAL GEL 0.1-0.5 %		Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %		Tier 1	
ALA-CORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 1	

Drug		Status	Notes
ALA-SCALP TOPICAL LOTION 2 %		Tier 1	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
alclometasone topical cream 0.05 %		Tier 1	
alclometasone topical ointment 0.05 %		Tier 1	
betamethasone dipropionate topical cream 0.05 %		Tier 1	
betamethasone dipropionate topical lotion 0.05 %		Tier 1	
betamethasone dipropionate topical ointment 0.05 %		Tier 1	
betamethasone valerate topical cream 0.1 %		Tier 1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	Tier 1	
betamethasone valerate topical lotion 0.1 %		Tier 1	
betamethasone valerate topical ointment 0.1 %		Tier 1	
betamethasone, augmented topical cream 0.05 %		Tier 1	
betamethasone, augmented topical gel 0.05 %		Tier 1	
betamethasone, augmented topical lotion 0.05 %		Tier 1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 %	(clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	(clobetasol-niacinamide)	Tier 3	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %		Tier 1	
clobetasol topical foam 0.05 %	(Olux)	Tier 1	
clobetasol topical gel 0.05 %		Tier 1	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 1	
clobetasol topical ointment 0.05 %	(Temovate)	Tier 1	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 1	

Drug	Status	Notes
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 % (Olux-E)	Tier 1	
clocortolone pivalate topical cream 0.1 %	Tier 1	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST; ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
desonide topical cream 0.05 % (DesOwen)	Tier 1	
desonide topical gel 0.05 %	Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 % (Topicort)	Tier 1	
desoximetasone topical gel 0.05 % (Topicort)	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 % (Topicort)	Tier 1	

Drug		Status	Notes
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 1	ST; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	
fluocinonide topical solution 0.05 %		Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 3	
flurandrenolide topical cream 0.05 %	(Cordran)	Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
flurandrenolide topical lotion 0.05 %	(Cordran)	Tier 1	
flurandrenolide topical ointment 0.05 %	(Cordran)	Tier 1	ST; 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
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 % (Beser)	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 % (Halog)	Tier 1	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 % (Locoid)	Tier 1	ST; 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)

Drug		Status	Notes
hydrocortisone butyrate topical ointment 0.1 %		Tier 1	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
hydrocortisone butyrate topical solution 0.1 %		Tier 1	
hydrocortisone butyr-emollient topical cream 0.1 %	(Locoid Lipocream)	Tier 1	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream with perineal applicator 1 %		Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %		Tier 1	
hydrocortisone valerate topical cream 0.2 %		Tier 1	
hydrocortisone valerate topical ointment 0.2 %		Tier 1	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 3	

Drug		Status	Notes
PANDEL TOPICAL CREAM 0.1 %		Tier 3	ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %		Tier 1	
prednicarbate topical ointment 0.1 %		Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 3	ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %		Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %		Tier 2	ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 1	
triamcinolone acetonide topical cream 0.025 %		Tier 1	
triamcinolone acetonide topical cream 0.1 %	(Triderm)	Tier 1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 1	QL (454 GM per 30 days)

Drug		Status	Notes
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 1	
TRIDERM TOPICAL CREAM 0.1 %	(triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 1	
diclofenac sodium topical drops 1.5 %		Tier 1	
diclofenac sodium topical gel 1 %	(Aleve (diclofenac))	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 3	ST; ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors			
OPZELURA TOPICAL CREAM 1.5 %		Tier 2	PA
Dermatology - Antipruritic Drugs			
Antipruritics, Systemic			
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML		Tier 4	PA; SP
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2	
Antiseborrheic Agents			
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	(sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %		Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %		Tier 3	ST; ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 %	(sulfacetamide sodium)	Tier 3	
selenium sulfide topical lotion 2.5 %		Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 1	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 1	

Drug		Status	Notes
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 1	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 3	
Antiseptics,Miscellaneous			
guaiacol liquid		Tier 3	
phenol injection solution 6 %		Tier 4	SP
Emollients			
ammonium lactate topical cream 12 %		Tier 1	
ammonium lactate topical lotion 12 %	(Skin Treatment)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 3	
KERASTAT TOPICAL CREAM		Tier 3	
KERASTAT TOPICAL GEL 5 %		Tier 3	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 1	
PRESERA TOPICAL FOAM		Tier 3	
XCLAIR TOPICAL CREAM		Tier 3	
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine)	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 1	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
lactated ringers irrigation solution		Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
ringer's irrigation solution		Tier 1	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 1	
sorbitol irrigation solution 3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML		Tier 3	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 3	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 1	

Drug		Status	Notes
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 1	
methyl salicylate oil	(Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid		Tier 1	
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
WINTERGREEN OIL OIL	(methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 3	PA
Keratolytics			
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	(podofilox)	Tier 3	ST; ST: Requires prior prescription for 0.5% Podofilox solution within the past 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 %	(urea)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %		Tier 3	
METDRAY TOPICAL GEL 17-2 %		Tier 3	
NENDRUX TOPICAL GEL 40-5 %		Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 3	
PODOCON TOPICAL LIQUID 25 %		Tier 1	
podofilox topical gel 0.5 %	(Condylox)	Tier 1	ST; ST: Requires prior prescription for 0.5% Podofilox solution within the past 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %		Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 1	
PRONAL TOPICAL GEL 10-40 %		Tier 3	
salicylic acid topical cream 6 %	(Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %		Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 1	
salicylic acid topical foam 6 %	(Salvax)	Tier 1	

Drug		Status	Notes
salicylic acid topical liquid 26 %		Tier 1	
salicylic acid topical lotion 6 %		Tier 1	
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical ointment 3 %		Tier 1	
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 3	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 3	
URAMAXIN TOPICAL FOAM 20 %		Tier 3	
URAMAXIN TOPICAL LOTION 45 %	(urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 1	
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 40 %, 47 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
urea topical lotion 40 %		Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 3	
Oxidizing Agents			
hydrogen peroxide solution 3 %		Tier 1	
Protectives			
GENADUR (WITH LEXINAL) KIT 2,500 MCG		Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %		Tier 1	
PR CREAM TOPICAL CREAM		Tier 1	
RECEDO TOPICAL GEL		Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	(white petrolatum)	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %		Tier 3	
zinc oxide topical ointment 20 %		Tier 1	

Drug		Status	Notes
zinc oxide topical paste 25 %		Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic			
ANALPRAM-HC TOPICAL LOTION 2.5-1 %		Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %		Tier 3	ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
hydrocortisone-pramoxine topical cream 2.5-1 %	(Pramosone)	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	(Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 2	ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 2	ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 4	PA; SP
diclofenac sodium topical gel 3 %		Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %		Tier 3	PA
fluorouracil topical cream 0.5 %	(Carac)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %		Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %		Tier 4	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %		Tier 2	
VALCHLOR TOPICAL GEL 0.016 %		Tier 4	PA; SP
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %		Tier 3	

Drug		Status	Notes
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY		Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
lidocaine hcl laryngotracheal solution 4 %		Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %		Tier 3	
REGENECARE TOPICAL GEL 2 %		Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY		Tier 3	

Drug	Status	Notes
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical Preparations,Miscellaneous		
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	Tier 4	SP
HYLENEX INJECTION SOLUTION 150 UNIT/ML	Tier 4	SP
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 4	SP
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Pigmentation Disorders		
Hyperpigmentation Agents, Systemic		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Tier 4	PA; SP
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 4	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 4	PA; SP
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA; SP
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	Tier 4	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; SP
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	
calcipotriene topical cream 0.005 %	Tier 1	
calcipotriene topical ointment 0.005 %	Tier 1	
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
tazarotene topical cream 0.1 % (Tazorac)	Tier 1	
tazarotene topical gel 0.05 %, 0.1 % (Tazorac)	Tier 1	Age (Max 39 Years)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Il-23 Receptor Antagonist, Monoclonal Antibody		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; SP
Topical Agents,Miscellaneous		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
Topical Immunosuppressive Agents		
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; SP
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	

Drug		Status	Notes
NUJU TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3	
pimecrolimus topical cream 1 %	(Elidel)	Tier 1	
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 1	
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 1	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 3	
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
dapagliflozin propanediol oral tablet 10 mg, 5 mg (Farxiga)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST; ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days

Drug	Status	Notes
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
glipizide oral tablet 10 mg, 5 mg	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
glipizide oral tablet 2.5 mg	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)

Drug		Status	Notes
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
nateglinide oral tablet 120 mg, 60 mg		Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)			
metformin oral solution 500 mg/5 ml	(Riomet)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
metformin oral tablet 1,000 mg, 500 mg, 850 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
metformin oral tablet extended release 24 hr 500 mg, 750 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML		Tier 3	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)

Drug		Status	Notes
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist			
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb			
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antihyperglycemic,Insulin-Response & Release Comb.			
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker			
KORLYM ORAL TABLET 300 MG	(mifepristone)	Tier 4	PA; SP
mifepristone oral tablet 300 mg	(Korlym)	Tier 4	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
dapagliflozprop aned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg	(Xigduo XR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
dapagliflozprop aned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	(Xigduo XR)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)

Drug		Status	Notes
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapagliflozpropaned-metformin)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapagliflozpropaned-metformin)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
pioglitazone-metformin oral tablet 15-500 mg		Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

Drug		Status	Notes
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb			
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
Blood Sugar Diagnostics			
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)

Drug		Status	Notes
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)
Diabetic Supplies			
ACCU-CHEK FASTCLIX LANCING DEV KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ACCU-CHEK MULTICLIX LANCET KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ACCU-CHEK SOFT DEV LANCETS KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADJUSTABLE LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADVANCED LANCING DEVICE KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADVOCATE LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ALTERNATE SITE LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
AQUA LANCE LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
AUTO-LANCET MINI	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
AUTOLET IMPRESSION LANC DEV KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
AUTOLET LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
AUTOSOFT 30 INFUSION SET		Tier 3	
AUTOSOFT 90 INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET		Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET		Tier 3	
BIGFOOT UNITY KIT		Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE		Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE		Tier 3	
CAREONE LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CARESOFT LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CARETOUCH LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
CEQUR SIMPLICITY DEVICE 2 UNIT		Tier 3	PA
CEQUR SIMPLICITY INSERTER		Tier 3	PA
DEXCOM G6 RECEIVER		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (3 EA per 30 days)
DROPLET GENTEEL LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
DROPLET LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY MINI EJECT LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY TOUCH LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EMBRACE LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE		Tier 4	SP

Drug		Status	Notes
EVERSENSE E3 SMART TRANSMITTER DEVICE		Tier 3	PA
FORA LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FREESTYLE LIBRE 14 DAY READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE		Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GLUCOCOM AUTOLINK		Tier 3	
GOJJI LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
GUARDIAN 4 GLUCOSE SENSOR DEVICE		Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE		Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE		Tier 3	PA
GUARDIAN SENSOR 3 DEVICE		Tier 3	PA
HEALTHY ACCENTS AUTOLET	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
HYPOLANCE AST LANCING KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
INCONTROL LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		Tier 3	
lancing device	(Adjustable Lancing Device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANCING DEVICE WITH LANCETS	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
lancing device with lancets kit	(Accu-Chek FastClix Lancing Dev)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANCING SYSTEM	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANZO LANCING DEVICE KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MEDTRONIC EXT INFUSION SET 23" INFUSION SET		Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET		Tier 3	
MICROLET 2 LANCING DEVICE KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MICROLET NEXT LANCING DEVICE KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
MINI LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MINIMED 630G INSULIN PUMP		Tier 3	PA
MINIMED 770G INSULIN PUMP		Tier 3	PA
MINIMED 780G INSULIN PUMP		Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET		Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET		Tier 3	
MINIMED QUICK SET 18" INFUSION SET		Tier 3	
MINIMED QUICK SET 23" INFUSION SET		Tier 3	
MINIMED QUICK SET 32" INFUSION SET		Tier 3	
MINIMED QUICK SET 43" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET		Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET		Tier 3	
MINIMED SURE T 18" INFUSION SET		Tier 3	
MINIMED SURE T 23" INFUSION SET		Tier 3	
MINIMED SURE T 32" INFUSION SET		Tier 3	
MULTI-LANCET DEVICE 2 KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN		Tier 3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days)

Drug		Status	Notes
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days)
ON CALL LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ON CALL PLUS LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ONETOUCH DELICA PLUS LANC DEV KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PRODIGY LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RELIAMED MINI LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RIGHTEST GD500 LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SMARTDIABETES VANTAGE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SOLUS V2 LANCING DEVICE KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SURE COMFORT LANCING PEN	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SUREFLEX DEVICE WITH LANCETS KIT	(lancing device with lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SUREFLEX LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
SURE-PEN LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
T:FLEX SUBCUTANEOUS CARTRIDGE		Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP		Tier 3	PA
T:SLIM X2 CONTROL-IQ		Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE		Tier 3	
TEMPO SMART BUTTON DEVICE		Tier 3	
TEMPO WELCOME KIT KIT		Tier 3	
TRUEDRAW LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TRUSTEEL INFUSION SET 23" INFUSION SET		Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET		Tier 3	
ULTI-LANCE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK 2 EXTRA LANCET 21 GAUGE	(lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK 2 NORMAL LANCET 21 GAUGE	(lancets)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VARISOFT INFUSION SET 23" INFUSION SET		Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET		Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET		Tier 3	
V-GO 20 DEVICE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
V-GO 30 DEVICE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
V-GO 40 DEVICE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VIVAGUARD LANCING DEVICE	(lancing device)	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Diabetic Ulcer Preparations,Topical			
REGRANEX TOPICAL GEL 0.01 %		Tier 2	
Disease Modifying Agents For Type 1 Diabetes			
LANTIDRA INTRAPORTAL SUSPENSION		Tier 4	PA; SP
TZIELD INTRAVENOUS SOLUTION 1 MG/ML		Tier 4	PA; SP
Hyperglycemics			
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)
glucagon hcl injection recon soln 1 mg	(Glucagon (HCl) Emergency Kit)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.4 ML per 1 FILL)

Drug	Status	Notes
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2.4 ML per 1 FILL)
Insulins		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)

Drug		Status	Notes
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (24 ML per 28 days)
insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)	(Toujeo SoloStar U-300 Insulin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (13.5 ML per 28 days)
insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)	(Toujeo Max U-300 SoloStar)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 ML per 28 days)

Drug		Status	Notes
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)
Urine Glucose Test Aids			
DIASTIX STRIP		Tier 3	
NO-STICK GLUCOSE STRIP		Tier 3	
Urine Glucose/Acetone Test Aids,Strips			
KETO-DIASTIX STRIP		Tier 3	

Drug		Status	Notes
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
Otic Preparations,Anti-Inflammatory-Antibiotics			
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	
Electrolyte Regulation			
Arginine Vasopressin (Avp) Receptor Antagonists			
tolvaptan oral tablet 15 mg	(Samsca)	Tier 4	SP; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	Tier 4	SP; QL (60 EA per 365 days)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML		Tier 4	SP
Bicarbonate Producing/Containing Agents			
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml		Tier 4	SP
sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml, 150 meq/1,150 ml		Tier 4	SP
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %		Tier 4	SP

Drug	Status	Notes
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	Tier 4	SP
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Drugs Used To Treat Acidosis		
THAM INTRAVENOUS SOLUTION 36 MG/ML (0.3 M)	Tier 4	SP
tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)	Tier 4	SP
Electrolyte Depleters		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	ST; ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Tier 1	
sevelamer carbonate oral tablet 800 mg (Renvela)	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA

Drug		Status	Notes
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 3	ST; ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
Electrolyte Maintenance			
electrolyte-148 intravenous parenteral solution	(Plasma-Lyte 148)	Tier 4	SP
electrolyte-48 in d5w intravenous parenteral solution		Tier 4	SP
electrolyte-a intravenous parenteral solution	(Plasma-Lyte A)	Tier 4	SP
intraventricular electrolytes1 intraventricular solution		Tier 4	SP
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %		Tier 4	SP
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		Tier 4	SP
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		Tier 4	SP
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION		Tier 4	SP
lactated ringers intravenous parenteral solution		Tier 4	SP
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION		Tier 4	SP
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		Tier 4	SP
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION		Tier 4	SP
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		Tier 4	SP
NUTRILYTE INTRAVENOUS SOLUTION 25-40.6-5 MEQ/20 ML		Tier 4	SP
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-148)	Tier 4	SP
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	Tier 4	SP
ringer's intravenous parenteral solution		Tier 4	SP
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML		Tier 4	SP

Drug		Status	Notes
Phosphate Replacement			
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML		Tier 4	SP
potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml, 30 mmol/500 ml		Tier 4	SP
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml, 3 mmol/ml (4.7 meq/ml)		Tier 4	SP
sodium phosphate intravenous solution 3 mmol/ml		Tier 4	SP
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1	
potassium acetate intravenous solution 2 meq/ml		Tier 4	SP
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		Tier 4	SP
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/250 ml (80 meq/l), 20 meq/l, 40 meq/500 ml (80 meq/l), 40 meq/l		Tier 4	SP
potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)		Tier 4	SP
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l		Tier 4	SP
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l		Tier 4	SP
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml		Tier 4	SP
potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml), 100 meq/50 ml		Tier 4	SP
potassium chloride intravenous solution 2 meq/ml		Tier 4	SP

Drug		Status	Notes
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 1	
potassium chloride oral tablet extended release 20 meq	(K-Tab)	Tier 1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		Tier 4	SP
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l		Tier 4	SP
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		Tier 4	SP
potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml		Tier 4	SP
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	
sodium chloride 0.325 % intravenous syringe 0.325 %		Tier 4	SP
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % (flush) injection syringe, with swab cap	(SwabFlush)	Tier 4	SP
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride 0.9 % intravenous parenteral solution		Tier 1	

Drug		Status	Notes
sodium chloride 0.9 % intravenous piggyback		Tier 1	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %		Tier 4	SP
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %		Tier 4	SP
sodium chloride injection syringe 0.9 %		Tier 1	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml		Tier 4	SP
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	(papav-phentolamine in water)	Tier 1	
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML		Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG		Tier 3	QL (1 EA per 5 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	(Cialis)	Tier 1	
tadalafil oral tablet 2.5 mg		Tier 1	PA
tadalafil oral tablet 5 mg	(Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG		Tier 3	
Fertility Stimulating Preparations,Non-Fsh			
CLOMID ORAL TABLET 50 MG	(clomiphene citrate)	Tier 3	
clomiphene citrate oral tablet 50 mg	(Clomid)	Tier 1	
Follicle Stim./Luteinizing Hormones			
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 4	SP
Follicle-Stimulating Hormone (Fsh)			
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML		Tier 4	SP

Drug		Status	Notes
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML		Tier 4	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 4	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT		Tier 4	SP
Human Chorionic Gonadotropin (Hcg)			
chorionic gonadotropin, human injection recon soln 6,000 unit		Tier 4	SP
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	(Novarel)	Tier 3	
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human)	Tier 2	
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT		Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human)	Tier 3	
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 3	
ENDOMETRIN VAGINAL INSERT 100 MG		Tier 2	
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 5 MG		Tier 4	PA; SP
RECORLEV ORAL TABLET 150 MG		Tier 4	PA; SP
Adrenocorticotrophic Hormones			
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 4	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		Tier 4	PA; SP
Antidiuretic And Vasopressor Hormones			
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)		Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG		Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG	Tier 4	SP
vasopressin in 0.9 % sod chlor intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)	Tier 4	SP
vasopressin in 0.9 % sod chlor intravenous syringe 2 unit/2 ml (1 unit/ml)	Tier 4	SP
vasopressin in dextrose 5 % intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)	Tier 4	SP
vasopressin in dextrose 5 % intravenous syringe 5 unit/5 ml (1 unit/ml)	Tier 4	SP
vasopressin intravenous solution 20 unit/ml (Vasostrict)	Tier 4	SP
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML	Tier 4	SP
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Tier 4	PA; SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA; SP
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	Tier 4	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA; SP
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 4	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 4	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4	PA; SP

Drug	Status	Notes
Bone Formation Agents - Sclerostin Inhibitor, Mono		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	Tier 4	PA; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Bone Formation Stim. Agents - Parathyroid Hormone		
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml) (Forteo)	Tier 4	PA; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Bone Resorption Inhibitors		
alendronate oral solution 70 mg/75 ml	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
alendronate oral tablet 70 mg (Fosamax)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
calcitonin (salmon) injection solution 200 unit/ml (Miacalcin)	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
ibandronate intravenous solution 3 mg/3 ml	Tier 4	ST; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Alendronate or Ibandronate within the past 120 days
ibandronate intravenous syringe 3 mg/3 ml	Tier 4	ST; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Alendronate or Ibandronate within the past 120 days
ibandronate oral tablet 150 mg	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
pamidronate intravenous recon soln 30 mg, 90 mg	Tier 4	SP
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	Tier 4	SP
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 4	PA; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
raloxifene oral tablet 60 mg (Evista)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate oral tablet 150 mg (Actonel)	Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)

Drug		Status	Notes
risedronate oral tablet 30 mg, 5 mg		Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	(Actonel)	Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for 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 4	PA; SP
zoledronic acid intravenous recon soln 4 mg		Tier 4	SP
zoledronic acid intravenous solution 4 mg/5 ml		Tier 4	SP
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml		Tier 4	SP
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml		Tier 4	SP
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 4	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 4	SP; QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML		Tier 4	PA; SP

Drug	Status	Notes
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	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 4	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol intravenous solution 4 mcg/2 ml (Hectorol)	Tier 4	SP
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol hemodialysis port injection solution 2 mcg/ml, 5 mcg/ml	Tier 4	SP
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml (Zemplar)	Tier 4	SP
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg	Tier 1	

Drug		Status	Notes
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones			
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 4	PA; SP
Leptin Hormone Analogs			
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)		Tier 4	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb			
MYFEMBREE ORAL TABLET 40-1-0.5 MG		Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)		Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants			
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		Tier 4	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents			
cetrorelix subcutaneous kit 0.25 mg	(Cetrotide)	Tier 4	SP
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	(ganirelix)	Tier 4	SP
ganirelix subcutaneous syringe 250 mcg/0.5 ml	(Fyremadel)	Tier 4	SP
ORILISSA ORAL TABLET 150 MG, 200 MG		Tier 2	PA
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty			
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG		Tier 4	PA; SP
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)		Tier 4	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG		Tier 4	PA; SP
Natriuretic Peptides			
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG		Tier 4	PA; SP
Pituitary Suppressive Agents			
cabergoline oral tablet 0.5 mg		Tier 1	
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 1	

