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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 4 Non-Preferred Brand	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 3 Preferred Brand	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 3 Preferred Brand	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 3 Preferred Brand	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 5 Specialty	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 5 Specialty	PA; SP
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 5 Specialty	PA; SP

Drug		Status	Notes
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG		Tier 5 Specialty	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG		Tier 5 Specialty	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT		Tier 3 Preferred Brand	PA
Antihistamines - 1St Generation			
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbzah)	Tier 2 Generic	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	(Karbinal ER)	Tier 2 Generic	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg		Tier 2 Generic	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML	(carbinoxamine maleate)	Tier 2 Generic	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	(Clemsza)	Tier 2 Generic	
CLEMSZA ORAL TABLET 2.68 MG	(clemastine)	Tier 2 Generic	
cyproheptadine oral syrup 2 mg/5 ml		Tier 2 Generic	
cyproheptadine oral tablet 4 mg		Tier 2 Generic	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	(diphenhydramine hcl)	Tier 2 Generic	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	Tier 2 Generic	
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 2 Generic	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 2 Generic	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		Tier 2 Generic	

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

Drug		Status	Notes
CLARINEX ORAL TABLET 5 MG	(desloratadine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
desloratadine oral tablet 5 mg	(Clarinex)	Tier 2 Generic	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 2 Generic	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 2 Generic	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 2 Generic	
Nasal Antihistamine			
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		Tier 2 Generic	
olopatadine nasal spray,non-aerosol 0.6 %		Tier 2 Generic	
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 2 Generic	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)

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

Drug		Status	Notes
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 3 Preferred Brand	ST: TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN 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 2 Generic	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	(dronabinol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 3 Preferred Brand	QL (1 EA per 21 days)
aprepitant oral capsule 125 mg		Tier 2 Generic	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg		Tier 2 Generic	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 2 Generic	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 2 Generic	QL (3 EA per 21 days)

Drug		Status	Notes
COMPAZINE ORAL TABLET 10 MG, 5 MG	(prochlorperazine maleate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
COMPAZINE RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
COMPRO RECTAL SUPPOSITORY 25 MG	(prochlorperazine)	Tier 2 Generic	

Drug		Status	Notes
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	(doxylamine-pyridoxine (vit b6))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 EA per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 2 Generic	QL (120 EA per 30 days)
EMEND ORAL CAPSULE 80 MG	(aprepitant)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 21 days)

Drug		Status	Notes
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	(aprepitant)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 3 Preferred Brand	PA; QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 2 Generic	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (10 EA per 21 days)
meclizine oral tablet 12.5 mg		Tier 2 Generic	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	Tier 2 Generic	
meclizine oral tablet,chewable 25 mg	(Antivert)	Tier 2 Generic	
ondansetron hcl oral solution 4 mg/5 ml		Tier 2 Generic	QL (150 ML per 21 days)
ondansetron hcl oral tablet 4 mg, 8 mg		Tier 2 Generic	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 2 Generic	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 2 Generic	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 2 Generic	
promethazine rectal suppository 12.5 mg, 25 mg	(Promethegan)	Tier 2 Generic	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	(promethazine)	Tier 2 Generic	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (1 EA per 21 days)

Drug		Status	Notes
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 2 Generic	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	(scopolamine base)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
trimethobenzamide oral capsule 300 mg		Tier 2 Generic	
VARUBI ORAL TABLET 90 MG		Tier 3 Preferred Brand	QL (2 EA per 21 days)
Asthma And Copd			
5-Lipoxygenase Inhibitors			
zileuton oral tablet, er multiphase 12 hr 600 mg		Tier 2 Generic	ST: TRIAL OF MONTELUKAST AND ZAFIRLUKAST REQUIRED; QL (2 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	(ipratropium bromide)	Tier 3 Preferred Brand	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 2 Generic	
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	(umeclidinium)	Tier 3 Preferred Brand	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 3 Preferred Brand	QL (4 GM per 30 days)

Drug		Status	Notes
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	(tiotropium bromide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	Tier 2 Generic	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 4 Non-Preferred Brand	ST: TRIAL OF SPIRIVA RESPIMAT OR INCRUSE ELLIPTA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML		Tier 4 Non-Preferred Brand	QL (90 ML per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 2 Generic	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 2 Generic	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 2 Generic	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	Tier 2 Generic	6.7gm/Pkg; QL (20.1 GM per 30 days)
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 2 Generic	
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 2 Generic	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 2 Generic	