Drug		Status	Notes
Thymus Tissue Replacement			
RETHYMIC IMPLANT IMPLANT		Tier 4	SP
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg		Tier 1	
propylthiouracil oral tablet 50 mg		Tier 1	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib			
TEPEZZA INTRAVENOUS RECON SOLN 500 MG		Tier 4	PA; SP
Iodine Containing Agents			
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML		Tier 4	SP
LUGOLS ORAL SOLUTION 5 %		Tier 3	
potassium iodide oral solution 1 gram/ml	(SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML	(potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %		Tier 1	
Thyroid Hormones			
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 3	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG		Tier 3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 3	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		Tier 3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 3	
ERMEZA ORAL SOLUTION 30 MCG/ML		Tier 1	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 1	QL (2 EA per 1 day)
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 3	QL (2 EA per 1 day)
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg		Tier 4	SP
levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml		Tier 4	SP
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Tirosint)	Tier 1	

Drug		Status	Notes
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	QL (2 EA per 1 day)
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 3	QL (2 EA per 1 day)
liothyronine intravenous solution 10 mcg/ml		Tier 4	SP
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 3	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML		Tier 3	QL (20 ML per 1 day)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 3	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		Tier 3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 3	
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 3	QL (2 EA per 1 day)
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
dexamet-moxifl-ketoro-nacl(pf) intraocular solution 1-0.5-0.4 mg/ml		Tier 4	SP

Drug		Status	Notes
prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 1	
prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 1	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %		Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 1	
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %		Tier 1	
Eye Antibiotic-Corticoid Combinations			
dexameth-moxiflox(pf)-nacl,iso intraocular solution 1-5 mg/ml		Tier 4	SP
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Tier 1	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %		Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %		Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 1	
Eye Antihistamines			
azelastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (12 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		Tier 1	QL (10 ML per 30 days)

Drug		Status	Notes
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents			
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %		Tier 3	QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 1	ST; ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %		Tier 1	QL (3.4 ML per 16 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 3	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %		Tier 4	SP
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 1	QL (10 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 2	QL (3.4 ML per 16 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG		Tier 4	SP
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 1	QL (20 ML per 30 days)
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %		Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 1	QL (10 GM per 14 days)

Drug		Status	Notes
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	Tier 1	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG		Tier 4	SP
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %		Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	Tier 1	QL (20 ML per 14 days)
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %		Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %		Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		Tier 1	QL (20 ML per 14 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG		Tier 4	SP
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML		Tier 4	SP
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML		Tier 4	SP
YUTIQ INTRAVITREAL IMPLANT 0.18 MG		Tier 4	SP
Eye Antivirals			
trifluridine ophthalmic (eye) drops 1 %		Tier 1	
Eye Local Anesthetics			
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %		Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	(proparacaine)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	(tetracaine hcl)	Tier 1	

Drug		Status	Notes
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	(fluorescein-benoxinate)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %		Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %		Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %		Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %		Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	(Altacaine)	Tier 1	
Eye Sulfonamides			
sulfacetamide sodium ophthalmic (eye) drops 10 %		Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		Tier 1	
Eye Vasoconstrictors (Rx Only)			
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %		Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 3	PA
Ophthalmic (Eye) Antiparasitics			
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		Tier 4	PA; SP
Ophthalmic Antibiotics			
bacitracin ophthalmic (eye) ointment 500 unit/gram		Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %		Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %		Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %		Tier 3	

Drug		Status	Notes
levofloxacin ophthalmic (eye) drops 1.5 %		Tier 1	
moxifloxacin (pf)-bss intracameral solution 1 mg/ml		Tier 4	SP
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %		Tier 1	
moxifloxacin-sod chlor,iso(pf) intraocular solution 0.8 mg/0.8 ml, 4 mg/0.8 ml, 5 mg/ml		Tier 4	SP
moxifloxacin-sod chlor,iso(pf) intraocular syringe 0.3 mg/0.3 ml, 1.6 mg/ml		Tier 4	SP
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	(neomycin-bacitracin-polymyxin)	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	(bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %		Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %		Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml		Tier 1	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %		Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 4	PA; SP

Drug	Status	Notes
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Complement Inhibitors		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1 ML	Tier 4	PA; SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG /0.1 ML	Tier 4	PA; SP
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; SP
Ophthalmic Mast Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST; ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST; ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
DISCOVISC INTRAOCULAR SYRINGE 40-17 MG/ML	Tier 4	SP
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE 3 %-4 %(0.35ML) 1 % (0.4 ML), 3 %-4 %(0.5 ML) 1 % (0.55 ML), 4 %-3 % (0.5ML) 1 % (0.85 ML)	Tier 4	SP
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 3	
hyaluronidase(pf)-sodchlor,iso intraocular solution 175 unit/ml	Tier 4	SP

Drug		Status	Notes
PROVISC INTRAOCULAR SYRINGE 10 MG/ML		Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)		Tier 3	
VISCOAT INTRAOCULAR SYRINGE 4-3 % (40-30 MG/ML)		Tier 4	SP
Eye - Glaucoma			
Carbonic Anhydrase Inhibitors			
acetazolamide oral capsule, extended release 500 mg		Tier 1	
acetazolamide oral tablet 125 mg, 250 mg		Tier 1	
acetazolamide sodium injection recon soln 500 mg		Tier 4	SP
methazolamide oral tablet 25 mg, 50 mg		Tier 1	
Miotics/Other Intraoc. Pressure Reducers			
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	(brinzolamide)	Tier 1	
betaxolol ophthalmic (eye) drops 0.5 %		Tier 1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 1	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %		Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	Tier 1	
carteolol ophthalmic (eye) drops 1 %		Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %		Tier 1	
dorzolamide ophthalmic (eye) drops 2 %		Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	(Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %		Tier 1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	Tier 1	
DURYSTA INTRACAMERAL IMPLANT 10 MCG		Tier 4	SP

Drug	Status	Notes
IDOSE TR INTRACAMERAL IMPLANT 75 MCG	Tier 4	SP
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	Tier 4	SP
MIOSTAT INTRAOCULAR SOLUTION 0.01 %	Tier 4	SP
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST; ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST; ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 % (Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 % (Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 % (Istalol)	Tier 1	

Drug	Status	Notes
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	
travoprost ophthalmic (eye) drops 0.004 % (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST; ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST; ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics		
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
cyclopentolate ophthalmic (eye) drops 1 % (Cyclogyl)	Tier 1	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
lidocaine-phenylephrin-bss(pf) intraocular syringe 1-1.5 %	Tier 4	SP
lidocaine-phenylephrn in water intraocular solution 1-1.5 %	Tier 4	SP
phenylephrine (pf)-bss intraocular syringe 1.5 %	Tier 4	SP
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	

Drug		Status	Notes
racepineph-lidocaine-bss 7(pf) intraocular solution 0.025-0.75 %		Tier 4	SP
tropicamide ophthalmic (eye) drops 0.5 %		Tier 1	
tropicamide ophthalmic (eye) drops 1 %	(Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents			
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml		Tier 4	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG		Tier 3	
Eye - Miscellaneous			
Agents For Corneal Collagen Cross-Linking			
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %		Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %		Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %		Tier 3	
Artificial Tears			
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %		Tier 3	
Eye Irrigations			
BALANCED SALT INTRAOCULAR SOLUTION	(balanced salt soln no.2 irrig.)	Tier 4	SP
BSS PLUS INTRAOCULAR SOLUTION		Tier 4	SP
Eye Mydriatic And Nsaid Combinations			
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	(tropic-proparacai-pe-ketor-wat)	Tier 1	
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %		Tier 4	SP
tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %	(Mydriatic4(trop-prop-PE-ktrlc))	Tier 1	
Eye Preparations, Miscellaneous (Otc)			
GELFILM OPHTHALMIC (EYE) FILM		Tier 3	
Ocular Photoactivated Vessel-Occluding Agents			
VISUDYNE INTRAVENOUS RECON SOLN 15 MG		Tier 4	SP
Ophth Vasc. Endothelial Growth Factor Antagonists			
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML		Tier 4	PA; SP

Drug	Status	Notes
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 4	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 4	PA; SP
Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 4	PA; SP
bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml	Tier 4	PA; SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	Tier 4	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 4	PA; SP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 4	PA; SP
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	Tier 4	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 4	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 4	PA; SP
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA; SP
Fluid Replacement		
Iv Solutions: Dextrose And Lactated Ringers		
dextrose 5 %-lactated ringers intravenous parenteral solution	Tier 4	SP
Iv Solutions: Dextrose-Saline		
d10 %-0.45 % sodium chloride intravenous parenteral solution	Tier 4	SP
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 4	SP
d5 % and 0.9 % sodium chloride intravenous parenteral solution	Tier 4	SP
d5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 4	SP
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	Tier 4	SP
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	Tier 4	SP

Drug		Status	Notes
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution		Tier 4	SP
Iv Solutions: Dextrose-Water			
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %		Tier 4	SP
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %		Tier 4	SP
dextrose 25 % in water (d25w) intravenous syringe		Tier 4	SP
dextrose 30 % in water (d30w) intravenous parenteral solution		Tier 4	SP
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %		Tier 4	SP
dextrose 5 % in water (d5w) intravenous parenteral solution		Tier 4	SP
dextrose 5 % in water (d5w) intravenous piggyback 5 %		Tier 4	SP
dextrose 50 % in water (d50w) intravenous parenteral solution		Tier 4	SP
dextrose 50 % in water (d50w) intravenous syringe		Tier 4	SP
dextrose 70 % in water (d70w) intravenous parenteral solution		Tier 4	SP
Nucleic Acid/Nucleotide Supplements			
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		Tier 4	PA; SP
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 3	ST; ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg	(Zyloprim)	Tier 1	
allopurinol oral tablet 300 mg		Tier 1	
allopurinol sodium intravenous recon soln 500 mg	(Aloprim)	Tier 4	SP
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	ST; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)

Drug		Status	Notes
Hyperuricemia Tx - Urate-Oxidase Enzyme-Type			
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG		Tier 4	SP
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML		Tier 4	PA; SP
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.			
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		Tier 3	ST; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders			
Agents To Tx Thrombotic Thrombocytopenic Purpura			
ADZYNMA INTRAVENOUS KIT 1,500 UNIT, 500 UNIT		Tier 4	PA; SP
CABLIVI INJECTION KIT 11 MG		Tier 4	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG		Tier 4	PA; SP
Anticoagulant Reversal Agent For Factor Xa Inhib.			
ANDEXXA INTRAVENOUS RECON SOLN 200 MG		Tier 4	SP
Anticoagulant Reversal Agents			
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML		Tier 4	SP
Anticoagulants,Coumarin Type			
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	(warfarin)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Antifibrinolytic Agents			
aminocaproic acid intravenous solution 250 mg/ml		Tier 4	SP
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	

Drug	Status	Notes
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Tier 4	SP
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Tier 4	SP
tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)	Tier 4	SP
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	Tier 4	SP
tranexamic acid oral tablet 650 mg	Tier 1	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 4	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 4	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 4	SP
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	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 4	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 4	SP

Drug	Status	Notes
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 4	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	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 4	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 4	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 4	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 4	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 4	SP

Drug	Status	Notes
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
Antiporphyria Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 4	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 %	Tier 4	SP
Coagulants		
protamine intravenous solution 10 mg/ml	Tier 4	SP
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; SP
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (74 EA per 30 days)

Drug	Status	Notes
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
Drugs To Treat Acute Hepatic Porphyria (Ahp)		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Tier 4	PA; SP
Erythroid Maturation Agents		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 4	PA; SP
Factor Ix Complex (Pcc) Preparations		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	Tier 4	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 4	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP

Drug	Status	Notes
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	SP
Gene Therapy Agents - Hematopoietic		
OMISIRGE INTRAVENOUS SUSPENSION	Tier 4	PA; SP
Hematinics,Other		
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	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 4	PA; SP

Drug		Status	Notes
Hemophilia Treatment Agents,Non-Factor Replacement			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML		Tier 4	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 1	PA
Hemorrheologic Agents			
pentoxifylline oral tablet extended release 400 mg		Tier 1	
Heparin And Related Preparations			
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (7.6 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; 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 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml	Tier 4	SP
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous syringe 2,500 unit/5 ml(500 unit/ml), 6,000 unit/3ml (2,000 unit/ml)	Tier 4	SP
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	Tier 4	SP

Drug		Status	Notes
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)		Tier 1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml		Tier 4	SP
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)		Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml		Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml		Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf))	Tier 1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml, 25,000 unit/250 ml, 25,000 unit/500 ml		Tier 4	SP
heparin, porcine (pf) injection solution 1,000 unit/ml		Tier 1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml		Tier 4	SP
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)		Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml		Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml		Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor			
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML		Tier 4	PA; SP
FABHALTA ORAL CAPSULE 200 MG		Tier 4	SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML		Tier 4	PA; SP
TAVNEOS ORAL CAPSULE 10 MG		Tier 4	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML		Tier 4	PA; SP

Drug		Status	Notes
VEOPOZ INJECTION SOLUTION 200 MG/ML		Tier 4	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML		Tier 3	
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.			
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 3	PA
Leukocyte (Wbc) Stimulants			
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 4	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 3	PA
Plasma Expanders			
hetastarch 6 % in 0.9 % nacl intravenous solution 6 %	(Hespan 6 % in NS)	Tier 4	SP
HEXTEND INTRAVENOUS SOLUTION 6 %		Tier 4	SP
LMD 10 % IN 0.9 % SODIUM CHLOR INTRAVENOUS PARENTERAL SOLUTION 10 %	(dextran 40 10 % in 0.9 % nacl)	Tier 4	SP
LMD 10 % IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 10 %	(dextran 40 10 % in 5% dextrose)	Tier 4	SP
Plasma Proteins			
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 %	(albumin, human 25 %)	Tier 4	SP
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 %	(albumin, human 5 %)	Tier 4	SP

Drug		Status	Notes
albumin, human 25 % intravenous parenteral solution 25 %	(Albuked-25)	Tier 4	SP
albumin, human 5 % intravenous parenteral solution 5 %	(Albuked-5)	Tier 4	SP
ALBUMINEX 25 % INTRAVENOUS SOLUTION 25 %		Tier 4	SP
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 %		Tier 4	SP
ALBURX (HUMAN) 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	(albumin, human 25 %)	Tier 4	SP
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	(albumin, human 5 %)	Tier 4	SP
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	(albumin, human 25 %)	Tier 4	SP
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	(albumin, human 5 %)	Tier 4	SP
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT		Tier 4	SP
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	(albumin, human 25 %)	Tier 4	SP
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	(albumin, human 5 %)	Tier 4	SP
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION 45 TO 70 MG/ML		Tier 4	SP
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION 45 TO 70 MG/ML		Tier 4	SP
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION 45 TO 70 MG/ML		Tier 4	SP
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION 45 TO 70 MG/ML		Tier 4	SP
PLASBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	(albumin, human 25 %)	Tier 4	SP
PLASBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	(albumin, human 5 %)	Tier 4	SP
PLASMANATE INTRAVENOUS PARENTERAL SOLUTION 5 %	(plasma protein fraction)	Tier 4	SP
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG		Tier 4	PA; SP
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT		Tier 4	SP

Drug		Status	Notes
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML		Tier 4	SP
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	(tirofiban-0.9% sodium chloride)	Tier 4	SP
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
cilostazol oral tablet 100 mg, 50 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
clopidogrel oral tablet 300 mg		Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml		Tier 4	SP
KENGREAL INTRAVENOUS RECON SOLN 50 MG		Tier 4	SP
prasugrel oral tablet 10 mg, 5 mg	(Effient)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml)	(Aggrastat in sodium chloride)	Tier 4	SP
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents			
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	
Protein C Preparations			
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT		Tier 4	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT		Tier 4	SP
Pyruvate Kinase Activators			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 4	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)-20 MG (7)		Tier 4	PA; SP

Drug	Status	Notes
Sickle Cell Anemia Agents		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 4	PA; SP
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 4	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
Thrombin Inhibitors,Sel.,Direct,&Rev.-Hirudin Type		
bivalirudin intravenous recon soln 250 mg (Angiomax)	Tier 4	SP
bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)	Tier 4	SP
Thrombin Inhibitors,Selective,Direct, & Reversible		
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	Tier 4	SP
argatroban intravenous solution 100 mg/ml	Tier 4	SP
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
Thrombolytic Enzymes		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 4	SP
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG	Tier 4	SP
RETAVASE INTRAVENOUS RECON SOLN 10 UNIT, 10 X 2 UNIT (20 UNIT)	Tier 4	SP
TNKASE INTRAVENOUS RECON SOLN 50 MG	Tier 4	SP
Thrombopoietin Receptor Agonists		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 4	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	Tier 4	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT	Tier 3	
GEL-FLOW NT TOPICAL SYRINGE	Tier 4	SP
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Tier 4	SP
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	

Drug		Status	Notes
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200		Tier 3	
GELFOAM TOPICAL SPONGE 4		Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML		Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT		Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 3	
SURGIFLO TOPICAL SYRINGE		Tier 4	SP
SYRINGE AVITENE TOPICAL POWDER		Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM		Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2		Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "		Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM		Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 3	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 1 mg/0.5 ml	(vitamin K)	Tier 4	SP
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	(Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 1	

Drug		Status	Notes
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency			
Androgenic Agents			
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR		Tier 3	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)		Tier 4	SP
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG		Tier 3	PA
METHITEST ORAL TABLET 10 MG	(methyltestosterone)	Tier 3	PA
methyltestosterone oral capsule 10 mg		Tier 1	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML		Tier 4	SP
TESTOPEL IMPLANT PELLET 75 MG		Tier 4	SP
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA
testosterone implant pellet 100 mg, 200 mg, 50 mg		Tier 4	SP
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	(Fortesta)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG		Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 3	

Drug		Status	Notes
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 3	ST; ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 3	ST; ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	
Estrogenic Agents			
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 3	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 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)

Drug		Status	Notes
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3	ST; ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
estradiol implant pellet 10 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 6 mg		Tier 4	SP
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	Tier 1	
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	(Divigel)	Tier 1	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	(Divigel)	Tier 1	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 1	QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	(Delestrogen)	Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Amabelz)	Tier 1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 3	ST; ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	
PREMARIN INJECTION RECON SOLN 25 MG		Tier 4	SP

Drug	Status	Notes
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Menopausal Symptoms Suppressant - Ssris		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST; ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 3	PA
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	Tier 1	
Immunization		
Antisera		
ASCENIV INTRAVENOUS SOLUTION 10 %	Tier 4	PA; SP
BABYBIG INTRAVENOUS RECON SOLN 100 MG	Tier 4	SP
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 4	PA; SP
botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit	Tier 4	SP
CNJ-016 (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 50,000 UNIT	Tier 4	SP
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA; SP
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 4	PA; SP

Drug	Status	Notes
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 4	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 4	PA; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 4	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 4	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 4	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 4	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Tier 4	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 4	PA; SP
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	Tier 4	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 4	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 4	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	Tier 4	SP
HYPERHEP B INTRAMUSCULAR SYRINGE 220 UNIT/ML	Tier 4	SP
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	Tier 4	SP
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	Tier 4	SP

Drug	Status	Notes
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 4	SP
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	Tier 4	SP
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	Tier 4	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 4	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 4	PA; SP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 4	SP
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 4	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	Tier 4	SP
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	Tier 4	SP
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 4	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 4	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 4	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	Tier 4	SP
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	Tier 4	SP
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	Tier 4	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 4	SP

Drug	Status	Notes
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; SP
Covid-19 Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.3 ML per 1 FILL); Age (Min 12 Years)
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.3 ML per 1 FILL); Age (Min 12 Years)
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; AGE: 6 MONTHS TO 11 YEARS; QL (0.25 ML per 1 FILL)
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.5 ML per 1 FILL); Age (Min 12 Years)
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.3 ML per 1 FILL); Age (Min 5 Years and Max 11 Years)
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; AGE: 6 MONTHS TO 4 YEARS; QL (0.3 ML per 1 FILL)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.5 ML per 1 FILL); Age (Min 12 Years)

Drug	Status	Notes
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.5 ML per 1 FILL); Age (Min 12 Years)
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 4	SP
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram (-) Bacilli (Non-Enteric) Vaccines		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Tier 4	SP
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	Tier 4	SP
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND 10-25 YEARS OF AGE
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 11-23 YEARS OF AGE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 11-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND 11-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND 11-23 YEARS OF AGE
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	Tier 4	SP
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	Tier 4	SP
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 4	SP

Drug	Status	Notes
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	Tier 4	SP
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 4	SP
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND 10-25 YEARS OF AGE
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	SP
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
Influenza Virus Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
Neurotoxic Virus Vaccines		
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	Tier 4	SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 4	SP
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Tier 4	SP
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 4	SP
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	Tier 4	SP
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	Tier 4	SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	Tier 4	SP
Toxin-Producing Bacilli Vaccines/Toxoids		
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	Tier 4	SP
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	Tier 4	SP

Drug	Status	Notes
CYFENDUS (NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	Tier 4	SP
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	SP
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 4	SP
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	SP
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 4	SP
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 4	SP
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 4	SP
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	Tier 4	SP

Drug	Status	Notes
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	SP
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 62 DU/0.5 ML	Tier 4	SP
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 4	SP
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 4	SP
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 4	SP
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 4	SP
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 4	SP
Viral/Tumorigenic Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY|$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER

Drug	Status	Notes
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	Tier 4	SP
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	Tier 4	SP
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 4	SP
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	Tier 4	SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND 9-45 YEARS OF AGE; Age (Min 9 Years and Max 46 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND 9-45 YEARS OF AGE; Age (Min 9 Years and Max 46 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 4	SP

Drug	Status	Notes
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	Tier 4	SP
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Tier 4	SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 4	SP
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 4	SP
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 4	SP
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 4	SP
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 4	SP
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 4	SP

Drug		Status	Notes
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Immunosuppression/Modulation			
Immunomodulators			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		Tier 4	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML		Tier 4	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		Tier 4	PA; SP
imiquimod topical cream in packet 5 %		Tier 1	QL (2 EA per 1 day)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT		Tier 4	SP
QUIDROXZAR TOPICAL GEL 5-0.1-30 %		Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	(imiquimod-levocetirizin-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn			
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG		Tier 4	SP
Immunosuppressant-Interferon Gamma Inhibitor, Mab			
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML		Tier 4	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 4	PA; SP
Immunosuppressives			
ATGAM INTRAVENOUS SOLUTION 50 MG/ML		Tier 4	SP
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 4	SP
azathioprine oral tablet 50 mg	(Imuran)	Tier 4	SP
azathioprine sodium injection recon soln 100 mg		Tier 4	SP
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	Tier 4	SP
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	

Drug		Status	Notes
cyclosporine modified oral capsule 50 mg		Tier 1	
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 4	PA; SP
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	Tier 4	SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 2	
NULOJIX INTRAVENOUS RECON SOLN 250 MG		Tier 4	SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		Tier 4	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	
RAPAMUNE ORAL SOLUTION 1 MG/ML	(sirolimus)	Tier 2	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	(sirolimus)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	(cyclosporine)	Tier 2	
sirolimus oral solution 1 mg/ml	(Rapamune)	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	(Rapamune)	Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	

Drug		Status	Notes
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG		Tier 4	SP
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 4	PA; SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
sulfadiazine oral tablet 500 mg		Tier 1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		Tier 4	SP
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 1	
Antibacterial Monoclonal Antibodies			
RAXIBACUMAB (NAT'L STOCKPILE) INTRAVENOUS SOLUTION 50 MG/ML		Tier 4	SP
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML		Tier 4	SP
Betalactams			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	Tier 4	SP
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 4	PA; SP
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)		Tier 4	SP
Carbapenems (Thienamycins)			
ertapenem injection recon soln 1 gram		Tier 4	SP
imipenem-cilastatin intravenous recon soln 250 mg		Tier 4	SP
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	Tier 4	SP
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg		Tier 4	SP
meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml		Tier 4	SP
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM		Tier 4	SP
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM		Tier 4	SP

Drug	Status	Notes
Cephalosporin Antibiotics - Siderophore		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	Tier 4	SP
Cephalosporins - Extended Spectrum, Anti-Mrsa		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	Tier 4	SP
Cephalosporins - 1St Generation		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	Tier 4	SP
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	Tier 4	SP
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml	Tier 4	SP
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	Tier 4	SP
cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml, 3 gram/30 ml	Tier 4	SP
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 20 gram, 300 g, 500 mg	Tier 4	SP
cefazolin intravenous recon soln 1 gram, 2 gram, 3 gram	Tier 4	SP
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	Tier 4	SP
cefotetan intravenous recon soln 10 gram	Tier 4	SP

Drug	Status	Notes
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 4	SP
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	Tier 4	SP
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime sodium injection recon soln 750 mg	Tier 4	SP
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	Tier 4	SP
Cephalosporins - 3Rd Generation		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	Tier 4	SP
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefotaxime injection recon soln 1 gram	Tier 4	SP
cefotaxime injection recon soln 2 gram (Claforan)	Tier 4	SP
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	Tier 4	SP
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 4	SP
ceftriaxone injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg	Tier 4	SP
ceftriaxone intravenous recon soln 1 gram, 2 gram	Tier 4	SP
CLAFORAN INJECTION RECON SOLN 10 GRAM, 2 GRAM (cefotaxime)	Tier 4	SP
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	Tier 4	SP
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM (ceftazidime)	Tier 4	SP
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	Tier 4	SP

Drug		Status	Notes
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM		Tier 4	SP
Cephalosporins - 4Th Generation			
cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		Tier 4	SP
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml		Tier 4	SP
cefepime injection recon soln 1 gram, 2 gram		Tier 4	SP
cefepime intravenous recon soln 100 gram		Tier 4	SP
Chemotherapeutics, Antibacterial, Misc.			
fosfomycin tromethamine oral packet 3 gram		Tier 1	
methenamine hippurate oral tablet 1 gram	(Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram		Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 2	
trimethoprim oral tablet 100 mg		Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG		Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG		Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG		Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
Cyclic Lipopeptides			
daptomycin in 0.9 % sod chlor intravenous piggyback 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml		Tier 4	SP
daptomycin intravenous recon soln 350 mg		Tier 4	SP
daptomycin intravenous recon soln 500 mg	(Cubicin RF)	Tier 4	SP

Drug		Status	Notes
Fecal Microbiota Transplantation (Fmt)			
REBYOTA RECTAL ENEMA 150 ML		Tier 4	PA; SP
VOWST ORAL CAPSULE		Tier 4	PA; SP
Glycylcyclines			
tigecycline intravenous recon soln 50 mg	(Tygacil)	Tier 4	SP
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	Tier 4	SP
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG		Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	(erythromycin lactobionate)	Tier 4	SP
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	
erythromycin lactobionate intravenous recon soln 500 mg	(Erythrocin)	Tier 4	SP
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	

Drug		Status	Notes
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	(Macrodantin)	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	(Macrodantin)	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	
Oxazolidinones			
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	Tier 4	SP
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml		Tier 4	SP
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG		Tier 4	SP
SIVEXTRO ORAL TABLET 200 MG		Tier 2	ST; ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML		Tier 4	SP
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 1	

Drug		Status	Notes
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 1	
ampicillin oral capsule 500 mg		Tier 1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		Tier 4	SP
ampicillin sodium intravenous recon soln 1 gram, 2 gram		Tier 4	SP
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	Tier 4	SP
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram		Tier 4	SP
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)		Tier 4	SP
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		Tier 4	SP
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 3	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml		Tier 4	SP
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		Tier 4	SP
nafcillin intravenous recon soln 2 gram		Tier 4	SP
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		Tier 4	SP
oxacillin injection recon soln 1 gram, 10 gram, 2 gram		Tier 4	SP
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml		Tier 4	SP
penicillin g potassium injection recon soln 20 million unit, 5 million unit	(Pfizerpen-G)	Tier 4	SP
penicillin g sodium injection recon soln 5 million unit		Tier 4	SP
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	

Drug		Status	Notes
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	(penicillin g potassium)	Tier 4	SP
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		Tier 4	SP
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML		Tier 4	SP
Pleuromutilin Derivatives			
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML		Tier 4	SP
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			
BAXDELA INTRAVENOUS RECON SOLN 300 MG		Tier 4	SP
BAXDELA ORAL TABLET 450 MG		Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		Tier 4	SP
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG		Tier 3	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		Tier 4	SP
levofloxacin intravenous solution 25 mg/ml		Tier 4	SP
levofloxacin oral solution 250 mg/10 ml		Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 1	
moxifloxacin oral tablet 400 mg		Tier 1	
moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml		Tier 4	SP
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	Tier 4	SP
ofloxacin oral tablet 300 mg, 400 mg		Tier 1	

Drug		Status	Notes
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		Tier 1	
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	(doxycycline hyclate)	Tier 4	SP
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	Tier 4	SP
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	(LymePak)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg	(Acticlate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 1	ST; ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg	(Acticlate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG		Tier 4	SP

Drug		Status	Notes
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 1	ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA INTRAVENOUS RECON SOLN 100 MG		Tier 4	SP
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg		Tier 1	
tetracycline oral tablet 250 mg, 500 mg		Tier 1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG		Tier 4	SP
Infectious Disease - Fungal			
Antifungal Agents			
clotrimazole mucous membrane troche 10 mg		Tier 1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		Tier 4	SP
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 3	PA
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		Tier 4	SP
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 200 mg	(Diflucan)	Tier 1	
fluconazole oral tablet 150 mg, 50 mg		Tier 1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	
itraconazole oral solution 10 mg/ml	(Sporanox)	Tier 1	
ketoconazole oral tablet 200 mg		Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	(posaconazole)	Tier 4	SP
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	
posaconazole intravenous solution 300 mg/16.7 ml	(Noxafil)	Tier 4	SP

Drug		Status	Notes
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 1	PA
terbinafine hcl oral tablet 250 mg		Tier 1	
VIVJOA ORAL CAPSULE 150 MG		Tier 3	PA
voriconazole intravenous recon soln 200 mg	(Vfend IV)	Tier 4	SP
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	Tier 1	
Antifungal Antibiotics			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		Tier 4	SP
amphotericin b injection recon soln 50 mg		Tier 4	SP
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	Tier 4	SP
BREXAFEMME ORAL TABLET 150 MG		Tier 3	PA
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	Tier 4	SP
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG		Tier 4	SP
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	
griseofulvin microsize oral tablet 500 mg		Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 1	
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	Tier 4	SP
nystatin oral suspension 100,000 unit/ml		Tier 1	
nystatin oral tablet 500,000 unit		Tier 1	
REZZAYO INTRAVENOUS RECON SOLN 200 MG		Tier 4	PA; SP
Infectious Disease - Miscellaneous			
Aminoglycoside-Anticoagulant Combinations			
gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %		Tier 4	SP
gentamicin-sodium citrate intra-catheter syringe 1,600 mcg/5 ml-4 %, 960 mcg/3 ml-4 %		Tier 4	SP
Aminoglycosides			
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml		Tier 4	SP

Drug		Status	Notes
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 4	PA; SP
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml		Tier 4	SP
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		Tier 4	SP
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		Tier 4	SP
neomycin oral tablet 500 mg		Tier 1	
streptomycin intramuscular recon soln 1 gram		Tier 4	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 4	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 4	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 4	PA; SP
tobramycin sulfate injection recon soln 1.2 gram		Tier 4	SP
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		Tier 4	SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 4	PA; SP
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML		Tier 4	SP
Antibacterial Agents,Miscellaneous			
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		Tier 4	PA; SP
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg		Tier 1	
ethambutol oral tablet 400 mg	(Myambutol)	Tier 1	
isoniazid injection solution 100 mg/ml		Tier 4	SP
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	
rifabutin oral capsule 150 mg	(Mycobutin)	Tier 1	
TRECATOR ORAL TABLET 250 MG		Tier 3	

Drug		Status	Notes
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 3	
rifampin intravenous recon soln 600 mg	(Rifadin)	Tier 4	SP
rifampin oral capsule 150 mg, 300 mg		Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 4	PA; SP
Chloramphenicol And Derivatives			
chloramphenicol sod succinate intravenous recon soln 1 gram		Tier 4	SP
Lincosamides			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	
clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml		Tier 4	SP
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml		Tier 4	SP
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	(clindamycin palmitate hcl)	Tier 1	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	Tier 4	SP
lincomycin injection solution 300 mg/ml	(Lincocin)	Tier 4	SP
Lipoglycopeptide Antibiotic			
DALVANCE INTRAVENOUS SOLUTION 500 MG		Tier 4	SP
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG		Tier 4	SP
ORBACTIV INTRAVENOUS RECON SOLN 400 MG		Tier 4	SP
VIBATIV INTRAVENOUS RECON SOLN 750 MG		Tier 4	SP
Polymyxin And Derivatives			
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	Tier 4	SP
polymyxin b sulfate injection recon soln 500,000 unit		Tier 4	SP

Drug		Status	Notes
Rifamycins And Related Derivative Antibiotics			
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG		Tier 3	ST; ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG		Tier 3	PA
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			
vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml		Tier 4	SP
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml		Tier 4	SP
vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml		Tier 4	SP
vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml		Tier 4	SP
vancomycin injection recon soln 100 gram		Tier 4	SP
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg		Tier 4	SP
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
vancomycin-0.9 % sod chlor(pf) injection syringe 2.5 mg/0.25 ml		Tier 4	SP
vancomycin-diluent combo no.1 intravenous piggyback 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml		Tier 4	SP

Drug		Status	Notes
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 3	ST; ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 1	
Amebacides			
paromomycin oral capsule 250 mg	(Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 3	PA
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	Tier 4	SP
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg		Tier 1	
Anthelmintics			
albendazole oral tablet 200 mg		Tier 1	
EGATEN ORAL TABLET 250 MG		Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
artesunate intravenous recon soln 110 mg		Tier 4	SP
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	
chloroquine phosphate oral tablet 250 mg		Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG		Tier 3	
hydroxychloroquine oral tablet 100 mg		Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	Tier 1	QL (100 EA per 30 days)

Drug		Status	Notes
hydroxychloroquine oral tablet 300 mg, 400 mg		Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg		Tier 1	
primaquine oral tablet 26.3 mg		Tier 2	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 4	PA; SP
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg		Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 3	
PENTAM INJECTION RECON SOLN 300 MG	(pentamidine)	Tier 4	SP
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 1	
pentamidine injection recon soln 300 mg	(Pentam)	Tier 4	SP
Infectious Disease - Viral			
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab			
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		Tier 4	PA; SP
Antiretroviral - Capsid Inhibitors			
SUNLENCA ORAL TABLET 300 MG		Tier 4	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML		Tier 4	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML		Tier 4	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 4	SP; QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG		Tier 4	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			
DOVATO ORAL TABLET 50-300 MG		Tier 4	SP; QL (1 EA per 1 day)

Drug	Status	Notes
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 4	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
GOHIBIC (EUA) INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	Tier 4	SP; QL (11 EA per 10 days)
Antivirals, General		
acyclovir in 0.9 % sodium chlr intravenous piggyback 200 mg/100 ml	Tier 4	SP
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	Tier 4	SP
acyclovir sodium intravenous solution 50 mg/ml	Tier 4	SP
cidofovir intravenous solution 75 mg/ml	Tier 4	SP
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
foscarnet intravenous solution 24 mg/ml (Foscavir)	Tier 4	SP
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML (foscarnet)	Tier 4	SP
ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)	Tier 4	SP
ganciclovir sodium intravenous recon soln 500 mg	Tier 4	SP
ganciclovir sodium intravenous solution 50 mg/ml	Tier 4	SP
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA; SP
oseltamivir oral capsule 30 mg (Tamiflu)	Tier 1	QL (40 EA per 180 days)

Drug		Status	Notes
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML		Tier 4	PA; SP
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 3	PA
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		Tier 4	SP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 3	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram	(Virazole)	Tier 1	
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML		Tier 2	
TEMBEXA ORAL TABLET 100 MG		Tier 2	
TPOXX (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	SP
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG		Tier 2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 1	
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG		Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 4	SP; QL (4 EA per 1 day)
darunavir oral tablet 600 mg	(Prezista)	Tier 4	SP; QL (2 EA per 1 day)
darunavir oral tablet 800 mg	(Prezista)	Tier 4	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 4	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 4	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 4	SP; QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 4	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG		Tier 4	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)

Drug		Status	Notes
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 4	SP; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 4	SP; QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 4	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 4	SP; QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	(Selzentry)	Tier 4	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 4	SP; QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG		Tier 4	SP; QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG		Tier 4	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 4	PA; SP
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 4	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 4	SP; QL (1 EA per 1 day)
efavirenz oral tablet 600 mg		Tier 4	SP
etravirine oral tablet 100 mg	(Intelence)	Tier 4	SP; QL (4 EA per 1 day)
etravirine oral tablet 200 mg	(Intelence)	Tier 4	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Tier 4	SP; QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml		Tier 4	SP; QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg		Tier 4	SP; QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg		Tier 4	SP; QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg		Tier 4	SP; QL (1 EA per 1 day)

Drug		Status	Notes
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)		Tier 4	SP
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 4	SP; QL (960 ML per 30 days)
abacavir oral tablet 300 mg		Tier 4	SP; QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		Tier 4	SP; QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	(Emtriva)	$Copay	$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 SOLUTION 10 MG/ML		Tier 4	SP; QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 4	SP; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 4	SP; QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 4	SP; QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	SP
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg		Tier 4	SP; QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 4	SP; QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 4	SP; QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 4	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	$Copay	$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 4	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 4	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	Tier 4	SP; QL (480 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	Tier 4	SP; QL (10 EA per 1 day)

Drug		Status	Notes
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	Tier 4	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg		Tier 4	SP; QL (2 EA per 1 day)
atazanavir oral capsule 200 mg	(Reyataz)	Tier 4	SP; QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 4	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 4	SP; QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg		Tier 4	SP; QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML		Tier 4	SP; QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 4	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 4	SP; QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(Norvir)	Tier 4	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 4	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	Tier 4	ST; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; QL (21 ML per 365 days); Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		Tier 4	SP; Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	Tier 4	ST; SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 4	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 4	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 4	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 4	SP; QL (6 EA per 1 day)

Drug		Status	Notes
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 4	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 4	SP; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG		Tier 4	SP; QL (1 EA per 1 day); Age (Min 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	Tier 4	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	Tier 4	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 4	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 4	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 4	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 4	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 4	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 4	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 4	SP; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 4	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 4	PA; SP
EPCLUSA ORAL TABLET 200-50 MG		Tier 4	PA; SP
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 4	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 4	PA; SP
HARVONI ORAL TABLET 45-200 MG		Tier 4	PA; SP
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	Tier 4	PA; SP

Drug		Status	Notes
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh			
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG		Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG		Tier 4	PA; SP
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 4	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 4	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 4	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 4	ST; SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 4	PA; SP
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 4	PA; SP
MAVYRET ORAL TABLET 100-40 MG		Tier 4	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 4	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 4	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 4	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 4	PA; SP
Anti-Arthritic, Folate Antagonist Agents			
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML		Tier 2	QL (1.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 4	PA; SP

Drug		Status	Notes
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 4	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	Tier 4	PA; SP
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	(Hyrimoz(CF))	Tier 4	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML		Tier 4	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML		Tier 4	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG		Tier 4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 4	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 4	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 4	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 4	PA; SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	Tier 4	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		Tier 4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		Tier 4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 4	PA; SP

Drug	Status	Notes
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; SP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 4	PA; SP
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 4	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML (adalimumab-adaz)	Tier 4	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	Tier 4	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-adaz)	Tier 4	PA; SP

Drug	Status	Notes
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA; SP
infliximab intravenous recon soln 100 mg (Remicade)	Tier 4	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 3	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 3	PA
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 4	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 4	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; SP

Drug		Status	Notes
Bradykinin B2 Receptor Antagonists			
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	Tier 4	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant)	Tier 4	PA; SP
C1 Esterase Inhibitors			
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)		Tier 4	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)		Tier 4	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		Tier 4	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 4	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		Tier 4	PA; SP
Glucocorticoids			
ACTIVE INJECTION KIT D (PF) INJECTION KIT 10 MG/ML		Tier 4	SP
AGAMREE ORAL SUSPENSION 40 MG/ML		Tier 3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Tier 4	PA; SP
BETALOAN SUIK KIT 6 MG/ML		Tier 3	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	Tier 4	SP
betamethasone sod phosph-water injection solution 6 mg/ml		Tier 4	SP
budesonide oral capsule,delayed,extend.release 3 mg		Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 1	ST; ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
cortisone oral tablet 25 mg		Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML		Tier 4	SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Tier 1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml, 4 mg/ml		Tier 4	SP

Drug		Status	Notes
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		Tier 4	SP
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		Tier 4	SP
dexamethasone sodium phosphate injection syringe 4 mg/ml		Tier 4	SP
dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml, 20 mg/50 ml		Tier 4	SP
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 3	
DOUBLEDEX (PF) INJECTION KIT 10 MG/ML		Tier 4	SP
EMFLAZA ORAL SUSPENSION 22.75 MG/ML		Tier 4	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 4	PA; SP
HEXATRIONE INJECTION SUSPENSION 20 MG/ML		Tier 4	SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	
KENALOG INJECTION SUSPENSION 10 MG/ML	(triamcinolone acetonide)	Tier 4	SP
KENALOG-80 INJECTION SUSPENSION 80 MG/ML		Tier 4	SP
LIDOCIDEX-I INJECTION SOLUTION 5-10 MG/1.5 ML		Tier 4	SP
LIDOCILONE I INJECTION SUSPENSION 20-20 MG/4 ML		Tier 4	SP
MAS CARE-PAK (PF) INJECTION KIT 10 MG/ML		Tier 4	SP
MEDROL ORAL TABLET 2 MG		Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 3	
methylpred ac(pf)-nacl,iso-osm injection suspension 80 mg/ml		Tier 4	SP
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	Tier 4	SP
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablet 32 mg		Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg		Tier 4	SP

Drug		Status	Notes
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	(Solu-Medrol)	Tier 4	SP
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML		Tier 4	SP
PRO-C-DURE 6 INJECTION KIT 40 MG/ML		Tier 4	SP
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 4	SP
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML		Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG		Tier 3	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML		Tier 4	SP
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML		Tier 4	SP
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM		Tier 4	SP
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	(methylprednisolone sodium succ)	Tier 4	SP
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG		Tier 4	PA; SP
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		Tier 4	SP

Drug	Status	Notes
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	Tier 4	SP
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	Tier 4	SP
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; SP
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	Tier 4	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	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 4	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; SP
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 4	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA; SP
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 4	PA; SP

Drug		Status	Notes
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 4	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 4	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type			
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML		Tier 4	SP
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)		Tier 4	SP
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)		Tier 4	SP
diclofenac potassium oral tablet 50 mg		Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	
etodolac oral tablet 500 mg		Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	
flurbiprofen oral tablet 100 mg		Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	
indomethacin oral capsule, extended release 75 mg		Tier 1	
indomethacin rectal suppository 100 mg		Tier 1	

Drug		Status	Notes
ketoprofen oral capsule 25 mg, 50 mg, 75 mg		Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 5 days)
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
mefenamic acid oral capsule 250 mg		Tier 1	
meloxicam oral suspension 7.5 mg/5 ml		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 1	
nabumetone oral tablet 500 mg, 750 mg		Tier 1	
naproxen oral tablet 250 mg, 375 mg		Tier 1	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naproxen)	Tier 1	
naproxen sodium oral tablet 275 mg		Tier 1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	Tier 1	
sulindac oral tablet 150 mg, 200 mg		Tier 1	
tolmetin oral capsule 400 mg		Tier 1	
tolmetin oral tablet 600 mg		Tier 1	
TORONOVA II SUIK KIT 30 MG/ML		Tier 3	
TORONOVA SUIK KIT 30 MG/ML		Tier 3	
Plasma Kallikrein Inhibitors			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)		Tier 4	PA; SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 4	PA; SP