Drug		Status	Notes
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	Tier 4 Non-Preferred Brand	18gm/Pkg. A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC ALBUTEROL SULFATE 90 MCG HFA INHALER IN THE PAST 120 DAYS; QL (54 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	(levalbuterol tartrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 3 Preferred Brand	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 2 Generic	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	(arformoterol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	(Perforomist)	Tier 2 Generic	QL (120 ML per 30 days)

Drug	Status	Notes
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3 Preferred Brand	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	Tier 3 Preferred Brand	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 4 Non-Preferred Brand	ST: TRIAL OF STIOLTO RESPIMAT AND ANORO ELLIPTA IN THE PREVIOUS 365 DAYS; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 3 Preferred Brand	4gm/Pkg
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: TRIAL OF STIOLTO RESPIMAT AND ANORO ELLIPTA IN THE PREVIOUS 365 DAYS; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 2 Generic	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3 Preferred Brand	QL (4 GM per 30 days)

Drug		Status	Notes
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 3 Preferred Brand	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 3 Preferred Brand	10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 3 Preferred Brand	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 3 Preferred Brand	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 2 Generic	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	Tier 2 Generic	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		Tier 3 Preferred Brand	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 3 Preferred Brand	QL (13 GM per 30 days)

Drug		Status	Notes
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation		Tier 2 Generic	QL (1 EA 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 2 Generic	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 2 Generic	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION		Tier 3 Preferred Brand	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 3 Preferred Brand	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ASMANEX, QVAR, ARNUITY ELLIPTA WITHIN THE PAST 365 DAYS; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	Tier 3 Preferred Brand	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3 Preferred Brand	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3 Preferred Brand	QL (1 EA per 30 days)
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	Tier 2 Generic	QL (17.4 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	Tier 2 Generic	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 2 Generic	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 2 Generic	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 2 Generic	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 2 Generic	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 2 Generic	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ASMANEX, QVAR, ARNUITY ELLIPTA WITHIN THE PAST 365 DAYS; QL (1 EA per 30 days)

Drug	Status	Notes
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION (budesonide) 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3 Preferred Brand	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5 Specialty	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5 Specialty	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5 Specialty	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 5 Specialty	PA; SP

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

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

Drug	Status	Notes
GASTROCROM ORAL CONCENTRATE (cromolyn) 100 MG/5 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Mast Cell Stabilizers, Orally Inhaled		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 2 Generic	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5 Specialty	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 5 Specialty	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5 Specialty	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
EXDENSUR SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5 Specialty	PA; SP; QL (1 ML per 180 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5 Specialty	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Phosphodiesterase-4 (Pde4) Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG	(roflumilast)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
JASCAYD ORAL TABLET 18 MG, 9 MG		Tier 5 Specialty	PA; SP; QL (2 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML		Tier 5 Specialty	PA; SP
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	Tier 2 Generic	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 4 Non-Preferred Brand	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROCHAMBER2GO SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 4 Non-Preferred Brand	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 4 Non-Preferred Brand	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 4 Non-Preferred Brand	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 4 Non-Preferred Brand	
COMFORTSEAL LARGE MASK DEVICE		Tier 4 Non-Preferred Brand	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 4 Non-Preferred Brand	
COMFORTSEAL SMALL MASK DEVICE		Tier 4 Non-Preferred Brand	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4 Non-Preferred Brand	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4 Non-Preferred Brand	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4 Non-Preferred Brand	

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

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

Drug	Status	Notes
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3 Preferred Brand	
theophylline oral elixir 80 mg/15 ml	Tier 2 Generic	
theophylline oral solution 80 mg/15 ml	Tier 2 Generic	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 2 Generic	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 2 Generic	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg	Tier 2 Generic	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg (Namenda XR)	Tier 2 Generic	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 2 Generic	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 2 Generic	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 2 Generic	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 3 Preferred Brand	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (28 EA per 28 days)

Drug		Status	Notes
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	(memantine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib			
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	(Namzaric)	Tier 2 Generic	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)

Drug	Status	Notes
NAMZARIC ORAL (memantine-donepezil) CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody		
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	Tier 5 Specialty	PA; SP
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	Tier 5 Specialty	PA; SP
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	Tier 5 Specialty	PA; SP