Drug		Status	Notes
Local Anesthesia			
Local Anesthetics			
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %- 1:100,000		Tier 4	SP
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %- 1:200,000	(articaine-epinephrine bitart)	Tier 4	SP
articaine-epinephrine bitart injection cartridge 4 %- 1:200,000	(Articadent Dental)	Tier 4	SP
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (10 ML), 0.9 % (3 ML), 0.9 % (5 ML)		Tier 4	SP
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)	(Marcaine (PF))	Tier 4	SP
bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)	(Sensorcaine-MPF)	Tier 4	SP
bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)	(Marcaine)	Tier 4	SP
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)		Tier 1	
bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%		Tier 1	
bupivacaine in nacl(pf) injection syringe 25 mg/10 ml (2.5mg/ml)0.25%, 50 mg/20 ml (2.5mg/ml)0.25%		Tier 4	SP
bupivacaine in nacl(pf) local infiltration elastomeric pump,hi var rate 0.125 % 545 ml		Tier 4	SP
bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)	(Sensorcaine-MPF Spinal)	Tier 4	SP
bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000	(Sensorcaine-MPF/Epinephrine)	Tier 4	SP
bupivacaine-epinephrine (pf) injection solution 0.5 %-1:200,000	(Marcaine-Epinephrine (PF))	Tier 4	SP
bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	(Sensorcaine-Epinephrine)	Tier 4	SP
bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml		Tier 4	SP
CARBOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %)	(mepivacaine)	Tier 4	SP
CARBOCAINE WITH NEO-COBEFRIN INJECTION CARTRIDGE 2 % -1:20,000		Tier 4	SP
chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)	(Nesacaine-MPF)	Tier 4	SP
CITANEST FORTE DENTAL INJECTION CARTRIDGE 40 MG/ML (4 %)- 1:200,000		Tier 4	SP

Drug		Status	Notes
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML)		Tier 4	SP
CLOROTEKAL INTRATHECAL SOLUTION 10 MG/ML (1 %)		Tier 4	SP
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)		Tier 4	SP
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	(lidocaine hcl)	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML		Tier 3	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	Tier 4	SP
lidocaine (pf) injection solution 40 mg/ml (4 %)		Tier 4	SP
lidocaine (pf) injection syringe 10 mg/ml (1 %), 100 mg/5 ml (2 %), 200 mg/10 ml (2 %), 50 mg/5 ml (1 %)		Tier 4	SP
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	Tier 4	SP
lidocaine hcl injection syringe 100 mg/5 ml (2 %)		Tier 4	SP
lidocaine hcl intradermal pen injector 0.5 mg	(Zingo)	Tier 4	SP
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 2 %	(Lidocaine Viscous)	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	
lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)		Tier 4	SP
lidocaine in nacl,iso-osmo(pf) injection syringe 10 mg/0.5 ml (2 %), 100 mg/10 ml (1 %), 30 mg/3 ml (1%)		Tier 4	SP
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	(lidocaine hcl)	Tier 1	
lidocaine with sod phosphate injection syringe 0.9 % (1 ml)		Tier 4	SP
lidocaine-epinephrine (pf) injection solution 1 %-1:100,000		Tier 4	SP
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	(Xylocaine-MPF/Epinephrine)	Tier 4	SP
lidocaine-epinephrine bit injection cartridge 2 %-1:100,000	(Lignospan Standard)	Tier 4	SP
lidocaine-epinephrine bit injection cartridge 2 %-1:50,000	(Xylocaine Dental-Epinephrine)	Tier 4	SP

Drug		Status	Notes
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	(Xylocaine with Epinephrine)	Tier 4	SP
lidocaine-epineph-sodium chlor injection syringe 100 mg/5 ml (2%)-1:100,000, 15mg/3ml (0.5%) -1:100,000, 50 mg/5 ml (1 %)-1:100,000		Tier 4	SP
lido-epi with 8.4% sod bicarb injection syringe 1 %- 1:100,000 (3 ml)		Tier 4	SP
LIGNOSPAN STANDARD INJECTION CARTRIDGE 2 %-1:100,000	(lidocaine-epinephrine bit)	Tier 4	SP
MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	(bupivacaine-epinephrine bitart)	Tier 4	SP
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)		Tier 3	
mepivacaine injection cartridge 30 mg/ml (3 %)	(Carbocaine)	Tier 4	SP
NAROPIN (PF) INJECTION SOLUTION 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %)	(ropivacaine (pf))	Tier 4	SP
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %)		Tier 4	SP
NESACAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %)	(chloroprocaine (pf))	Tier 4	SP
ORABLOC INJECTION CARTRIDGE 4 %- 1:100,000		Tier 4	SP
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %)	(mepivacaine)	Tier 4	SP
POLOCAINE INJECTION SOLUTION 1 % (10 MG/ML), 2 %		Tier 4	SP
POLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %)		Tier 4	SP
POSIMIR INTRA-SUBACROMIAL SPACE SOLUTION 132 MG/ML		Tier 4	SP
ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)	(Naropin (PF))	Tier 4	SP
ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %		Tier 4	SP
ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)		Tier 1	
ropivacaine (pf)-nacl,iso-osm injection solution 0.2 % (2 mg/ml)		Tier 4	SP
ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)		Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %		Tier 1	

Drug		Status	Notes
ropivacaine(pf)-0.9 % sodchlor injection solution 0.2 % (2 mg/ml)		Tier 4	SP
ropivacaine(pf)-0.9 % sodchlor local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml		Tier 4	SP
ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml		Tier 4	SP
ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,lo var rate 0.2 % 745 ml		Tier 4	SP
ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml		Tier 4	SP
ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml		Tier 4	SP
ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml		Tier 4	SP
SCANDONEST PLAIN INJECTION CARTRIDGE 30 MG/ML (3 %)	(mepivacaine)	Tier 4	SP
SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000	(bupivacaine-epinephrine)	Tier 4	SP
SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML)	(bupivacaine (pf))	Tier 4	SP
SENSORCAINE-MPF SPINAL INJECTION SOLUTION 0.75 % (7.5 MG/ML)	(bupivacaine-dextrose-water(pf))	Tier 4	SP
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000	(bupivacaine-epinephrine (pf))	Tier 4	SP
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000		Tier 4	SP
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:100,000		Tier 4	SP
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:200,000	(articaine-epinephrine bitart)	Tier 4	SP
tetracaine hcl (pf) injection solution 1 % (10 mg/ml)		Tier 4	SP
VIVACAINE INJECTION CARTRIDGE 0.5 %-1:200,000	(bupivacaine-epinephrine bitart)	Tier 4	SP
XARACOLL IMPLANT IMPLANT 100 MG		Tier 4	SP
XYLOCAINE DENTAL-EPINEPHRINE INJECTION CARTRIDGE 2 %-1:100,000	(lidocaine-epinephrine bit)	Tier 4	SP

Drug		Status	Notes
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	(lidocaine (pf))	Tier 4	SP
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	(lidocaine-epinephrine (pf))	Tier 4	SP
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML		Tier 4	SP
Periodontal Anesthetics			
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %		Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		Tier 2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANA-LEX KIT RECTAL KIT 2-2 %	(lidocaine-hydrocortisone-aloe)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	(Analpram-HC Singles)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1	

Drug		Status	Notes
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)		Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)		Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3	PA
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO INTRAVENOUS RECON SOLN 300 MG		Tier 4	PA; SP
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 4	PA; SP
Irritable Bowel Agents,Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations			
RECTIV RECTAL OINTMENT 0.4 % (W/W)	(nitroglycerin)	Tier 3	
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	(hydrocortisone acetate)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
budesonide rectal foam 2 mg/actuation	(Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 1	

Drug		Status	Notes
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	(carglumic acid)	Tier 4	PA; SP
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 4	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG		Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 4	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 4	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 4	PA; SP
sodium benzoate-sod phenylacet intravenous solution 10-10 %	(Ammonul)	Tier 4	SP
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 4	PA; SP
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 4	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 4	ST; SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 4	PA; SP
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	
Bile Salts			
CHENODAL ORAL TABLET 250 MG		Tier 4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 4	PA; SP
ursodiol oral capsule 300 mg		Tier 1	
ursodiol oral tablet 250 mg	(URSO 250)	Tier 1	

Drug		Status	Notes
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 4	PA; SP
Ileal Bile Acid Transporter (Ibat) Inhibitor			
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG		Tier 4	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG		Tier 4	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML		Tier 4	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	
Laxatives And Cathartics			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML		$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 320, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml		Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	Tier 1	QL (2 EA per 1 day)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug		Status	Notes
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram		$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		$Copay	ST; ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; $0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM		$Copay	ST; ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; $0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM		$Copay	$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting			
alvimopan oral capsule 12 mg	(Entereg)	Tier 1	
ENTEREG ORAL CAPSULE 12 MG	(alvimopan)	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		Tier 3	PA

Drug	Status	Notes
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP
Tissue Bulking Implants - Non-Cosmetic		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 4	SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	

Drug	Status	Notes
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
Blood Administration Sets		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 FR-" (catheter)	Tier 3	

Drug		Status	Notes
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"		Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"		Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"		Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR		Tier 3	
CURITY DRAINAGE BAG 2,000 ML		Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK		Tier 3	
DOVER FOLEY CATHETER 24 FR		Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR		Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR		Tier 3	
DOVER UNIVERSAL TRAY	(catheterization tray)	Tier 3	
ESTEEM SYNERGY UROSTOMY POUCH 10.3 ", 9.2 "		Tier 3	
FEMALE CATHETER 14 FR		Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"		Tier 3	
KENGUARD FOLEY CATHETER TRAY	(catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"		Tier 3	
LOFRIC 14-16 FR-"	(catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"		Tier 3	
LOFRIC ORIGO 14-16 FR-"	(catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"		Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"		Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"		Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML		Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR		Tier 3	
SELF-CATHETER, FEMALE 14 FR		Tier 3	
SILASTIC FOLEY CATHETER 20 FR		Tier 3	
SPEEDICATH (FEMALE) 16 FR		Tier 3	
TOUCH-TROL 10 FR		Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"		Tier 3	
Durable Medical Equipment,Misc			
ALL FLOW 1000 KIT	(nebulizer accessories)	Tier 3	

Drug		Status	Notes
ALL FLOW 1000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER	(nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT		Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY		Tier 3	
CEFALY COMBO PACK		Tier 3	
CLEVER CHOICE NEB KIT-ADULT	(nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD	(nebulizer accessories)	Tier 3	
INNOSPIRE REPLACEMENT FILTER	(nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER	(nebulizer accessories)	Tier 3	
NOSE CLIP	(nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT		Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT		Tier 3	
PARI TREK S PORTABLE PWR KIT	(nebulizer accessories)	Tier 3	
PILLOW MASK CHILD	(nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD		Tier 3	
PRO COMFORT TENS UNIT COMBO PACK		Tier 3	
PRO-CEPTION VAGINAL		Tier 3	
PRONEB ULTRA II FILTER ASSEM	(nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE		Tier 3	
REUSABLE NEBULIZER KIT KIT		Tier 3	
RUBBER MOUTHPIECE	(nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK	(nebulizer accessories)	Tier 3	
SIDESTREAM MASK	(nebulizer accessories)	Tier 3	
SILICONE MASK	(nebulizer accessories)	Tier 3	
TENS 502 DEVICE		Tier 3	
TENS 504 DEVICE		Tier 3	
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADVOCATE LANCET 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 25 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ASSURE HAEMOLANCE PLUS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ASSURE LANCE 25 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
ASSURE LANCE 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ASSURE LANCE PLUS 25 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD MICROTAINER LANCET 1.5 X 2 MM		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BULLSEYE MINI SAFETY LANCETS 25 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BUTTERFLY TOUCH LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CAREONE ULTRA THIN LANCET	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CARESENS LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
CLEVER CHEK LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
COAGUCHEK LANCETS	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
COLOR LANCETS 21 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
COMFORT EZ LANCETS 23 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
DROPLET LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY COMFORT LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY TOUCH LANCETS 32 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY TOUCH TWIST LANCETS 32 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EASY TWIST AND CAP LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EMBRACE LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
E-Z JECT LANCETS 32 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
E-Z JECT THIN LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EZ SMART LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FINGERSTIX LANCETS	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FORACARE LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
FREESTYLE LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FREESTYLE UNISTIK 2	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
GOJJI LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
INCONTROL SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
lancets 21 gauge, 26 gauge, 30 gauge	(Advocate Lancet)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
lancets 28 gauge	(Acti-Lance Lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
lancets 33 gauge	(CareTouch Twist Lancet)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANCETS, SUPER THIN	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANCETS,THIN , 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
LANCETS,ULTRA THIN	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MICRODOT LANCET 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MICROLET LANCET	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NOVA SAFETY LANCETS 23 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
NOVA SUREFLEX LANCETS	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ON CALL LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ON CALL PLUS LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PRO COMFORT LANCET 31 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PURE COMFORT LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PURE COMFORT SAFETY LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RELIAMED LANCET 23 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RELIAMED LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RELIAMED TWIST AND CAP LANCET 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
RIGHTEST GL300 LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SAFETY LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SAFETY-LET LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SINGLE-LET	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SMARTEST LANCET	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SOFT TOUCH LANCETS	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
STERILANCE TL 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
STERILANCE TL 32 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SURE-TOUCH LANCET (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TECHLITE LANCETS 25 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TEMPO REFILL KIT WITH GAUZE KIT	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
THIN LANCETS 26 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TRUE COMFORT LANCET 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TWIST LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
TWIST LANCETS 32 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTILET BASIC LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTILET SAFETY LANCETS 23 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRA FINE LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRA THIN II LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
ULTRA THIN LANCETS 31 GAUGE		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRA THIN PLUS LANCETS 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRA TLC LANCETS	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNILET GP LANCET	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNILET LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK 3 COMFORT LANCET 28 GAUGE	(lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK CZT LANCET 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK PRO LANCET 25 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug	Status	Notes
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
Feeding Devices		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT	Tier 4	SP

Drug	Status	Notes
Medical Supplies,Miscellaneous(Group 3)		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
Ostomy Supplies		
ACTIVE LIFE 1-PC DRAIN POUCH	Tier 3	
ACTIVE LIFE 1-PC STOMA CAP	Tier 3	
ACTIVE LIFE CONVEX DRAIN POUCH 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8 ", 2 ", 3/4 ", 7/8 "	Tier 3	
ACTIVE LIFE CONVEX UROSTOMY , 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1/2 ", 3/4 ", 5/8 ", 7/8 "	Tier 3	
ACTIVE LIFE DRAINABLE POUCH , 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 "	Tier 3	
ACTIVE LIFE POUCH-CLOSURE	Tier 3	
ACTIVE LIFE PRE-CUT DRAINABLE 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 ", 3/4 "	Tier 3	
ACTIVE LIFE PRE-CUT UROSTOMY 1 ", 1 1/2 ", 1 1/4 ", 3/4 ", 7/8 "	Tier 3	
ACTIVE LIFE UROSTOMY POUCH 1 1/8 "	Tier 3	
ACTIVE LIFE UROSTOMY POUCH 1 3/4 " (9") (urostomy pouch)	Tier 3	
ADAPT BARRIER RING 1 3/16 ", 1 9/16 ", 2 "	Tier 3	
ADAPT BARRIER STRIPS	Tier 3	
ADAPT CERARING 2 "	Tier 3	
ADAPT CONVEX BARRIER RINGS	Tier 3	
ADAPT LUBRICATING DEODORANT LIQUID	Tier 3	
ADAPT OSTOMY BELT (colostomy belt)	Tier 3	
ADAPT OSTOMY PASTE PASTE	Tier 3	
ADAPT STOMA POWDER TOPICAL POWDER (ostomy supplies)	Tier 3	
ADHESIVE BARRIER 2-PC 1 3/4 "	Tier 3	
ADHESIVE BARRIERS	Tier 3	
ADHESIVE REMOVER WIPES SWAB	Tier 3	
ALLKARE PROTECT BARRIER WIPES	Tier 3	
ASSURA 2PC DRAINABLE	Tier 3	
ASSURA 2PC IRRIGATION SLEEVE KIT	Tier 3	
ASSURA AC BASEPLATE	Tier 3	
ASSURA AC CLOSED POUCH	Tier 3	
ASSURA AC CONVEX BASEPLATE , 1 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 7/8 "	Tier 3	
ASSURA AC DRAIN POUCH MAXI	Tier 3	

Drug	Status	Notes
ASSURA AC EASICLOSE DRAIN MAXI	Tier 3	
ASSURA AC EASICLOSE DRAIN MIDI	Tier 3	
ASSURA AC EASICLOSE POUCH	Tier 3	
ASSURA CONVEX 1-PIECE DRAINABL	Tier 3	
ASSURA CONVEX CLOSED POUCH	Tier 3	
ASSURA CONVEX EASICLOSE MAXI 1 ", 7/8 "	Tier 3	
ASSURA CONVEX FLANGE 3/4 "	Tier 3	
ASSURA CONVEX LIGHT STANDARD , 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1 5/8 ", 3/4 ", 7/8 "	Tier 3	
ASSURA CONVEX SKIN BARRIER	Tier 3	
ASSURA CONVEX SKIN BARRIER FLA 1 ", 1 1/4 ", 1 1/8 ", 1/2 ", 3/4 ", 7/8 "	Tier 3	
ASSURA CONVEX UROPOUCH 7/8 "	Tier 3	
ASSURA EASICLOSE DRAINABLE , 11 1/4-600 "-ML	Tier 3	
ASSURA EASICLOSE MAXI POUCH	Tier 3	
ASSURA EASICLOSE MIDI POUCH	Tier 3	
ASSURA EASICLOSE MINI POUCH , 10 1/4-470 "-ML	Tier 3	
ASSURA EASICLOSE WIDE MAXI , 1 ", 1 3/8 "	Tier 3	
ASSURA EXTRA CONVEX FLANGE , 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1 5/8 ", 7/8 "	Tier 3	
ASSURA EXTRA CONVEX POUCH	Tier 3	
ASSURA EXTRA NON-CONVEX FLANGE	Tier 3	
ASSURA EXTRA NON-CONVEX POUCH	Tier 3	
ASSURA FLANGE 1 5/8 ", 1 7/8 "	Tier 3	
ASSURA FLANGE CONVEX 1 1/2 ", 1 5/8 ", 1 7/8 "	Tier 3	
ASSURA ILEO NIGHT POUCH	Tier 3	
ASSURA IRRIG FCE PLT 1/2-2 1/4	Tier 3	
ASSURA LIGHT EASICLOSE DRAINAB 11 1/4-600 "-ML	Tier 3	
ASSURA NON-CONVEX DRAINABLE	Tier 3	
ASSURA OSTOMY BELT (colostomy belt)	Tier 3	
ASSURA PED POUCH	Tier 3	
ASSURA PEDIATRIC POUCH , 8 1/2 "	Tier 3	
ASSURA PEDIATRIC SKIN BARRIER	Tier 3	
ASSURA POUCH	Tier 3	

Drug	Status	Notes
ASSURA SKIN BARRIER FLANGE , 1 ", 1 1/2 ", 1 1/4 ", 7/8 "	Tier 3	
ASSURA STANDARD WEAR 11 1/4-760 "-ML	Tier 3	
ASSURA STANDARD WEAR UROSTOMY	Tier 3	
ASSURA WOUND MANAGER 1/2-2 3/4 12 "	Tier 3	
ASSURA WOUND MANAGER 1/2-4" 12 "	Tier 3	
BARD PLASTIC TUBING/ADAPTER 8 1/2 "	Tier 3	
CLOSED-END POUCH	Tier 3	
COLOPLAST BARRIER RING 1 ", 1 1/8 ", 1 5/8 ", 2 ", 3/4 ", 3/8 ", 5/8 "	Tier 3	
COLOPLAST IRRIGATION SET KIT	Tier 3	
COLOPLAST PASTE PASTE	Tier 3	
COLOPLAST PASTE STRIP	Tier 3	
COLOPLAST SKIN BARRIER WAFER 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 3	
CONTOUR I STOMA CAP	Tier 3	
CONVATEC NIGHT DRAIN CONTAINER	Tier 3	
CONVATEC NIGHT DRAINAGE TUBING	Tier 3	
CYMED SEAL	Tier 3	
DOUBLE-HESIVE	Tier 3	
DRAINABLE FECAL COLLECTOR	Tier 3	
DRAINABLE POUCH , 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 7/8 "	Tier 3	
DRAINABLE POUCH CLAMP	Tier 3	
DUOLOCK CURVED TAIL CLOSURE	Tier 3	
DURAHESIVE MOLDABLE CONVEX	Tier 3	
EAKIN COHESIVE SEALS	Tier 3	
EAKIN COHESIVE SLIMS	Tier 3	
EAKIN COHESIVE STOMAWRAP 3 1/3 "	Tier 3	
EAKIN COHESIVE WAFER 4 X 4 ", 4 X 8 "	Tier 3	
EAKIN WOUND POUCH	Tier 3	
EASICLOSE WIDE OUTLET 2-PC , 10 1/2-485 "-ML, 11 1/2-655 "-ML	Tier 3	
ELIMINATOR ODOR SPRAY AEROSOL,SPRAY	Tier 3	
ENEMA BAG	Tier 3	