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

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

Drug		Status	Notes
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	(pyridostigmine bromide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 2 Generic	
pyridostigmine bromide oral tablet 30 mg		Tier 2 Generic	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 2 Generic	
pyridostigmine bromide oral tablet extended release 105 mg		Tier 4 Non-Preferred Brand	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 2 Generic	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 2 Generic	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	Tier 2 Generic	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Neonatal Fc Receptor (Fcrn) Inhibitors			
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML		Tier 5 Specialty	PA; SP
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML		Tier 5 Specialty	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML		Tier 5 Specialty	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML		Tier 5 Specialty	PA; SP

Drug		Status	Notes
VYVGART INTRAVENOUS SOLUTION 20 MG/ML		Tier 5 Specialty	PA; SP
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 2 Generic	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 2 Generic	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 2 Generic	
REMERON ORAL TABLET 15 MG, 30 MG	(mirtazapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	(mirtazapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5 Specialty	PA; SP
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 5 Specialty	PA; SP
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 4 Non-Preferred Brand	
NARDIL ORAL TABLET 15 MG (phenelzine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PARNATE ORAL TABLET 10 MG (tranylcypromine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
phenelzine oral tablet 15 mg	(Nardil)	Tier 2 Generic	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 2 Generic	
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 4 Non-Preferred Brand	ST: TRIAL OF PHENELZINE, TRANYLCYPROMINE, OR MARPLAN IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb			
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		Tier 4 Non-Preferred Brand	
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG		Tier 4 Non-Preferred Brand	QL (51 EA per 29 days)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 2 Generic	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 2 Generic	
bupropion hcl oral tablet extended release 24 hr 450 mg		Tier 2 Generic	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 2 Generic	
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	(bupropion hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

Drug	Status	Notes
citalopram oral capsule 30 mg	Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS
citalopram oral solution 10 mg/5 ml	Tier 2 Generic	
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	Tier 2 Generic	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 2 Generic	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	Tier 2 Generic	
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	Tier 2 Generic	
fluoxetine oral capsule 40 mg	Tier 2 Generic	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 2 Generic	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 2 Generic	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	Tier 2 Generic	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 2 Generic	ST: TRIAL OF PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, OR FLUVOXAMINE IR REQUIRED.; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 2 Generic	

Drug		Status	Notes
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	(escitalopram oxalate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	Tier 2 Generic	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 2 Generic	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 2 Generic	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	(paroxetine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
PAXIL ORAL SUSPENSION 10 MG/5 ML	(paroxetine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	(paroxetine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
sertraline oral capsule 150 mg, 200 mg		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 2 Generic	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 2 Generic	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	(sertraline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 2 Generic	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 4 Non-Preferred Brand	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 2 Generic	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 2 Generic	ST: REQUIRES TRIAL OF 2 OF THE FOLLOWING: GENERIC PAROXETINE HCL, VENLAFAXINE ER OR IR, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN 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 2 Generic	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 2 Generic	

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

Drug	Status	Notes
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	Tier 2 Generic	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)	Tier 2 Generic	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2 Generic	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 2 Generic	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	Tier 2 Generic	
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug		Status	Notes
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 2 Generic	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 2 Generic	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 2 Generic	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 2 Generic	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	(clomipramine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 2 Generic	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 2 Generic	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 2 Generic	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 2 Generic	
doxepin oral concentrate 10 mg/ml		Tier 2 Generic	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 2 Generic	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 2 Generic	

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

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

Drug		Status	Notes
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	(dextroamphetamine-amphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	(amphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	(Adzenys XR-ODT)	Tier 4 Non-Preferred Brand	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 2 Generic	QL (4 EA per 1 day)
ARYNTA ORAL SOLUTION 10 MG/ML		Tier 4 Non-Preferred Brand	PA; QL (7 ML per 1 day)

Drug		Status	Notes
DESOXYN ORAL TABLET 5 MG	(methamphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)

Drug		Status	Notes
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	Tier 2 Generic	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	(Dexedrine Spansule)	Tier 2 Generic	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		Tier 2 Generic	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	Tier 2 Generic	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	(Zenzedi)	Tier 2 Generic	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	(Zenzedi)	Tier 2 Generic	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	(Zenzedi)	Tier 2 Generic	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)