Drug	Status	Notes
ENEMA BAG WITH CATHETER	Tier 3	
ESTEEM CLOSED POUCH 2" (8")	Tier 3	
ESTEEM DRAINABLE POUCH 1 " (12"), 1 1/2 " (12"), 1 1/4 " (12"), 1 1/8 " (12"), 1 3/16 " (12"), 1 3/8 " (12"), 1 9/16 " (12"), 13/16-2 3/4 " (12"), 3/4 " (12"), 3/4"- 2 1/2" (12"), 7/8 " (12")	Tier 3	
ESTEEM PLUS CLOSED POUCH 1 " (8"), 1 3/16 " (8"), 1 3/16"- 1 9/16" (8"), 1 3/8 " (8"), 1 9/16 " (8"), 13/16"- 1 3/16" (8"), 13/16"-2 3/4" (8")	Tier 3	
ESTEEM PLUS DRAINABLE POUCH 1 3/16"- 1 9/16" (12"), 1 9/16-2 " (12"), 1/3-4 " (14"), 13/16"- 1 3/16" (12")	Tier 3	
ESTEEM PLUS DURAHESIVE PLUS 3/4"- 2 1/2" (12")	Tier 3	
ESTEEM SYNERGY CLOSED POUCH 1 3/8 ", 1 7/8 ", 2 3/8 "	Tier 3	
ESTEEM SYNERGY DRAINABLE POUCH 1 3/8 " (12"), 1 7/8 " (12"), 2 3/8 " (12")	Tier 3	
ESTEEM SYNERGY PLUS 2 3/8 " (8")	Tier 3	
FECAL COLLECTOR	Tier 3	
FILTRODOR POUCH FILTER	Tier 3	
FLEXI-SEAL FMS	Tier 3	
FLEXI-TRAK ANCHORING DEVICE	Tier 3	
FLEXTEND SKIN BARRIER WAFER 4 X 4 ", 8 X 8 "	Tier 3	
HOLLIHESIVE SKIN BARRIER WAFER 4 X 4 "	Tier 3	
HOLLISTER REPLACEMENT FILTERS	Tier 3	
ILE-SORB ORIGINAL	Tier 3	
IRRIGATION SLEEVE	Tier 3	
KARAYA 5 CLOSED POUCH - TAPE 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 ", 3 "	Tier 3	
KARAYA 5 CLOSED POUCH 2 "	Tier 3	
KARAYA 5 DRAINABLE MINI-POUCH 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 "	Tier 3	
KARAYA 5 DRAINABLE POUCH 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 ", 3 "	Tier 3	
KARAYA 5 DRAINABLE POUCH CLOTH 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 "	Tier 3	
KARAYA PASTE PASTE	Tier 3	
KARAYA POWDER TOPICAL POWDER (karaya gum)	Tier 3	
LITTLE ONES CLOSED-END POUCH , 1 1/4 ", 1 3/4 "	Tier 3	

Drug	Status	Notes
LITTLE ONES DRAINABLE POUCH , 1 1/4 ", 1 3/4 "	Tier 3	
LITTLE ONES FLEXIBLE SKIN 1 1/4 ", 1 3/4 "	Tier 3	
LITTLE ONES SKIN BARRIER	Tier 3	
LITTLE ONES UROSTOMY POUCH 1 1/4 "	Tier 3	
LOOP OSTOMY BRIDGE STERILE	Tier 3	
LO-PROFILE UROSTOMY POUCH 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 "	Tier 3	
M9 CLEANER-DECRYSTALLIZER LIQUID	Tier 3	
MEDICAL ADHESIVE AEROSOL,SPRAY	Tier 3	
MICRODERM 1 ", 1 1/2 ", 1 1/8 ", 1 3/8 ", 7/8 "	Tier 3	
MICRODERM PACKAGE 1 1/4 "	Tier 3	
MICRODERM PLUS 1 ", 1 1/2 ", 1 1/8 ", 1 3/8 ", 7/8 "	Tier 3	
MICRODERM PLUS PACKAGE 1 1/2 ", 1 1/4 "	Tier 3	
MICROHESIVE STOMA PASTE PASTE	Tier 3	
MICROSKIN BARRIER LARGE SIZE	Tier 3	
MINI DRAINABLE POUCH	Tier 3	
MINI UROSTOMY POUCH 7 "	Tier 3	
MINI-DRAIN OPEN END POUCH	Tier 3	
NATURA CLOSED POUCH 1 1/2 ", 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NATURA DRAINABLE POUCH 1 1/2 " (12"), 1 3/4 " (12"), 1 3/4" (14"), 2 1/4 " (12"), 2 1/4" (14"), 2 3/4 " (12"), 2 3/4" (14"), 4 " (12")	Tier 3	
NATURA DURAHESIVE SKIN BARRIER 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NATURA STOMAHESIVE SKN BARRIER 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE CERAPLUS SKN BARRIER 1 3/4 "	Tier 3	
NEW IMAGE CLOSED MINI-POUCH 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE CLOSED POUCH 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE COLOST-ILEO KIT,NONS 1 3/4 " (1 1/4")	Tier 3	
NEW IMAGE COLOST-ILEO KIT,STE 1 3/4 " (1 1/4")	Tier 3	

Drug	Status	Notes
NEW IMAGE COLOSTOMY-ILEO KIT 2 1/4 " (12"), 2 3/4 " (12"), 4 " (12")	Tier 3	
NEW IMAGE DRAIN MINI-POUCH 1 3/4 ", 1 3/4 " (7"), 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE DRAINABLE KIT 2 1/4 " (12"), 2 3/4 " (12")	Tier 3	
NEW IMAGE DRAINABLE LOCK N ROL 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE DRAINABLE MINI-POUCH 2 1/4 ", 2 3/4 " (7")	Tier 3	
NEW IMAGE DRAINABLE POUCH 1 3/4 ", 1 3/4 " (12"), 2 1/4 ", 2 1/4 " (12"), 2 1/4 " (7"), 2 3/4 ", 4 ", 4 " (12")	Tier 3	
NEW IMAGE FLEXTEND BARRIER 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE FLEXTEND BARRIER FLA 1 3/4 ", 2 1/4 ", 2 3/4 ", 4 "	Tier 3	
NEW IMAGE FLEXTEND SKN BARRIER 1 "	Tier 3	
NEW IMAGE FLEXWEAR BARRIER 1 ", 1 1/2 ", 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE FLEXWEAR FLAT 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE IRRIGATOR SLEEVE 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE LOCK'N ROLL POUCH 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE OSTOMY KIT 2 1/4 " (12 "), 4 " (12")	Tier 3	
NEW IMAGE SKIN BARRIER 2 1/4 ", 2 3/4 ", 4 "	Tier 3	
NEW IMAGE SKIN BARRIER-FLANGE 1 3/4 ", 2 1/4 ", 2 3/4 "	Tier 3	
NEW IMAGE UROSTOMY POUCH 1 3/4 " (9") (urostomy pouch)	Tier 3	
NEW IMAGE UROSTOMY POUCH 2 1/4 " (9"), 2 3/4 " (9")	Tier 3	
NEW IMAGE UROSTOMY SET 1 3/4" (1 1/4"), 2 1/4" (1 3/4"), 2 3/4" (2 1/4")	Tier 3	
NEW IMAGE UROSTOMYSET,STERILE 1 3/4" (1 1/4"), 2 1/4" (9 "), 2 3/4" (2 1/4")	Tier 3	
NIGHT DRAIN ADAPTER	Tier 3	
NUTRIPORT BALLOON KIT	Tier 3	
O.A.D. TOPICAL LIQUID	Tier 3	
ONE-PIECE DRAINABLE POUCH	Tier 3	

Drug		Status	Notes
ONE-PIECE UROSTOMY POUCH 2 1/2 " (11")		Tier 3	
OSTOMY APPLIANCE BELT	(colostomy belt)	Tier 3	
OSTOMY BELT LARGE	(colostomy belt)	Tier 3	
OSTOMY BELT MEDIUM	(colostomy belt)	Tier 3	
OSTOMY PASTE PASTE		Tier 3	
ostomy supplies topical powder	(Adapt Stoma Powder)	Tier 3	
POUCH CLAMP		Tier 3	
POUCHKINS DRAINABLE POUCH 1 1/2 ", 1 3/4 ", 2 "		Tier 3	
POUCHKINS OSTOMY SYSTEM		Tier 3	
POUCHKINS PED OSTOMY BELT	(colostomy belt)	Tier 3	
POUCHKINS SKIN BARRIER PACKAGE 1 3/4 "		Tier 3	
POUCHKINS UROSTOMY POUCH 1 1/2 "		Tier 3	
PREMIER CLOSED MINI-POUCH 1 " (7"), 1 3/8 " (7"), 5/8-2 1/8 " (7")		Tier 3	
PREMIER CLOSED POUCH 1 ", 1 3/16 " (9"), 1 3/8 " (9"), 5/8-2 1/8 " (9")		Tier 3	
PREMIER COLOSTOMY-ILEOSTOMY 12 " (2 1/2")		Tier 3	
PREMIER DRAIN FLEXTEND CONVEX , 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 3/4 "		Tier 3	
PREMIER DRAINABLE LOCK N ROLL 1 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 2 1/2 ", 3/4 ", 7/8 "		Tier 3	
PREMIER DRAINABLE MINI-POUCH 1 ", 1 " (7"), 1 1/2 ", 1 1/4 ", 1 3/16 " (12"), 1 3/16 " (7"), 1 3/4 ", 1 3/8 " (7"), 1 9/16 " (7"), 2 1/2 " (9"), 2 1/8 " (12"), 3/4 ", 5/8-2 1/8 " (7")		Tier 3	
PREMIER DRAINABLE POUCH 1 ", 1 " (12"), 1 1/2 ", 1 1/4 ", 1 3/16 " (12"), 1 3/4 ", 1 3/8 ", 1 3/8 " (12"), 1 9/16 " (11"), 1 9/16 " (12"), 2 ", 2 1/2 ", 2 1/2-3 " (12"), 2 1/8 " (12"), 3/4 ", 4 1/3 " (12")		Tier 3	
PREMIER DRAINABLE POUCH CONVEX 1 ", 1 1/2 ", 2 "		Tier 3	
PREMIER HIGH OUTPUT DRAINABLE 2 3/4 " (12")		Tier 3	
PREMIER LOCK N ROLL 1 ", 1 1/2 ", 1 1/4 ", 2 "		Tier 3	
PREMIER LOCK N ROLL CONVEX 1 ", 1 1/2 ", 2 "		Tier 3	
PREMIER LOCK N ROLL FLEXTEND 2 1/2 "		Tier 3	

Drug	Status	Notes
PREMIER PRE-SIZED MINI-POUCH 1 3/16 " (7")	Tier 3	
PREMIER UROSTOMY 9" (2 1/2")	Tier 3	
PREMIER UROSTOMY CONVEX POUCH 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8 ", 1/2 ", 2 ", 3/4 ", 5/8 ", 7/8 "	Tier 3	
PREMIER UROSTOMY FLEXTEND POUC , 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 "	Tier 3	
PREMIER UROSTOMY POUCH 1 " (9"), 3/4 " (9") (urostomy pouch)	Tier 3	
PREMIER UROSTOMY POUCH 1 ", 1 1/2 ", 1 1/2 " (9"), 1 1/4 ", 1 3/4 ", 2 " (9"), 2 1/2 ", 2 1/2 " (9"), 2 1/8 " (9"), 3/4 ", 5/8 ", 7/8 "	Tier 3	
PREMIUM DRAINABLE POUCH/KARAYA 1 1/4 "	Tier 3	
PREMIUM SKIN BARRIER WAFER 4 X 4 "	Tier 3	
PROTECTIVE BARRIER FILM WIPES	Tier 3	
SANI-ZONE OSTOMY DEODORANT LIQUID	Tier 3	
SENSI-CARE SKIN BARRIER WIPE	Tier 3	
SENSURA CLICK OSTOMY POUCH	Tier 3	
SENSURA EASICLOSE WIDE (NS) 11 1/2-655 "-ML	Tier 3	
SENSURA EASICLOSE WIDE OUTLET 11 1/2-655 "-ML	Tier 3	
SENSURA FLEX OSTOMY BASE PLATE	Tier 3	
SENSURA FLEX OSTOMY POUCH	Tier 3	
SENSURA OSTOMY BASE PLATE	Tier 3	
SKIN GEL PROTECT DRESSING WIPE	Tier 3	
SKIN PREP WIPES	Tier 3	
SKIN-PREP SPRAY-ON DRESSING AEROSOL,SPRAY	Tier 3	
SOFTFLEX SKIN BARRIER RING	Tier 3	
STOMA CAP-ADHESIVE-FILTER	Tier 3	
STOMA CONE-CONNECTOR REPL UNIT	Tier 3	
STOMA LUBRICANT TOPICAL LIQUID	Tier 3	
STOMAHESIVE MOLDABLE ADHESIVE STRIP	Tier 3	
STOMAHESIVE PASTE PASTE	Tier 3	
STOMAHESIVE PROTECTIVE TOPICAL POWDER (ostomy supplies)	Tier 3	

Drug		Status	Notes
STOMAHESIVE SKIN BARRIER , 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8 ", 1 5/8 ", 1 7/8 ", 3/4 ", 5/8 ", 7/8 "		Tier 3	
STOMAHESIVE SKIN BARRIER WAFER 4 X 4 ", 8 X 8 "		Tier 3	
STOMASEAL DRESSING BANDAGE 4 X 4 "		Tier 3	
SUR-FIT NATURA CONVEX INSERTS 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1 5/8 ", 3/4 "		Tier 3	
SUR-FIT NATURA DRAINABLE POUCH , 1 1/2 ", 1 1/4 ", 1 3/4 ", 1 3/4 " (12"), 2 1/4 ", 2 1/4 " (12"), 2 3/4 "		Tier 3	
SUR-FIT NATURA DURAHESIVE 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 1/4 ", 2 3/4 ", 4 "		Tier 3	
SUR-FIT NATURA FLANGE CAP 1 3/4 "		Tier 3	
SUR-FIT NATURA HIGH OUTPUT 1 3/4 ", 2 1/4 ", 2 3/4 "		Tier 3	
SUR-FIT NATURA IRRIG FACEPLATE 1 3/4 ", 2 3/4 "		Tier 3	
SUR-FIT NATURA POUCH-WAFER COMBO PACK 4" (14")		Tier 3	
SUR-FIT NATURA STOMAHESIVE 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8 ", 1 5/8 ", 1/2 ", 2 1/4 ", 2 3/4 ", 3/4 ", 4 ", 5/8 ", 7/8 "		Tier 3	
SUR-FIT NATURA UROSTOMY ACCUSE 1 1/2 ", 1 3/4 ", 2 1/4 "		Tier 3	
SUR-FIT NATURA UROSTOMY POUCH 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 1/4 ", 2 3/4 "		Tier 3	
SUR-FIT-ACTIVE LIFE TAIL CLOS		Tier 3	
SYSTEM POUCH LARGE SIZE		Tier 3	
TWO-PIECE STOMA CAPS		Tier 3	
ULTRA-FRESH AEROSOL,SPRAY		Tier 3	
URI-CLEAN LIQUID		Tier 3	
URO MINICAP		Tier 3	
UROSTOMY DRAIN TUBE ADAPTER		Tier 3	
UROSTOMY MICRO-POUCH		Tier 3	
UROSTOMY MULTI-CHAMBER 10 1/2 "-456 ML		Tier 3	
UROSTOMY MULTI-CHAMBER POUCH		Tier 3	
urostomy pouch 1 " (9"), 3/4 " (9")	(Premier Urostomy Pouch)	Tier 3	
urostomy pouch 1 1/4 " (9"), 1 1/8 " (9"), 7/8 " (9")	(Urostomy Pouch-Mic Washer)	Tier 3	

Drug		Status	Notes
urostomy pouch 1 3/4 " (9")	(Active Life Urostomy Pouch)	Tier 3	
UROSTOMY POUCH-MIC WASHER 1 " (9"), 1 1/4 " (9"), 1 1/8 " (9"), 7/8 " (9")	(urostomy pouch)	Tier 3	
UROSTOMY POUCH-MIC WASHER 1 1/2 " (9"), 1 3/8 " (9")		Tier 3	
VISI-FLOW IRRIGATION SLEEVE 1 1/2 ", 1 3/4 ", 2 1/4 ", 2 3/4 "		Tier 3	
VISI-FLOW IRRIGATOR-STOMA CONE		Tier 3	
VISI-FLOW SLEEVE TAIL CLOSURES		Tier 3	
VISI-FLOW STOMA CONE		Tier 3	
Parenteral Administration Sets			
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"		Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"		Tier 3	
FILTERED EXTENSION SET INFUSION SET		Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR		Tier 3	
HALO CLOSED BAG ADAPTOR		Tier 3	
HALO CLOSED LINE ADAPTOR		Tier 3	
HALO CLOSED SYRINGE ADAPTOR		Tier 3	
HI-VOLUME PUMPING CHAMBER SET		Tier 3	
INSUFLON INFUSION SET 25 X 18 MM		Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "		Tier 3	
I-PORT		Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT		Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT		Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET	(iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET	(iv administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET	(iv administration set)	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET		Tier 3	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET		Tier 3	
MICROBORE EXTENSION SET INFUSION SET	(iv admin extension set)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY		Tier 3	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM		Tier 4	SP

Drug		Status	Notes
NERIA MULTI (QUAD-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM		Tier 4	SP
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM		Tier 4	SP
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM		Tier 4	SP
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "		Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE		Tier 3	
PHASEAL CONNECTOR LUER LOCK		Tier 3	
PHASEAL INFUSION ADAPTER		Tier 3	
PHASEAL INFUSION CLAMP		Tier 3	
PHASEAL INJECTOR LUER		Tier 3	
PHASEAL INJECTOR LUER LOCK		Tier 3	
PHASEAL SECONDARY SET INFUSION SET		Tier 3	
PHASEAL Y-SITE		Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET	(iv administration set)	Tier 3	
SOFT-GLIDE SAF-Q SUBCUTANEOUS INFUSION SET 12 MM X 30.5 CM, 9 MM X 30.5 CM		Tier 4	SP
TRANSFER SET		Tier 3	
Syringes And Accessories			
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"		Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"		Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"		Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"		Tier 3	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML		Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML, 5 ML	(syringe (disposable))	Tier 3	

Drug	Status	Notes
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe (disposable))	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 3	

Drug		Status	Notes
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML		Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML	(syringe (disposable))	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML		Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"		Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"		Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"		Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"		Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 50 ML		Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML	(syringe (disposable))	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML		Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML		Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 50 ML		Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML, 5 ML	(syringe (disposable))	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML		Tier 3	

Drug		Status	Notes
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 50 ML		Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML	(syringe (disposable))	Tier 3	
BD SYRINGE SYRINGE 1 ML		Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE		Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML		Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "		Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"		Tier 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML		Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"		Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"		Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML		Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML, 5 ML	(syringe (disposable))	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"		Tier 3	

Drug		Status	Notes
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML, 10 ML		Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML, 5 ML	(syringe (disposable))	Tier 3	
DAVOL IRRIGATION SYRINGE SYRINGE		Tier 3	
DAVOL PISTON IRRIGATION SYRINGE		Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML		Tier 3	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML	(syringe (disposable))	Tier 3	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML		Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML		Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML, 60 ML	(syringe (disposable))	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML		Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8"		Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"		Tier 3	

Drug		Status	Notes
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"		Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"		Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1"	(syringe with needle)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"		Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML		Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML, 60 ML	(syringe (disposable))	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"		Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML		Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML, 5 ML	(syringe (disposable))	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"		Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2"	(syringe with needle)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"		Tier 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"		Tier 3	

Drug		Status	Notes
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"		Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML		Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML	(syringe (disposable))	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"		Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"		Tier 3	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML		Tier 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML	(syringe (disposable))	Tier 3	
EXTENDED RESERVOIR 3 ML		Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
FOLLISTIM PEN DEVICE SUBCUTANEOUS PEN INJECTOR		Tier 4	SP
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"		Tier 3	
INTERLINK LEVER LOCK CANNULA		Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML		Tier 3	
IRRIGATION SYRINGE SYRINGE		Tier 3	
KENDALL DISINFECTANT CAP		Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"		Tier 3	
LUER LOCK SYRINGE SYRINGE 30 ML, 60 ML	(syringe (disposable))	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML		Tier 3	
LUER-LOK TIP SYRINGE 30 ML	(syringe (disposable))	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"		Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"		Tier 3	

Drug		Status	Notes
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"		Tier 3	
MONOJECT 140CC PISTON SYRINGE SYRINGE		Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML		Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"		Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"		Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"		Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML		Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML	(syringe (disposable))	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML, 35 ML		Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML		Tier 3	
MONOJECT ENFIT SYRINGE CAP		Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML, 12 ML, 3 ML, 35 ML, 6 ML, 60 ML		Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML		Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"		Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 35 ML, 6 ML		Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML, 3 ML, 60 ML	(syringe (disposable))	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML		Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 6 ML		Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML, 3 ML	(syringe (disposable))	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML		Tier 3	

Drug		Status	Notes
MONOJECT REGULAR LUER SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML		Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML		Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML		Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"		Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	(syringe with needle)	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML	(syringe (disposable))	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML		Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML		Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"		Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"		Tier 3	

Drug		Status	Notes
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"		Tier 3	
NORM-JECT SYRINGE 10 ML		Tier 3	
NORM-JECT SYRINGE 20 ML	(syringe (disposable))	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML		Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML		Tier 3	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML		Tier 3	
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL		Tier 4	SP
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe-needle,safety,disp unt)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"		Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"		Tier 3	

Drug		Status	Notes
syringe (disposable) syringe 20 ml, 5 ml	(Aqinject Luer Lock Syringe)	Tier 3	
syringe (disposable) syringe 3 ml	(Aqinject 3.0 Lock Syringe)	Tier 3	
syringe (disposable) syringe 30 ml	(Exel Syringe)	Tier 3	
syringe (disposable) syringe 60 ml	(Easy Glide Catheter Tip Syring)	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"		Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"		Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"		Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"		Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"		Tier 3	
syringe with needle syringe 1 ml 25 gauge x 1"	(Easy Touch)	Tier 3	
syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 23 gauge x 1 1/2"	(BD Luer-Lok Syringe)	Tier 3	
syringe with needle syringe 3 ml 21 gauge x 1 1/2"	(BD Integra Syringe)	Tier 3	
syringe with needle syringe 3 ml 22 x 1 1/2"	(Carepoint Luer Lock Syr-needle)	Tier 3	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"		Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE		Tier 3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"		Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"		Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"		Tier 3	
TERUMO SYRINGE SYRINGE 30 ML	(syringe (disposable))	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML		Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	(syringe with needle)	Tier 3	

Drug		Status	Notes
TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"		Tier 3	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	(Allergist Tray Intradermal Bev)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"		Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	(syringe with needle)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"		Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"		Tier 3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"		Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"		Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"		Tier 3	
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML		Tier 4	PA; SP
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML		Tier 4	PA; SP
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML		Tier 4	PA; SP
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML		Tier 4	PA; SP

Drug		Status	Notes
Anaphylaxis Therapy Agents			
ADYPHREN AMP II INJECTION KIT 1 MG/ML		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
ADYPHREN II INJECTION KIT 1 MG/ML		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 1	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML		Tier 4	SP; $0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	(epinephrine)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist			
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG		Tier 4	PA; SP
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	(Mozobil)	Tier 4	PA; SP