Drug		Status	Notes
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	Tier 2 Generic	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	Tier 2 Generic	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 2 Generic	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 2 Generic	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 2 Generic	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		Tier 4 Non-Preferred Brand	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG	(amphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	Tier 2 Generic	QL (1 EA per 1 day)

Drug		Status	Notes
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	Tier 2 Generic	QL (1 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 2 Generic	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	(dextroamphetamine-amphetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1800 ML per 30 days)

Drug	Status	Notes
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 4 Non-Preferred Brand	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
ZENZEDI ORAL TABLET 10 MG, 5 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 15 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)

Drug		Status	Notes
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 20 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)

Drug		Status	Notes
ZENZEDI ORAL TABLET 30 MG	(dextroamphetamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 2 Generic	
disulfiram oral tablet 250 mg, 500 mg		Tier 2 Generic	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		Tier 5 Specialty	SP
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 3 Preferred Brand	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 2 Generic	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg		Tier 2 Generic	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 2 Generic	

Drug		Status	Notes
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	(lorazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 2 Generic	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		Tier 2 Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	(diazepam)	Tier 2 Generic	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 2 Generic	
diazepam oral solution 5 mg/5 ml (1 mg/ml)		Tier 2 Generic	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 2 Generic	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	(lorazepam)	Tier 2 Generic	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 2 Generic	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 2 Generic	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 2 Generic	

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

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

Drug	Status	Notes
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5 Specialty	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5 Specialty	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 2 Generic	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 3 Preferred Brand	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 3 Preferred Brand	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier 3 Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	Tier 3 Preferred Brand	QL (2 EA per 26 days)

Drug	Status	Notes
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	Tier 3 Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	Tier 3 Preferred Brand	QL (2 EA per 26 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
aripiprazole oral solution 1 mg/ml	Tier 2 Generic	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 2 Generic	
aripiprazole oral tablet,disintegrating 10 mg	Tier 2 Generic	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 2 Generic	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3 Preferred Brand	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 3 Preferred Brand	QL (3.9 ML per 14 days)

Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 3 Preferred Brand	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 3 Preferred Brand	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 3 Preferred Brand	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5 Specialty	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 2 Generic	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 2 Generic	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 2 Generic	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 2 Generic	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 3 Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML	Tier 3 Preferred Brand	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 3 Preferred Brand	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 3 Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.25 ML per 21 days)

Drug	Status	Notes
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 3 Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)

Drug	Status	Notes
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 3 Preferred Brand	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 3 Preferred Brand	QL (5 ML per 166 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 3 Preferred Brand	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 3 Preferred Brand	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 3 Preferred Brand	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 3 Preferred Brand	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 3 Preferred Brand	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 3 Preferred Brand	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 3 Preferred Brand	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 3 Preferred Brand	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 3 Preferred Brand	QL (2.63 ML per 70 days)

Drug		Status	Notes
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	(lurasidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	(Latuda)	Tier 2 Generic	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 2 Generic	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 2 Generic	
paliperidone oral tablet extended release 24hr 1.5 mg		Tier 2 Generic	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	Tier 2 Generic	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 2 Generic	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		Tier 4 Non-Preferred Brand	QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 2 Generic	
quetiapine oral tablet 150 mg		Tier 2 Generic	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 2 Generic	

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

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

Drug	Status	Notes
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 3 Preferred Brand	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 3 Preferred Brand	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 3 Preferred Brand	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 3 Preferred Brand	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 3 Preferred Brand	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 3 Preferred Brand	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 3 Preferred Brand	QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 2 Generic	

Drug	Status	Notes
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (olanzapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 4 Non-Preferred Brand	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 4 Non-Preferred Brand	QL (1 EA per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (olanzapine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2 Generic	

Drug	Status	Notes
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 2 Generic	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2 Generic	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg	Tier 2 Generic	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 2 Generic	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 2 Generic	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 2 Generic	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 2 Generic	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 2 Generic	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 2 Generic	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 2 Generic	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 2 Generic	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2 Generic	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 2 Generic	
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 2 Generic	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 2 Generic	

Drug		Status	Notes
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists			
HETLIOZ ORAL CAPSULE 20 MG	(tasimelteon)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ramelteon oral tablet 8 mg	(Rozerem)	Tier 2 Generic	ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS

Drug		Status	Notes
ROZEREM ORAL TABLET 8 MG	(ramelteon)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
tasimelteon oral capsule 20 mg	(Hetlioz)	Tier 5 Specialty	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 2 Generic	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 2 Generic	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 2 Generic	QL (2 EA per 1 day)