Drug	Status	Notes
Fibroblast Growth Factor 23 (Fgf23) Inhibitors,Mab		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	PA; SP
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	Tier 4	PA; SP
Genetic D/O Tx-Exon Skipping Antisense Oligonucleo		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA; SP
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA; SP
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA; SP
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Asmd		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Fabry's Dx		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Gaucher's Dx		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 4	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 4	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement,Pompe Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 4	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA; SP
POMBILITI INTRAVENOUS RECON SOLN 105 MG	Tier 4	PA; SP

Drug		Status	Notes
Metabolic Dx Enzyme Replacement,Lyso.Acid Lip.Def.			
KANUMA INTRAVENOUS SOLUTION 2 MG/ML		Tier 4	PA; SP
Miscellaneous Agents			
NEXAVIR INJECTION SOLUTION 25.5 MG/ML		Tier 3	
Parasympathetic Agents			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 1	
cevimeline oral capsule 30 mg	(Evoxac)	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 4	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		Tier 4	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 4	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 4	SP
sapropterin oral powder in packet 100 mg, 500 mg	(Javygtor)	Tier 4	SP
sapropterin oral tablet,soluble 100 mg	(Javygtor)	Tier 4	SP
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 4	SP
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)		Tier 4	SP
JOENJA ORAL TABLET 70 MG		Tier 4	PA; SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG		Tier 4	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		Tier 4	SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		Tier 4	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG		Tier 4	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA; SP

Drug		Status	Notes
Thrombolytic - Nucleotide Type			
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML		Tier 4	SP
Topical Anticholinergic Hyperhidrosis Tx Agents			
QBREXZA TOPICAL TOWELETTE 2.4 %		Tier 2	PA
Unknown			
LAMZEDE INTRAVENOUS RECON SOLN 10 MG		Tier 4	PA; SP
Neoplastic Disease			
Alkylating Agents			
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 4	SP
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	Tier 4	SP
bendamustine intravenous solution 25 mg/ml	(Belrapzo)	Tier 4	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 4	SP
busulfan intravenous solution 60 mg/10 ml	(Busulfex)	Tier 4	SP
carboplatin intravenous recon soln 150 mg		Tier 4	SP
carboplatin intravenous solution 10 mg/ml	(Paraplatin)	Tier 4	SP
carmustine intravenous recon soln 100 mg	(BiCNU)	Tier 4	SP
carmustine intravenous recon soln 300 mg, 50 mg		Tier 4	SP
cisplatin intravenous recon soln 50 mg		Tier 4	SP
cisplatin intravenous solution 1 mg/ml	(Kemoplat)	Tier 4	SP
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		Tier 4	SP
cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml		Tier 4	SP
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 4	SP
cyclophosphamide oral tablet 25 mg, 50 mg		Tier 4	SP
EVOMELA INTRAVENOUS RECON SOLN 50 MG		Tier 4	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	Tier 4	PA; SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG		Tier 4	SP
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	

Drug		Status	Notes
ifosfamide intravenous recon soln 1 gram, 3 gram	(Ifex)	Tier 4	SP
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		Tier 4	SP
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML	(cisplatin)	Tier 4	SP
LEUKERAN ORAL TABLET 2 MG		Tier 4	SP
melphalan hcl intravenous recon soln 50 mg	(Alkeran (as HCl))	Tier 4	SP
melphalan oral tablet 2 mg	(Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG		Tier 4	SP
oxaliplatin intravenous recon soln 100 mg, 50 mg		Tier 4	SP
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)		Tier 4	SP
TEMODAR INTRAVENOUS RECON SOLN 100 MG		Tier 4	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 4	PA; SP
TEPADINA INJECTION RECON SOLN 100 MG	(thiotepa)	Tier 4	SP
thiotepa injection recon soln 100 mg, 15 mg	(Tepadina)	Tier 4	SP
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 4	SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG		Tier 4	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG		Tier 4	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg, 500 mg	(Zytiga)	Tier 4	PA; SP
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 4	PA; SP
nilutamide oral tablet 150 mg	(Nilandron)	Tier 4	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 4	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 4	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 4	PA; SP
YONSA ORAL TABLET 125 MG		Tier 4	PA; SP
Antibiotic Antineoplastics			
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	(doxorubicin)	Tier 4	SP
bleomycin injection recon soln 15 unit, 30 unit		Tier 4	SP

Drug		Status	Notes
dactinomycin intravenous recon soln 0.5 mg	(Cosmegen)	Tier 4	SP
daunorubicin intravenous solution 5 mg/ml		Tier 4	SP
doxorubicin intravenous recon soln 10 mg		Tier 4	SP
doxorubicin intravenous recon soln 50 mg	(Adriamycin)	Tier 4	SP
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml		Tier 4	SP
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Caelyx)	Tier 4	SP
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	(Ellence)	Tier 4	SP
idarubicin intravenous solution 1 mg/ml	(Idamycin PFS)	Tier 4	SP
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2		Tier 4	PA; SP
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	(Mutamycin)	Tier 4	SP
mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml), 40 mg/40 ml (1 mg/ml)		Tier 4	SP
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG	(mitomycin)	Tier 4	SP
valrubicin intravesical solution 40 mg/ml	(Valstar)	Tier 4	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	(valrubicin)	Tier 4	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM		Tier 4	SP
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody			
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML		Tier 4	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML		Tier 4	PA; SP
RIABNI INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)		Tier 4	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML		Tier 4	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	PA; SP

Drug		Status	Notes
Antimetabolites			
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	(fluorouracil)	Tier 4	SP
azacitidine injection recon soln 100 mg	(Vidaza)	Tier 4	SP
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	Tier 4	PA; SP
cladribine intravenous solution 10 mg/10 ml		Tier 4	SP
clofarabine intravenous solution 1 mg/ml	(Clolar)	Tier 4	SP
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml		Tier 4	SP
cytarabine injection solution 20 mg/ml		Tier 4	SP
decitabine intravenous recon soln 50 mg	(Dacogen)	Tier 4	SP
floxuridine injection recon soln 0.5 gram		Tier 4	SP
fludarabine intravenous recon soln 50 mg		Tier 4	SP
fludarabine intravenous solution 50 mg/2 ml		Tier 4	SP
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		Tier 4	SP
fluorouracil intravenous solution 2.5 gram/50 ml	(Adrucil)	Tier 4	SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	(pralatrexate)	Tier 4	PA; SP
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg		Tier 4	SP
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)		Tier 4	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 4	SP
INQOVI ORAL TABLET 35-100 MG		Tier 4	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML		Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 4	PA; SP
mercaptopurine oral tablet 50 mg		Tier 1	

Drug		Status	Notes
methotrexate sodium (pf) injection recon soln 1 gram		Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 1	
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	
nelarabine intravenous solution 250 mg/50 ml	(Arranon)	Tier 4	SP
NIPENT INTRAVENOUS RECON SOLN 10 MG	(pentostatin)	Tier 4	SP
ONUREG ORAL TABLET 200 MG, 300 MG		Tier 4	PA; SP
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg		Tier 4	PA; SP
pemetrexed disodium intravenous recon soln 100 mg, 500 mg	(Alimta)	Tier 4	PA; SP
pemetrexed disodium intravenous solution 25 mg/ml		Tier 4	PA; SP
pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg		Tier 4	PA; SP
pemetrexed intravenous solution 25 mg/ml	(Pemfexy)	Tier 4	PA; SP
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	(pemetrexed)	Tier 4	PA; SP
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	(Folotyn)	Tier 4	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML		Tier 4	ST; SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG	(thioguanine)	Tier 4	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 3	ST; 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)
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody			
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		Tier 4	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		Tier 4	PA; SP

Drug	Status	Notes
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA; SP
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA; SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 4	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 4	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	Tier 4	PA; SP
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 4	PA; SP
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA; SP
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA; SP
Antineoplastic - Antibiotic And Antimetabolite		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 4	PA; SP
Antineoplastic - Anti-Cd38 Monoclonal Antibody		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	Tier 4	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA; SP

Drug		Status	Notes
Antineoplastic - Anti-Slamf7 Monoclonal Antibody			
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		Tier 4	PA; SP
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane oral tablet 25 mg	(Aromasin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	(Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 4	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		Tier 4	PA; SP
ZELBORAF ORAL TABLET 240 MG		Tier 4	PA; SP
Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody			
MONJUVI INTRAVENOUS RECON SOLN 200 MG		Tier 4	PA; SP
Antineoplastic - Egfr And Met Receptor Inhib, Mab			
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML		Tier 4	PA; SP
Antineoplastic - Epothilones And Analogs			
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG		Tier 4	PA; SP
Antineoplastic - Halichondrin B Analogs			
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)		Tier 4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 4	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG		Tier 4	PA; SP

Drug		Status	Notes
ODOMZO ORAL CAPSULE 200 MG		Tier 4	PA; SP
Antineoplastic - Immunotherapy, T-Cell Engager			
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML		Tier 4	PA; SP
Antineoplastic - Immunotherapy, Therapeutic Vac			
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML		Tier 4	SP
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 4	PA; SP
Antineoplastic - Kras Protein Inhibitor			
KRAZATI ORAL TABLET 200 MG		Tier 4	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG		Tier 4	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			
COTELLIC ORAL TABLET 20 MG		Tier 4	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		Tier 4	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML		Tier 4	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 4	PA; SP
MEKTOVI ORAL TABLET 15 MG		Tier 4	PA; SP
Antineoplastic - Mtor Kinase Inhibitors			
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	Tier 4	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 4	PA; SP
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		Tier 4	PA; SP
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	(Torisel)	Tier 4	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 4	PA; SP
Antineoplastic - Topoisomerase I Inhibitors			
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	(irinotecan)	Tier 4	SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 4	SP

Drug	Status	Notes
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	Tier 4	SP
irinotecan intravenous solution 500 mg/25 ml	Tier 4	SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 4	PA; SP
topotecan intravenous recon soln 4 mg	Tier 4	SP
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 4	SP
Antineoplastic - Vegf-A,B & P1gf Inhibitor		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 4	PA; SP
Antineoplastic - Vegfr Antagonist		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 4	PA; SP
Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 4	PA; SP
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA; SP
Antineoplastic Immunomodulator Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	Tier 4	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	SP; QL (2 EA per 365 days)

Drug	Status	Notes
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; SP
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA; SP
AUGTYRO ORAL CAPSULE 40 MG	Tier 4	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA; SP
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 4	PA; SP
bortezomib injection recon soln 3.5 mg (Velcade)	Tier 4	PA; SP
bortezomib intravenous recon soln 3.5 mg	Tier 4	PA; SP
bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml	Tier 4	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 3	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 4	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 4	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; SP
erlotinib oral tablet 100 mg, 150 mg, 25 mg (Tarceva)	Tier 4	PA; SP
EXKIVITY ORAL CAPSULE 40 MG	Tier 4	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	SP
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; SP

Drug		Status	Notes
gefitinib oral tablet 250 mg	(Iressa)	Tier 4	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		Tier 4	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		Tier 4	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		Tier 4	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		Tier 4	PA; SP
imatinib oral tablet 100 mg, 400 mg	(Gleevec)	Tier 4	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		Tier 4	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML		Tier 4	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		Tier 4	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG		Tier 4	PA; SP
INREBIC ORAL CAPSULE 100 MG		Tier 4	PA; SP
IWILFIN ORAL TABLET 192 MG		Tier 4	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG		Tier 4	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 4	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG		Tier 4	PA; SP
lapatinib oral tablet 250 mg	(Tykerb)	Tier 4	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		Tier 4	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG		Tier 4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG		Tier 4	PA; SP
LYTGOBI ORAL TABLET 4 MG		Tier 4	PA; SP
NERLYNX ORAL TABLET 40 MG		Tier 4	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		Tier 4	PA; SP
OGSIVEO ORAL TABLET 50 MG		Tier 4	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		Tier 4	PA; SP
pazopanib oral tablet 200 mg	(Votrient)	Tier 4	PA; SP

Drug	Status	Notes
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	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 4	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 4	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; SP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 4	PA; SP
sorafenib oral tablet 200 mg (Nexavar)	Tier 4	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	Tier 4	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 4	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 4	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 4	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; SP
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA; SP
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA; SP
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	Tier 4	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 4	PA; SP
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	Tier 4	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 4	PA; SP
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA; SP
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Tier 4	PA; SP
romidepsin intravenous recon soln 10 mg/2 ml (Istodax)	Tier 4	PA; SP
romidepsin intravenous solution 5 mg/ml	Tier 4	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA; SP

Drug	Status	Notes
Antineoplastic-Cd123-Directed Cytotoxin Conjugate		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	Tier 4	PA; SP
Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	Tier 4	PA; SP
YESCARTA INTRAVENOUS SUSPENSION	Tier 4	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 4	PA; SP
Antineoplastic-Immunotherapy Checkpoint Inhib Comb		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	Tier 4	PA; SP
Antineoplastic-Interleukin-6(Il-6)Inhib,Antibody		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 4	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; SP
Antineoplastics Antibody/Antibody-Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 4	PA; SP
BLENREP INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA; SP
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 4	PA; SP
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Tier 4	PA; SP
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML	Tier 4	SP
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	Tier 4	PA; SP
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	PA; SP
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	Tier 4	PA; SP
ENHERTU INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	Tier 4	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 4	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	Tier 4	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	Tier 4	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	Tier 4	PA; SP
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 4	PA; SP
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	Tier 4	PA; SP
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	Tier 4	PA; SP
TIVDAK INTRAVENOUS RECON SOLN 40 MG	Tier 4	PA; SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 4	PA; SP
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	Tier 4	PA; SP
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Tier 4	SP
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	Tier 4	PA; SP
Antineoplastics,Miscellaneous		
arsenic trioxide intravenous solution 1 mg/ml	Tier 4	SP
arsenic trioxide intravenous solution 2 mg/ml (Trisenox)	Tier 4	SP
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 4	PA; SP
dacarbazine intravenous recon soln 100 mg, 200 mg	Tier 4	SP

Drug	Status	Notes
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 4	SP
ERWINASE INJECTION RECON SOLN 10,000 UNIT	Tier 4	PA; SP
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Tier 4	SP
etoposide intravenous solution 20 mg/ml	Tier 4	SP
etoposide oral capsule 50 mg	Tier 1	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 4	SP
LYSODREN ORAL TABLET 500 MG	Tier 4	SP
MATULANE ORAL CAPSULE 50 MG	Tier 4	SP
mitoxantrone intravenous concentrate 2 mg/ml	Tier 4	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 4	PA; SP
paclitaxel intravenous concentrate 6 mg/ml	Tier 4	SP
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	Tier 4	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	PA; SP
teniposide intravenous solution 50 mg/5 ml	Tier 4	SP
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	Tier 4	SP
tretinoin (antineoplastic) oral capsule 10 mg	Tier 4	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (arsenic trioxide)	Tier 4	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; SP
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA; SP

Drug		Status	Notes
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML		Tier 4	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)		Tier 4	PA; SP
Chemotherapy Rescue/Antidote Agents			
COSELA INTRAVENOUS RECON SOLN 300 MG		Tier 4	PA; SP
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg		Tier 4	SP
ETHYOL INTRAVENOUS RECON SOLN 500 MG	(amifostine crystalline)	Tier 4	SP
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG		Tier 4	SP
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg		Tier 4	SP
leucovorin calcium injection solution 10 mg/ml		Tier 4	SP
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 1	
levoleucovorin calcium intravenous recon soln 50 mg	(Fusilev)	Tier 4	SP
levoleucovorin calcium intravenous solution 10 mg/ml		Tier 4	SP
mesna intravenous solution 100 mg/ml	(Mesnex)	Tier 4	SP
MESNEX ORAL TABLET 400 MG		Tier 3	
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)		Tier 4	SP
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM		Tier 4	SP; QL (24 EA per 14 days)
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT		Tier 4	SP
Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody			
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML		Tier 4	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)		Tier 4	PA; SP
Intrapleural Sclerosing Agents, Antineoplast. Adj.			
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM		Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram		Tier 1	

Drug	Status	Notes
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineoplastic Agents (Systemic)		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Tier 4	PA; SP
UVADEX INJECTION SOLUTION 20 MCG/ML	Tier 4	SP
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 30 MCI/2 ML	Tier 4	PA; SP
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 337.5 MCI/22.5 ML	Tier 4	PA; SP
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML)	Tier 4	PA; SP
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)	Tier 4	PA; SP
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	
strontium-89 chloride intravenous solution 1 mci/ml	Tier 4	SP
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)	Tier 4	SP
Selective Estrogen Receptor Modulators (Serm)		
fulvestrant intramuscular syringe 250 mg/5 ml (Faslodex)	Tier 4	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	

Drug		Status	Notes
tamoxifen oral tablet 10 mg, 20 mg		$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 4	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 4	PA; SP
Steroid Antineoplastics			
EMCYT ORAL CAPSULE 140 MG		Tier 4	SP
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Tissue Protective Tx Of Chemotherapy Ext			
TOTECT INTRAVENOUS RECON SOLN 500 MG		Tier 4	SP
Vinca Alkaloids			
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL		Tier 4	PA; SP
vinblastine intravenous solution 1 mg/ml		Tier 4	SP
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML	(vincristine)	Tier 4	SP
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	(Vincasar PFS)	Tier 4	SP
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml		Tier 4	SP
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML		Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML		Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 4	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	(interferon beta-1b)	Tier 4	PA; SP
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML		Tier 4	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	Tier 4	PA; SP

Drug		Status	Notes
fingolimod oral capsule 0.5 mg	(Gilenya)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG		Tier 4	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Glatopa)	Tier 4	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	(glatiramer)	Tier 4	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		Tier 4	PA; SP
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML		Tier 4	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		Tier 4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		Tier 4	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		Tier 4	PA; SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML		Tier 4	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML		Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 4	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		Tier 4	PA; SP

Drug	Status	Notes
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 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; SP
teriflunomide oral tablet 14 mg, 7 mg (Aubagio)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	Tier 4	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; SP
Amyotrophic Lateral Sclerosis Agents		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA; SP
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML)	Tier 4	PA; SP
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	Tier 4	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 4	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	PA; SP
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Tier 4	PA; SP
riluzole oral tablet 50 mg (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; SP
Anti-Cd19 (B Lymphocyte) Monoclonal Antibody		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; SP
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Batten Disea		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 4	PA; SP

Drug	Status	Notes
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14)	Tier 4	PA; SP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)	Tier 4	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Tier 4	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Tier 4	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 4	PA; SP
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 4	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Periogard)	Tier 1	

Drug		Status	Notes
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2 KIT 0.12 %		Tier 3	
Q-CARE RX Q4 KIT 0.12 %		Tier 3	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1	
Keratinocyte Growth Factor (Kgf)			
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG		Tier 4	SP
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 1	
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 1	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 1	
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 3	PA
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 1	PA
Acid And Alkali Poison Antidotes			
methylene blue (antidote) intravenous solution 1 % (10 mg/ml)		Tier 4	SP
methylene blue (antidote) intravenous solution 5 mg/ml	(ProvayBlue)	Tier 4	SP
methylene blue (antidote) intravenous syringe 20 mg/2 ml (10 mg/ml) 1 %		Tier 4	SP
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	(methylene blue (antidote))	Tier 4	SP
Adjuv. Kits For The Prep. Of Radiopharmaceuticals			
CERETEC INTRAVENOUS KIT 0.5 MG		Tier 4	SP
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %		Tier 3	
Alcohol,Systemic Use			
DEHYDRATED ALCOHOL INJECTION SOLUTION 98 %	(ethanol (ethyl alcohol))	Tier 4	SP
Antidotes,Miscellaneous			
acetylcysteine intravenous solution 200 mg/ml (20 %)	(Acetadote)	Tier 4	SP

Drug	Status	Notes
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM	Tier 4	SP
DIGIFAB INTRAVENOUS RECON SOLN 40 MG	Tier 4	SP
fomepizole intravenous solution 1 gram/ml	Tier 4	SP
sodium nitrite intravenous solution 30 mg/ml	Tier 4	SP
Antigenic Skin Tests		
CANDIN INTRADERMAL ALLERGEN FDA STANDARD	Tier 4	SP
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
ANAVIP INJECTION RECON SOLN	Tier 4	SP
antivenin latrodectus mactans injection recon soln 6,000 unit	Tier 4	SP
antivenin, micrurus fulvius injection recon soln	Tier 4	SP
CROFAB INJECTION RECON SOLN	Tier 4	SP
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST; ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	

Drug	Status	Notes
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	

Drug	Status	Notes
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Catheter Lock Solutions		
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG- 1,000 UNIT/ML	Tier 4	SP
Choleretics		
KINEVAC INJECTION RECON SOLN 5 MCG (sincalide)	Tier 4	SP
sincalide injection recon soln 5 mcg (Kinevac)	Tier 4	SP
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM	Tier 4	SP
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug	Status	Notes
TRUSTEX LATEX CONDOM DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	$Copay	$0 COPAY IF QUANTITY DOES NOT EXCEED 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	ST; SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride Solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
eua patient assessment	Tier 3	
Dialysis Solutions		
DELFLEX WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L	Tier 4	SP
DELFLEX-SM WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L	Tier 4	SP
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP

Drug	Status	Notes
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
PHOXILLUM B22K HEMODIALYSIS SOLUTION K (4)-MG (1.5 MEQ/L)-PO4 (1)	Tier 4	SP
PHOXILLUM BK HEMODIALYSIS SOLUTION K (4)-CA (2.5 MEQ/L)-PO4 (1)	Tier 4	SP
PRISMASOL B22GK HEMODIALYSIS SOLUTION K (2 MEQ/L) -MG (1.5 MEQ/L), K 4 MEQ/L -MG 1.5 MEQ/L	Tier 4	SP
PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) -MG (1.5 MEQ/L), K (2 MEQ/L) -CA (3.5)-MG(1), K (2 MEQ/L) -MG (1 MEQ/L), K (4 MEQ/L) -MG (1.2 MEQ/L), K (4 MEQ/L)-CA (2.5)-MG (1.5)	Tier 4	SP
PRISMASOL BK HEMODIALYSIS SOLUTION MG 1.2 MEQ/L	Tier 4	SP
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	Tier 4	SP

Drug		Status	Notes
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L		Tier 4	SP
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L		Tier 4	SP
Diluent Solutions			
DILUENT FOR ACTHIB INTRAMUSCULAR SOLUTION 0.4 %		Tier 4	SP
diluent for artesunate intravenous solution		Tier 4	SP
DILUENT FOR BICNU INTRAVENOUS SOLUTION	(diluent, carmustine (ethanol))	Tier 4	SP
diluent for decitabine intravenous solution		Tier 4	SP
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE		Tier 4	SP
DILUENT FOR ELITEK 1 ML(1.5MG) INTRAVENOUS SOLUTION		Tier 4	SP
DILUENT FOR ELITEK 5ML(7.5MG) INTRAVENOUS SOLUTION		Tier 4	SP
DILUENT FOR HIBERIX INTRAMUSCULAR SOLUTION 0.9 %		Tier 4	SP
DILUENT FOR HIBERIX INTRAMUSCULAR SYRINGE 0.9 %		Tier 4	SP
DILUENT FOR IMOVAX INTRAMUSCULAR SYRINGE		Tier 4	SP
DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML	(diluent, romidepsin (prop gly))	Tier 4	SP
DILUENT FOR IXEMPRA (15 MG) INTRAVENOUS SOLUTION 8 ML		Tier 4	SP
DILUENT FOR IXEMPRA (45 MG) INTRAVENOUS SOLUTION 23.5 ML		Tier 4	SP
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML		Tier 4	SP
DILUENT FOR LEFAMULIN(XENLETA) INTRAVENOUS SOLUTION		Tier 4	SP
diluent for melphalan intravenous solution 10 ml		Tier 4	SP
DILUENT FOR MENHIBRIX INTRAMUSCULAR SOLUTION 0.9 %		Tier 4	SP
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE		Tier 4	SP
DILUENT FOR PRIORIX SUBCUTANEOUS SYRINGE		Tier 4	SP

Drug		Status	Notes
DILUENT FOR RABAVERT INTRAMUSCULAR SYRINGE		Tier 4	SP
DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	(diluent for treprostinil (gly))	Tier 4	SP
DILUENT FOR ROTARIX ORAL SYRINGE		Tier 3	
diluent for treprostinil (gly) intravenous solution	(Diluent For Remodulin)	Tier 4	SP
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION		Tier 4	SP
DILUENT FOR YF-VAX (1 DOSE) SUBCUTANEOUS SOLUTION 0.9 %		Tier 4	SP
DILUENT FOR YF-VAX (5 DOSE) SUBCUTANEOUS SOLUTION 0.9 %		Tier 4	SP
DILUENT FOR ZILRETTA INTRA-ARTICULAR SOLUTION		Tier 4	SP
diluent, carmustine (ethanol) intravenous solution	(Diluent for BiCNU)	Tier 4	SP
diluent, dexrazoxane (sod lac) intravenous solution		Tier 4	SP
diluent, romidepsin (prop gly) intravenous solution 2.2 ml	(Diluent For Istodax)	Tier 4	SP
diluent, voretigene neparvovec subretinal solution		Tier 4	SP
diluent,temsirolimus (ethanol) intravenous solution		Tier 4	SP
diluent,yellw fev vac,0.4%nacl subcutaneous syringe 0.4 %		Tier 4	SP
DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SOLUTION		Tier 4	SP
DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SYRINGE		Tier 4	SP
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 3	
ELLIOTTS B (PF) INTRATHECAL SOLUTION 73-19-8-3 MG/10 ML		Tier 4	SP
STERILE DILUENT FOR HUMALOG INJECTION SOLUTION		Tier 4	SP
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION		Tier 3	
STERILE WATER DILUENT-CABLIVI INJECTION SYRINGE 1 ML		Tier 4	SP
Drugs To Treat Hereditary Tyrosinemia			
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	Tier 4	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 4	PA; SP

Drug		Status	Notes
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	(nitisinone)	Tier 4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 4	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 4	SP
miglustat oral capsule 100 mg	(Yargesa)	Tier 4	PA; SP
OPFOLDA ORAL CAPSULE 65 MG		Tier 4	PA; SP
YARGESA ORAL CAPSULE 100 MG	(miglustat)	Tier 4	PA; SP
Environment Allergens And Irritants, Other			
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED		Tier 3	
General Anesthetics - Benzodiazepine, Injectable			
BYFAVO INTRAVENOUS RECON SOLN 20 MG		Tier 4	SP
midazolam (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)		Tier 4	SP
midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml		Tier 4	SP
midazolam (pf) in 0.9 % nacl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)		Tier 4	SP
midazolam (pf) injection solution 1 mg/ml		Tier 4	SP
midazolam (pf) injection solution 5 mg/ml		Tier 1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml		Tier 4	SP
midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml		Tier 4	SP
midazolam in 0.9 % sod chlorid intravenous syringe 10 mg/10 ml (1 mg/ml), 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)		Tier 4	SP
midazolam in dextrose 5 % intravenous syringe 50 mg/50 ml (1 mg/ml)		Tier 4	SP
midazolam in nacl, iso-osmotic injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)		Tier 4	SP
midazolam in nacl, iso-osmotic intravenous solution 1 mg/ml		Tier 4	SP
midazolam in nacl,iso-osmo(pf) intravenous solution 1 mg/ml		Tier 4	SP

Drug		Status	Notes
midazolam in nacl,iso-osmo(pf) intravenous syringe 25 mg/25 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)		Tier 4	SP
midazolam injection solution 1 mg/ml		Tier 4	SP
midazolam injection solution 5 mg/ml		Tier 1	
midazolam intravenous syringe 125 mg/25 ml (5 mg/ml), 150 mg/30 ml (5 mg/ml), 40 mg/8 ml (5 mg/ml)		Tier 4	SP
General Anesthetics,Inhalant			
desflurane inhalation liquid 100 %	(Suprane)	Tier 1	
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 1	
sevoflurane inhalation liquid	(Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	(desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 1	
General Anesthetics,Injectable			
BREVITAL INJECTION RECON SOLN 500 MG		Tier 4	SP
etomidate intravenous solution 2 mg/ml	(Amidate)	Tier 4	SP
ketamine in 0.9 % sod chloride intravenous solution 0.6 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml		Tier 4	SP
ketamine in 0.9 % sod chloride intravenous syringe 10 mg/ml, 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml), 60 mg/20 ml (3 mg/ml)		Tier 4	SP
ketamine in nacl, iso-osmotic injection syringe 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 30 mg/3 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml)		Tier 4	SP
ketamine in nacl, iso-osmotic intravenous solution 10 mg/ml		Tier 4	SP
ketamine in nacl, iso-osmotic intravenous syringe 50 mg/5 ml (10 mg/ml)		Tier 4	SP
ketamine in sterile water injection syringe 100 mg/2 ml (50 mg/ml), 50 mg/ml		Tier 4	SP
ketamine injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	(Ketalar)	Tier 4	SP
ketamine intravenous syringe 100 mg/2 ml (50 mg/ml), 50 mg/ml (1 ml)		Tier 4	SP
methohexital in water (pf) intravenous syringe 100 mg/10 ml (10 mg/ml)		Tier 4	SP
propofol intravenous emulsion 10 mg/ml	(Diprivan)	Tier 4	SP
PROPOVEN (EUA) (PF) INTRAVENOUS EMULSION 20 MG/ML		Tier 4	SP

Drug		Status	Notes
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 1	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 1	
Homeopathic Drugs			
AURUMHEEL ORAL DROPS		Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS		Tier 3	
CARBO-COMPOSITUM INJECTION SOLUTION		Tier 4	SP
CRALONIN ORAL DROPS		Tier 3	
EYE ORAL TABLET,SOLUBLE		Tier 3	
LAMIOFLUR ORAL DROPS		Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS		Tier 3	
POPULUS COMPOSITUM ORAL DROPS		Tier 3	
PSORINOHEEL ORAL DROPS		Tier 3	
RENEEL ORAL TABLET,SOLUBLE		Tier 3	
SABAL-HOMACCORD ORAL DROPS		Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS		Tier 3	
VERTIGOHEEL ORAL DROPS		Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE		Tier 3	
ZEEL INJECTION SOLUTION		Tier 4	SP
Hymenoptera-Derived Agents			
aller ex-venom-mix vespid prot subcutaneous recon soln 1,650 mcg, 3,900 mcg		Tier 4	SP
aller ex-venom-wht hornet prot injection recon soln 550 mcg		Tier 4	SP
aller ex-venom-ylw hornet prot injection recon soln 550 mcg		Tier 4	SP
allergen ext-venom-honey bee injection recon soln 550 mcg		Tier 4	SP

Drug	Status	Notes
allergen ex-venom-wasp protein injection recon soln 550 mcg	Tier 4	SP
yellow jacket venom injection recon soln 550 mcg	Tier 4	SP
Hypertrophic Cardiomyopathy Tx Agents, Ablative		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 %	Tier 4	SP
Intra-Uterine Devices (Iud's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	$Copay	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	$Copay	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	$Copay	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	$Copay	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	$Copay	
Iv Fat Emulsions		
CLINOLIPID INTRAVENOUS EMULSION 20 %	Tier 4	SP
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier 4	SP
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 4	SP
OMEGAVEN INTRAVENOUS EMULSION 10 %	Tier 4	SP
SMOFLIPID INTRAVENOUS EMULSION 20 %	Tier 4	SP
Joint Tissue Replacement		
MACI IMPLANT SHEET 500,000 CELL/ CM2 (3CM X 5CM)	Tier 4	SP
Lead Poisoning, Agents To Treat (Chelating-Type)		
edetate calcium disodium injection solution 200 mg/ml	Tier 4	SP
edetate calcium disodium intravenous solution 50 mg/ml	Tier 4	SP
Metabolic Deficiency Agents		
betaine oral powder 1 gram/scoop (Cystadane)	Tier 4	PA; SP

Drug		Status	Notes
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine)	Tier 3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	(levocarnitine)	Tier 4	SP
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine intravenous solution 200 mg/ml	(Carnitor)	Tier 4	SP
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 4	PA; SP
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		Tier 4	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		Tier 4	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML		Tier 4	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML		Tier 4	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)		Tier 4	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 4	PA; SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 3	
CUVRIOR ORAL TABLET 300 MG		Tier 4	PA; SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 4	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 4	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 4	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	Tier 4	PA; SP
deferoxamine injection recon soln 2 gram		Tier 1	PA
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 3	

Drug		Status	Notes
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML- 12.5 GRAM/50 ML		Tier 4	SP
pentetate calcium trisodium intravenous solution 200 mg/ml		Tier 4	SP
pentetate zinc trisodium intravenous solution 200 mg/ml		Tier 4	SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM		Tier 3	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)		Tier 4	SP
trientine oral capsule 250 mg	(Syprine)	Tier 4	PA; SP
trientine oral capsule 500 mg		Tier 4	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)		Tier 3	
Muscarinic Receptor Antagonists			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML		Tier 3	
Needles/Needleless Devices			
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2"	(safety needles)	Tier 3	
AQINJECT SAFETY NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 1"		Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2"	(needle (disp) 18 g)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 25 GAUGE X 1"		Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"		Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "		Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2"	(safety needles)	Tier 3	
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1"		Tier 3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2"	(filter needles)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	(filter needles)	Tier 3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	

Drug		Status	Notes
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8"	(needle (disp) 26 gauge)	Tier 3	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2"	(needle (disp) 18 g)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2"		Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2"	(needle (disp) 18 g)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 19 GAUGE X 1 1/2"	(needle (disp) 19 g)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"		Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1 1/2"	(needle (disp) 19 g)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"		Tier 3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2"	(safety needles)	Tier 3	
BD SAFETYGLIDE NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 X 5/8 "		Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2"	(needle (disp) 18 g)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 20 GAUGE X 1 1/2", 20 GAUGE X 1"		Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2"	(needle (disp) 19 g)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1"		Tier 3	

Drug		Status	Notes
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2"		Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1"	(needle (disp) 16 g)	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	Tier 2	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "		Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"		Tier 3	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2"	(needle (disp) 18 g)	Tier 3	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1"		Tier 3	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2"	(safety needles)	Tier 3	

Drug		Status	Notes
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16"		Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"		Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1"	(needle (disp) 16 g)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 19 GAUGE X 1 1/2"	(needle (disp) 19 g)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 26 GAUGE X 3/8"	(needle (disp) 26 gauge)	Tier 3	
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2"	(safety needles)	Tier 3	
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"		Tier 3	

Drug		Status	Notes
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8"		Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2"	(needle (disp) 18 g)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"		Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 26 GAUGE X 3/8"	(needle (disp) 26 gauge)	Tier 3	
filter needles needle 18 gauge x 1 1/2"	(BD Filter Needle 5-Micron Noko)	Tier 3	
filter needles needle 19 x 1 "		Tier 3	
filter needles needle 19 x 1 1/2 "	(BD Filter Needle-5 Micron)	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE		Tier 3	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM		Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM		Tier 3	
huber safety needles (disp.) needle 22 x 3/4 "		Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2"	(needle (disp) 18 g)	Tier 3	
HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"		Tier 3	
HYPODERMIC NEEDLES NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"		Tier 3	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8"		Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"		Tier 3	

Drug		Status	Notes
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 "		Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2"	(filter needles)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4"		Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 16 GAUGE X 1"	(needle (disp) 16 g)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 19 GAUGE X 1 1/2"	(needle (disp) 19 g)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 19 GAUGE X 1 1/2"	(needle (disp) 19 g)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"		Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 "		Tier 3	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1"		Tier 3	

Drug		Status	Notes
needle (disp) 16 g needle 16 gauge x 1"	(BD Specialty Use Needles)	Tier 3	
needle (disp) 18 g needle 18 gauge x 1"	(BD Regular Bevel Needles)	Tier 3	
needle (disp) 19 g needle 19 gauge x 1 1/2"	(BD PrecisionGlide Non-Sterile)	Tier 3	
needle (disp) 23 gauge needle 23 gauge x 1"	(Aqinject Standard Needle)	Tier 3	
needles, huber disposable needle 22 x 1 "		Tier 3	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1"	(needle (disp) 16 g)	Tier 3	
NOKOR NEEDLE NEEDLE 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM		Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	(needle (disp) 18 g)	Tier 3	
POLY HUB NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"		Tier 3	
POLY HUB NEEDLE NEEDLE 23 GAUGE X 1"	(needle (disp) 23 gauge)	Tier 3	
safety needles needle 18 gauge x 1 1/2"	(Aqinject Safety Needle)	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2"	(safety needles)	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"		Tier 3	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"		Tier 3	
Neuromuscular Blocking Agents			
atracurium intravenous solution 10 mg/ml		Tier 4	SP
BOTOX INJECTION RECON SOLN 200 UNIT		Tier 4	PA; SP

Drug	Status	Notes
cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml (Nimbex)	Tier 4	SP
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	Tier 4	PA; SP
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 4	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	Tier 4	PA; SP
rocuronium intravenous solution 10 mg/ml	Tier 4	SP
rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)	Tier 4	SP
succinylcholine chloride injection solution 20 mg/ml (Anectine)	Tier 4	SP
succinylcholine chloride intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)	Tier 4	SP
succinylcholine-0.9% nacl (pf) intravenous syringe 200 mg/10 ml (20 mg/ml)	Tier 4	SP
succinylcholine-sod cl,iso(pf) injection solution 20 mg/ml	Tier 4	SP
succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)	Tier 4	SP
vecuronium bromide intravenous recon soln 10 mg, 20 mg	Tier 4	SP
vecuronium in sterile water intravenous syringe 10 mg/10 ml (1 mg/ml)	Tier 4	SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	Tier 4	PA; SP
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Ophthalmic Surgical Aids		
ADATO SIL-OL 5000 INTRAOCULAR SYRINGE 5,000 MPAS	Tier 4	SP
MEMBRANEBLUE INTRAOCULAR SYRINGE 0.15 %	Tier 4	SP
SILIKON INTRAOCULAR OIL 1,000 CENTISTOKES	Tier 4	SP
TISSUEBLUE INTRAOCULAR SYRINGE 0.025 %	Tier 4	SP
VISIONBLUE INTRAOCULAR SYRINGE 0.06 %	Tier 4	SP

Drug	Status	Notes
Ophthalmic Vegf-A And Ang-2 Inhib, Bispecific Ab		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	Tier 4	PA; SP
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; SP
Oral Mucositis/Stomatitis Agents		
FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25-400-40 MG/30 ML	Tier 3	
GELX MUCOUS MEMBRANE GEL	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Parenteral Amino Acid Solutions And Combinations		
aa 2 % no1 ped-d10-calcium-hep intravenous parenteral solution 2 %-10 %- 2.33 meq/250 ml, 2 %-10 %- 3.75 meq/250 ml	Tier 4	SP
aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml, 3 %-10 %- 3.75 meq/250 ml	Tier 4	SP
aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution 3.5 %-10 %- 125 unit/250 ml	Tier 4	SP
aa 4% no2 ped-d10w-calcium-hep intravenous parenteral solution 4 %-10 %- 3.75 meq/250 ml	Tier 4	SP
aa 6% no.1 ped-d10-calcium-hep intravenous parenteral solution 6 %-10 %- 3.75 meq/250 ml	Tier 4	SP
aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml	Tier 4	SP
aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml	Tier 4	SP
aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 2.33 meq/250 ml, 3 %-5 %- 3.75 meq/250 ml	Tier 4	SP
amino acid 2.5% no.2(ped)-d10w intravenous parenteral solution 2.5-10 %	Tier 4	SP
amino acid 3 % no.2 (ped)-d10w intravenous parenteral solution 3-10 %	Tier 4	SP

Drug	Status	Notes
amino acid 3.5% no.2(ped)-d10w intravenous parenteral solution 3.5-10 %	Tier 4	SP
amino acid 4 % no.2 (ped)-d10w intravenous parenteral solution 4-10 %	Tier 4	SP
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 4	SP
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 4	SP
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 4	SP
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	Tier 4	SP
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 4	SP
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 4	SP
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 4	SP
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 4	SP
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	Tier 4	SP
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	Tier 4	SP
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	Tier 4	SP
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	Tier 4	SP
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 4	SP
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 4	SP
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 4	SP
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 4	SP

Drug		Status	Notes
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %		Tier 4	SP
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		Tier 4	SP
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %		Tier 4	SP
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %		Tier 4	SP
PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5-3.5 %		Tier 4	SP
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %		Tier 4	SP
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		Tier 4	SP
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		Tier 4	SP
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		Tier 4	SP
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		Tier 4	SP
Patent Ductus Arteriosus Treat. Agents, Nsaid-Type			
ibuprofen lysine (pf) intravenous solution 20 mg/2 ml	(NeoProfen (ibuprofen lysn)(PF))	Tier 4	SP
indomethacin sodium intravenous recon soln 1 mg		Tier 4	SP
Protein Replacement			
AMINOPROTECT INTRAVENOUS SOLUTION 25-25 MG/ML		Tier 4	SP
arginine-lysine in 0.9 % nacl intravenous solution 25-25 mg/ml		Tier 4	SP
ELCYS INTRAVENOUS SOLUTION 50 MG/ML	(cysteine (l-cysteine))	Tier 4	SP
Saliva Stimulant Agents			
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM		Tier 3	
Saliva Substitute Agents			
NUMOISYN MUCOUS MEMBRANE LIQUID		Tier 3	
Selective Relaxant Binding Agents (Srbas)			
BRIDION INTRAVENOUS SOLUTION 100 MG/ML		Tier 4	SP
Sexual Dysfunction Devices			
RAPPORT VACUUM THERAPY KIT		Tier 3	

Drug		Status	Notes
Skin Tissue Replacement			
APLIGRAF TOPICAL DISK		Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM		Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM		Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM		Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM		Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM		Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM		Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM		Tier 3	
STRATAGRAFT TOPICAL SHEET 8 CM X 12.5 CM		Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM		Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM		Tier 3	
Solvents			
isopropyl alcohol solution 70 %	(Alcohol, Rubbing)	Tier 3	
isopropyl alcohol solution 91 %, 99 %		Tier 3	
MURI-LUBE OIL		Tier 3	
Somatostatic Agents			
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	Tier 4	PA; SP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		Tier 4	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Tier 4	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	Tier 4	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		Tier 4	SP

Drug	Status	Notes
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	Tier 4	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 4	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 4	PA; SP
Specific Flush Solutions		
LANTIDRA RINSE BAG INTRAPORTAL SOLUTION	Tier 4	SP
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
Surfactants		
IV SOL STABILIZER FOR BLINCYTO INTRAVENOUS SOLUTION	Tier 4	SP
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
hydroxypropyl cellulose powder	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 3	
KETONE URINE TEST STRIP	Tier 3	
KETOSTIX STRIP	Tier 3	
TRUEPLUS KETONE STRIP	Tier 3	
Urine Multiple Test Aids		
CHEK-STIX CONTROL STRIP	Tier 3	
CHEMSTRIP 10 MD STRIP	Tier 3	
CHEMSTRIP 10/SG STRIP	Tier 3	
CHEMSTRIP 2 GP STRIP	Tier 3	
CHEMSTRIP 50B STRIP	Tier 3	
CHEMSTRIP 7 STRIP	Tier 3	

Drug	Status	Notes
CHEMSTRIP 9 STRIP	Tier 3	
COMBISTIX REAGENT STRIP	Tier 3	
HEMA-COMBISTIX STRIP	Tier 3	
LABSTIX REAGENT STRIP	Tier 3	
MULTISTIX 10 SG STRIP	Tier 3	
MULTISTIX 5 STRIP	Tier 3	
MULTISTIX 7 STRIP	Tier 3	
MULTISTIX 8 SG STRIP	Tier 3	
MULTISTIX 9 SG STRIP	Tier 3	
MULTISTIX 9 STRIP	Tier 3	
MULTISTIX STRIP	Tier 3	
URISTIX 4 STRIP	Tier 3	
URISTIX REAGENT STRIP	Tier 3	
Urine Test Aids,Miscellaneous		
ALBUSTIX REAGENT STRIP	Tier 3	
AZO TEST STRIPS STRIP	Tier 3	
CHEMSTRIP 2 STRIP	Tier 3	
CHEMSTRIP MICRAL STRIP	Tier 3	
Vaccine Adjuvants		
AREXVY ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION	Tier 4	SP
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 4	SP
Vehicles		
citric acid anhydrous (bulk) granules 100 %	Tier 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
Venosclerosing Agents		
ASCLERA INTRAVENOUS SOLUTION 0.5 % (10 MG/2 ML), 1 % (20 MG/2 ML)	Tier 4	SP
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	Tier 4	SP
sodium tetradecyl sulfate intravenous solution 3 % (30 mg/ml) (Sotradecol)	Tier 4	SP
SOTRADECOL INTRAVENOUS SOLUTION 1 % (10 MG/ML)	Tier 4	SP
SOTRADECOL INTRAVENOUS SOLUTION 3 % (30 MG/ML) (sodium tetradecyl sulfate)	Tier 4	SP
VARITHENA INTRAVENOUS FOAM 1 %	Tier 4	SP
Water		
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION	Tier 4	SP

Drug		Status	Notes
STERILE WATER FOR INJECTION INJECTION SOLUTION	(water for injection, sterile)	Tier 4	SP
water for inject, bacteriostat injection solution	(Bacteriostatic Water-Kanjinti)	Tier 4	SP
water for injection, sterile injection solution	(Sterile Water for Injection)	Tier 4	SP
water for injection, sterile injection syringe		Tier 4	SP
water for injection, sterile intravenous parenteral solution		Tier 4	SP
Other Respiratory Disorders			
Antifibrotic Therapy - Pyridone Analogs			
pirfenidone oral capsule 267 mg	(Esbriet)	Tier 4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	(Esbriet)	Tier 4	PA; SP
pirfenidone oral tablet 534 mg		Tier 4	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator			
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		Tier 4	PA; SP
KALYDECO ORAL TABLET 150 MG		Tier 4	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.			
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG		Tier 4	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)		Tier 4	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)		Tier 4	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		Tier 4	PA; SP
Lung Surfactants			
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML		Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML		Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML		Tier 3	

Drug		Status	Notes
Mucolytics			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 4	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 4	PA; SP
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-300 mg	(Bupap)	Tier 1	ST; ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	(Esgic)	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	(butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Bayer Aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Aspir-Trin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS

Drug		Status	Notes
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BAYER ASPIRIN ORAL TABLET 325 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
Analgesic/Antipyretics,Non-Salicylate			
acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml), 650 mg/65 ml (10 mg/ml)		Tier 4	SP
acetaminophen intravenous syringe 325 mg/32.5 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml)		Tier 4	SP
Analgesics Narcotic, Anesthetic Adjunct Agents			
fentanyl citrate (pf) injection solution 50 mcg/ml		Tier 4	SP
fentanyl citrate (pf) injection syringe 25 mcg/0.5 ml, 50 mcg/ml		Tier 4	SP
fentanyl citrate (pf) intravenous solution 50 mcg/ml		Tier 4	SP
fentanyl citrate (pf) intravenous syringe 500 mcg/10 ml (50 mcg/ml)		Tier 4	SP
remifentanil intravenous recon soln 1 mg, 2 mg, 5 mg	(Ultiva)	Tier 4	SP
sufentanil citrate intravenous solution 50 mcg/ml		Tier 4	SP
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 1	

Drug		Status	Notes
Analgesics, Neuronal-Type Calcium Channel Blockers			
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML		Tier 4	SP
Analgesics, Non-Narcotics			
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	(Duraclon (PF))	Tier 1	
clonidine (pf) epidural solution 5,000 mcg/10 ml		Tier 1	
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml		Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml		Tier 1	
codeine sulfate oral tablet 15 mg, 30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML		Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML		Tier 4	SP
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML		Tier 3	
DILAUDID (PF) INJECTION SYRINGE 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 3	

Drug	Status	Notes
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	Tier 4	PA; SP
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML (morphine (pf))	Tier 4	SP
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	Tier 1	
fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %	Tier 1	
fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 5-0.04 mcg/ml-%, 5-0.075 mcg/ml-%	Tier 4	SP
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %, 4 mcg/ml- 0.125 %	Tier 4	SP
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)	Tier 4	SP
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 2,750 mcg/55 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)	Tier 4	SP
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml), 250 mcg/5 ml (50 mcg/ml)	Tier 4	SP
fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml	Tier 4	SP
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,100 mcg/55 ml, 1,250 mcg/25 ml, 550 mcg/55 ml	Tier 4	SP
fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml	Tier 4	SP
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/50 ml (25 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)	Tier 4	SP
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)	Tier 1	

Drug	Status	Notes
fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 16 mcg/ml, 20 mcg/ml, 5 mcg/ml, 50 mcg/ml	Tier 4	SP
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 100 mcg/2 ml (50 mcg/ml), 20 mcg/2 ml (10 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 50 mcg/5 ml (10 mcg/ml)	Tier 4	SP
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syring 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)	Tier 4	SP
fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml	Tier 4	SP
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	Tier 1	PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%	Tier 1	
fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %	Tier 4	SP
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	Tier 4	SP
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (Hysingla ER)	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)	Tier 4	SP
hydromorphone (pf) in water intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 4	SP

Drug	Status	Notes
hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	Tier 4	SP
hydromorphone (pf)-0.9 % nacl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 4	SP
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 4	SP
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/25 ml (1 mg/ml), 25 mg/50 ml (0.5 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 4	SP
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml	Tier 4	SP
hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml	Tier 4	SP
hydromorphone in 0.9 % nacl intravenous solution 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml	Tier 4	SP
hydromorphone in d5w (pf) intravenous pt controlled analgesia syring 3 mg/30 ml (0.1 mg/ml)	Tier 4	SP
hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)	Tier 4	SP
hydromorphone injection solution 1 mg/ml, 2 mg/ml	Tier 4	SP
hydromorphone injection syringe 0.25 mg/0.5 ml, 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml	Tier 4	SP
hydromorphone oral liquid 1 mg/ml (Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Tier 1	

Drug		Status	Notes
hydromorphone(pf)-nacl,iso-osm injection syringe 0.2 mg/ml, 0.5 mg/ml, 2 mg/10 ml (0.2 mg/ml)		Tier 4	SP
hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml)		Tier 4	SP
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML		Tier 4	SP
INFUMORPH P/F INJECTION SOLUTION 25 MG/ML	(morphine (pf))	Tier 4	SP
levorphanol tartrate oral tablet 2 mg		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 550 mg/55 ml (10 mg/ml)		Tier 4	SP
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml		Tier 1	
meperidine oral solution 50 mg/5 ml		Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg		Tier 1	QL (6 EA per 1 day)
methadone in 0.9 % sod.chlorid intravenous syringe 1 mg/ml (1 ml), 5 mg/5 ml		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
methadone injection solution 10 mg/ml		Tier 1	QL (4 ML per 1 day)
methadone injection syringe 5 mg/0.5 ml		Tier 4	SP
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 1	QL (4 ML per 1 day)
methadone intravenous syringe 10 mg/ml		Tier 4	SP
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml		Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg		Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg		Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 1	QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML		Tier 4	SP
MITIGO (PF) INJECTION SOLUTION 25 MG/ML	(morphine (pf))	Tier 4	SP
morphine (pf) in 0.9 % sod chl injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)		Tier 4	SP

Drug	Status	Notes
morphine (pf) in 0.9 % sod chl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	Tier 4	SP
morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 4	SP
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)	Tier 4	SP
morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml	Tier 4	SP
morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml	Tier 4	SP
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml (Duramorph (PF))	Tier 4	SP
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	Tier 4	SP
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA
morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 125 mg/25 ml, 55 mg/55 ml (1 mg/ml)	Tier 4	SP
morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 4	SP
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)	Tier 4	SP
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous syringe 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)	Tier 4	SP
morphine injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	Tier 4	SP

Drug	Status	Notes
morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml	Tier 4	SP
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	Tier 4	SP
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	Tier 4	SP
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg, 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg (MS Contin)	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	QL (6 EA per 1 day)
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	Tier 4	SP
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	Tier 4	SP
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Tier 3	
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	

Drug		Status	Notes
oxycodone oral tablet 10 mg, 20 mg, 5 mg		Tier 1	
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	(OxyContin)	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	(oxycodone)	Tier 2	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	(oxycodone)	Tier 2	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg		Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg		Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG		Tier 3	
tramadol oral solution 5 mg/ml	(Qdolo)	Tier 1	PA
tramadol oral tablet 25 mg		Tier 1	
tramadol oral tablet 50 mg		Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg		Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
dihydroergotamine injection solution 1 mg/ml	Tier 1	QL (15 ML per 14 days)

Drug		Status	Notes
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)		Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg		Tier 1	QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 2	PA
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	Tier 1	QL (9 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)

Drug		Status	Notes
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (4 ML per 28 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)		Tier 3	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML		Tier 4	PA; SP
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION		Tier 3	PA
zolmitriptan nasal spray,non-aerosol 5 mg	(Zomig)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	(zolmitriptan)	Tier 1	ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors			
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		Tier 2	PA

Drug		Status	Notes
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	(codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120-12 mg/5 ml		Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	(benzhydrocodone-acetaminophen)	Tier 3	ST; ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 1	ST; ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml		Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	QL (12 EA per 1 day)

Drug		Status	Notes
PERCOCET ORAL TABLET 2.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents			
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.16 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML		Tier 4	ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.27 ML per 21 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	(Suboxone)	Tier 1	QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	(Suboxone)	Tier 1	QL (1 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 1	QL (3 EA per 1 day)

Drug		Status	Notes
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML		Tier 4	PA; SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG		Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 2	QL (2 EA per 1 day)
Nsaid Analgesic & Non-Salicylate Analgesic Combos			
COMBOGESIC IV INTRAVENOUS SOLUTION 300-1,000 MG/100 ML		Tier 4	SP
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
LUCEMYRA ORAL TABLET 0.18 MG		Tier 3	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine injection solution 1 mg/ml		Tier 4	SP
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 1	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 1	
amantadine hcl oral solution 50 mg/5 ml		Tier 1	
amantadine hcl oral tablet 100 mg		Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	Tier 4	PA; SP
bromocriptine oral capsule 5 mg	(Parlodel)	Tier 1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	Tier 1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	Tier 1	
carbidopa-levodopa oral tablet 25-250 mg		Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		Tier 1	

Drug		Status	Notes
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML		Tier 4	PA; SP
entacapone oral tablet 200 mg	(Comtan)	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG		Tier 4	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		Tier 4	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		Tier 2	ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	(Mirapex ER)	Tier 1	ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		Tier 1	ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 1	

Drug		Status	Notes
selegiline hcl oral tablet 5 mg		Tier 1	
tolcapone oral tablet 100 mg	(Tasmar)	Tier 1	ST; ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 3	ST; ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 3	ST; ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 4	ST; SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG		Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG		Tier 3	QL (2 EA per 1 day)

Drug		Status	Notes
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		Tier 4	SP
BRIVIACT ORAL SOLUTION 10 MG/ML		Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		Tier 2	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 1	
carbamazepine oral tablet 200 mg	(Epitol)	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 1	
carbamazepine oral tablet,chewable 100 mg		Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 2	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	(fosphenytoin)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 4	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG		Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	

Drug		Status	Notes
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 3	PA
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	
felbamate oral suspension 600 mg/5 ml		Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	(Felbatol)	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	(Felbatol)	Tier 1	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 4	PA; SP
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	Tier 4	SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG		Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (120 EA per 30 days)

Drug		Status	Notes
FYCOMPA ORAL TABLET 4 MG, 6 MG		Tier 3	ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)		Tier 1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 1	
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	Tier 4	SP
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 1	QL (6 EA per 1 day)

Drug		Status	Notes
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 250 mg/50 ml, 500 mg/100 ml		Tier 4	SP
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	Tier 4	SP
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 1	
methsuximide oral capsule 300 mg	(Celontin)	Tier 1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG		Tier 3	QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG		Tier 3	QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 2	
phenytoin oral suspension 100 mg/4 ml		Tier 1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
phenytoin sodium intravenous solution 50 mg/ml		Tier 4	SP

Drug		Status	Notes
phenytoin sodium intravenous syringe 50 mg/ml		Tier 4	SP
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	
primidone oral tablet 125 mg		Tier 1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 1	QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 1	QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 1	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA; SP
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 2	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	(Trokendi XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 1	QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		Tier 4	SP
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	Tier 4	PA; SP
vigabatrin oral tablet 500 mg	(Sabril)	Tier 4	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 4	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 4	PA; SP

Drug	Status	Notes
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		Tier 2	ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 1	
zonisamide oral capsule 50 mg		Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator			
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 4	PA; SP
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Keveyis)	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 4	PA; SP
Joint Contracture Therapy, Collagenase Enzyme			
XIAFLEX INJECTION RECON SOLN 0.9 MG		Tier 4	SP
Retinoic Acid Receptor (Rar) Agonists			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 4	PA; SP
Skeletal Muscle Relaxants			
baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)	(Gablofen)	Tier 4	SP
baclofen intrathecal syringe 50 mcg/ml (1 ml)	(Gablofen)	Tier 4	SP
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 1	PA
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	(Fleqsuvy)	Tier 1	PA
baclofen oral tablet 10 mg		Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg		Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg		Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 1	QL (4 EA per 1 day)

Drug		Status	Notes
carisoprodol-aspirin oral tablet 200-325 mg		Tier 1	
chlorzoxazone oral tablet 500 mg		Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	QL (3 EA per 1 day)
dantrolene intravenous recon soln 20 mg	(Revonto)	Tier 4	SP
dantrolene oral capsule 100 mg		Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg	(Dantrium)	Tier 1	QL (3 EA per 1 day)
dantrolene oral capsule 50 mg		Tier 1	QL (3 EA per 1 day)
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)		Tier 4	SP
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML)	(baclofen)	Tier 4	SP
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML		Tier 4	SP
metaxalone oral tablet 400 mg		Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg		Tier 1	QL (4 EA per 1 day)
methocarbamol injection solution 100 mg/ml	(Robaxin)	Tier 4	SP
methocarbamol oral tablet 500 mg		Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg		Tier 1	QL (6 EA per 1 day)
orphenadrine citrate injection solution 30 mg/ml		Tier 4	SP
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	QL (2 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	(Norgesic)	Tier 1	QL (8 EA per 1 day)
REVONTO INTRAVENOUS RECON SOLN 20 MG	(dantrolene)	Tier 4	SP
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG		Tier 4	SP
tizanidine oral capsule 2 mg	(Zanaflex)	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	(Zanaflex)	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg		Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	QL (9 EA per 1 day)

Drug		Status	Notes
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	$Copay	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	$Copay	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	$Copay	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	$Copay	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	$Copay	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	$Copay	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		$Copay	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL INHALATION CARTRIDGE 10 MG		$Copay	$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		$Copay	$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)

Drug		Status	Notes
QUIT 2 BUCCAL GUM 2 MG	(nicotine (polacrilex))	$Copay	$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))	$Copay	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	$Copay	$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))	$Copay	$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))	$Copay	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
varenicline oral tablet 0.5 mg		$Copay	$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)
varenicline oral tablet 1 mg	(Chantix)	$Copay	$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)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	$Copay	$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)

Drug	Status	Notes
Smoking Deterrents, Other		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$Copay	$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (dicyclomine)	Tier 4	SP
dicyclomine intramuscular solution 10 mg/ml (Bentyl)	Tier 4	SP
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
Belladonna Alkaloids		
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 1.2 mg/3 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)	Tier 4	SP
atropine injection solution 0.4 mg/ml	Tier 4	SP

Drug		Status	Notes
atropine injection syringe 0.1 mg/ml		Tier 4	SP
atropine intravenous solution 0.4 mg/ml, 1 mg/ml		Tier 4	SP
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)		Tier 4	SP
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate injection solution 0.5 mg/ml		Tier 4	SP
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 3	ST; ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) in water injection syringe 0.2 mg/ml		Tier 4	SP

Drug		Status	Notes
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)		Tier 4	SP
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	(Glyrx-PF)	Tier 1	
glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)		Tier 4	SP
glycopyrrolate injection solution 0.2 mg/ml		Tier 4	SP
glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)		Tier 4	SP
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 1	
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 1	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML		Tier 4	SP
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 3	
GLYRX-PF INJECTION SYRINGE 1 MG/5 ML (0.2 MG/ML)		Tier 4	SP
Anti-Ulcer Preparations			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	PA
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 1	QL (112 EA per 10 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 3	PA
Histamine H2-Receptor Inhibitors			
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	

Drug		Status	Notes
famotidine (pf) intravenous solution 20 mg/2 ml		Tier 4	SP
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		Tier 4	SP
famotidine intravenous solution 10 mg/ml		Tier 4	SP
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 1	
famotidine oral tablet 20 mg	(Acid Controller)	Tier 1	
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg		Tier 1	
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 4	PA; SP
metoclopramide hcl injection solution 5 mg/ml		Tier 4	SP
metoclopramide hcl injection syringe 5 mg/ml		Tier 4	SP
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 3	PA
Proton-Pump Inhibitors			
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	(rabeprazole)	Tier 3	ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG		Tier 3	ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	Tier 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Nexium)	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 1	QL (2 EA per 1 day)

Drug		Status	Notes
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 1	QL (2 EA per 1 day)
esomeprazole sodium intravenous recon soln 20 mg		Tier 4	SP
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	Tier 4	SP
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	Tier 1	ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
pantoprazole intravenous recon soln 40 mg	(Protonix)	Tier 4	SP
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 1	ST; ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 1	ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)

Drug		Status	Notes
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	ST; ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 4	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 4	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 4	PA; SP
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 4	PA; SP
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		Tier 4	SP
tiopronin oral tablet 100 mg	(Thiola)	Tier 4	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		Tier 2	
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		Tier 4	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		Tier 3	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		Tier 3	

Drug		Status	Notes
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG		Tier 4	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)		Tier 4	PA; SP
Tissue Bulking Implants - Ureteral			
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)		Tier 4	SP
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML		Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 3	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA
RIMSO-50 INTRAVESICAL SOLUTION 50 %		Tier 4	SP
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 1	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent			
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	Tier 1	
flavoxate oral tablet 100 mg		Tier 1	

Drug		Status	Notes
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)		Tier 3	ST; ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		Tier 3	ST; ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	Tier 1	
trospium oral capsule,extended release 24hr 60 mg		Tier 1	
trospium oral tablet 20 mg		Tier 1	
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 3	ST; ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 3	ST; ST: Requires prior prescription for Clindamycin vaginal cream within the past 120 days
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)		Tier 3	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	
terconazole vaginal suppository 80 mg		Tier 1	
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 3	

Drug		Status	Notes
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %		Tier 3	
Vaginal Estrogen For Sexual Dysfunction			
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		Tier 3	ST; ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		Tier 3	ST; ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	(estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency			
Calcium Replacement			
calcium chloride intravenous solution 100 mg/ml (10 %)		Tier 4	SP
calcium chloride intravenous syringe 100 mg/ml (10 %)		Tier 4	SP
calcium gluc in nacl, iso-osm intravenous solution 1 gram/100 ml, 1 gram/50 ml, 2 gram/100 ml		Tier 4	SP
calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml, 1 gram/110 ml, 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml		Tier 4	SP
calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml		Tier 4	SP
calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)		Tier 4	SP
calcium gluconate intravenous solution 100 mg/ml (10%)		Tier 4	SP
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	

Drug		Status	Notes
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	
fluoride (sodium) dental paste 1.1 %	(Sodium Fluoride 5000 Dry Mouth)	Tier 1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml		$Copay	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Ludent Fluoride)	$Copay	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Fluoridex Sensitivity Relief)	Tier 1	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	
folic acid oral tablet 1 mg		Tier 1	
folic acid oral tablet 400 mcg, 800 mcg		$Copay	
Iron Replacement			
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	(Feraheme)	Tier 4	SP
INFED INJECTION SOLUTION 50 MG/ML	(iron dextran)	Tier 4	SP
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML		Tier 4	SP
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML		Tier 4	SP
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	(Ferrlecit)	Tier 4	SP
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON		Tier 3	

Drug	Status	Notes
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	Tier 4	SP
Magnesium Salts Replacement		
magnesium chloride injection solution 200 mg/ml (20 %)	Tier 4	SP
magnesium sulfate in 0.9 %nacl intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml	Tier 4	SP
magnesium sulfate in 0.9 %nacl intravenous solution 10 gram/250 ml (40 mg/ml)	Tier 4	SP
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml, 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml	Tier 4	SP
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	Tier 4	SP
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	Tier 4	SP
magnesium sulfate injection solution 500 mg/ml (50 %)	Tier 4	SP
magnesium sulfate injection syringe 500 mg/ml (50 %)	Tier 4	SP
Mineral Replacement,Miscellaneous		
ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML	Tier 4	SP
chromium chloride intravenous solution 4 mcg/ml	Tier 4	SP
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML (cupric chloride)	Tier 4	SP
cupric chloride intravenous solution 0.4 mg/ml (Copper Chloride)	Tier 4	SP
manganese chloride intravenous solution 0.1 mg/ml	Tier 4	SP
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION 10 MCG-1 MG- 0.5 MG-5 MG/ML	Tier 4	SP
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 0.85 MCG-0.1 MG -25MCG-1.5MG/ML	Tier 4	SP
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-25 MCG-1 MG/ML	Tier 4	SP

Drug		Status	Notes
MULTRYS INTRAVENOUS SOLUTION 1,000MCG-60MCG- 3 MCG-6 MCG/ML		Tier 4	SP
PEDITRACE INTRAVENOUS SOLUTION 521-53.7-3.6 MCG/ML		Tier 4	SP
SELENIOUS ACID INTRAVENOUS SOLUTION 60 MCG/ML		Tier 4	SP
selenium intravenous solution 40 mcg/ml, 6 mcg/ml		Tier 4	SP
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-30 MCG-0.5 MG/ML		Tier 4	SP
TRALEMENT INTRAVENOUS SOLUTION 3 MG-0.3 MG-55 MCG-60 MCG/ML		Tier 4	SP
Vitamin D Preparations			
calcitriol intravenous solution 1 mcg/ml		Tier 4	SP
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	Tier 1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	
Zinc Replacement			
zinc chloride intravenous solution 1 mg/ml		Tier 4	SP
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml		Tier 4	SP
Weight Reduction			
Anorexic Agents			
benzphetamine oral tablet 50 mg		Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet 25 mg		Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG	(phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral tablet 35 mg		Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg		Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg	(Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Melanocortin 4 Receptor Agonists			
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 4	PA; SP

Drug	Status	Notes
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	
Fat Absorption Decreasing Agents		
ALLI ORAL CAPSULE 60 MG	Tier 3	
orlistat oral capsule 120 mg (Xenical)	Tier 1	PA

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