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

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

Drug	Status	Notes
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	Tier 4 Non-Preferred Brand	QL (4 EA per 30 days)
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 4 Non-Preferred Brand	QL (2 ML per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	Tier 4 Non-Preferred Brand	QL (2 ML per 30 days)

Drug	Status	Notes
Sedative-Hypnotics - Benzodiazepines		
DORAL ORAL TABLET 15 MG (quazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
estazolam oral tablet 1 mg, 2 mg	Tier 2 Generic	
flurazepam oral capsule 15 mg, 30 mg	Tier 2 Generic	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
midazolam oral syrup 2 mg/ml	Tier 2 Generic	

Drug		Status	Notes
quazepam oral tablet 15 mg	(Doral)	Tier 2 Generic	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	(temazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 2 Generic	
triazolam oral tablet 0.125 mg, 0.25 mg		Tier 2 Generic	
Sedative-Hypnotics,Non-Barbiturate			
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	(zolpidem)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug	Status	Notes
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3 Preferred Brand	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3 Preferred Brand	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg (Silenor)	Tier 2 Generic	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	Tier 2 Generic	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2 Generic	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
SILENOR ORAL TABLET 3 MG, 6 MG	(doxepin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 2 Generic	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 2 Generic	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 2 Generic	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg		Tier 2 Generic	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 5 Specialty	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 5 Specialty	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg		Tier 2 Generic	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 2 Generic	

Drug		Status	Notes
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 2 Generic	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	(guanfacine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML		Tier 4 Non-Preferred Brand	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ATONCY IN THE PAST 120 DAYS; QL (4 ML per 1 day)

Drug	Status	Notes
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ONE OF THE FOLLOWING GENERICS: CONCERTA, METADATE CD, RITALIN LA, METHYLIN ER OR RITALIN-SR REQUIRED IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3 Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)

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

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

Drug	Status	Notes
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexmethylphenidate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3 Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug		Status	Notes
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG	(methylphenidate hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	(methylphenidate hcl)	Tier 2 Generic	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	(methylphenidate hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE OF THE FOLLOWING GENERICS: CONCERTA, METADATE CD, RITALIN LA, METHYLIN ER OR RITALIN-SR REQUIRED IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	Tier 2 Generic	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	Tier 2 Generic	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg		Tier 2 Generic	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg	(Ritalin LA)	Tier 2 Generic	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg		Tier 2 Generic	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 2 Generic	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 2 Generic	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 2 Generic	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg		Tier 2 Generic	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 2 Generic	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 2 Generic	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg		Tier 2 Generic	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg		Tier 2 Generic	QL (90 EA per 30 days)
methylphenidate oral tablet,disinteg er biphase 24h 17.3 mg, 8.6 mg	(Cotempla XR-ODT)	Tier 2 Generic	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
methylphenidate oral tablet,disinteg er biphase 24h 25.9 mg	(Cotempla XR-ODT)	Tier 2 Generic	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (2 EA per 1 day)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	(Daytrana)	Tier 2 Generic	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4 Non-Preferred Brand	60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days)
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	Tier 2 Generic	
atomoxetine oral solution 4 mg/ml (Atoncy)	Tier 4 Non-Preferred Brand	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ONYDA XR IN THE PAST 120 DAYS
ATONCY ORAL SOLUTION 4 MG/ML (atomoxetine)	Tier 4 Non-Preferred Brand	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ONYDA XR IN THE PAST 120 DAYS

Drug		Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	Tier 2 Generic	
amiodarone oral tablet 400 mg		Tier 2 Generic	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 2 Generic	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 2 Generic	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 2 Generic	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 2 Generic	

Drug		Status	Notes
MULTAQ ORAL TABLET 400 MG		Tier 3 Preferred Brand	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG		Tier 3 Preferred Brand	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	(disopyramide phosphate)	Tier 3 Preferred Brand	
NORPACE ORAL CAPSULE 100 MG, 150 MG	(disopyramide phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PACERONE ORAL TABLET 100 MG, 200 MG	(amiodarone)	Tier 2 Generic	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		Tier 2 Generic	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 2 Generic	
quinidine gluconate oral tablet extended release 324 mg		Tier 2 Generic	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 2 Generic	

Drug		Status	Notes
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	(dofetilide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 2 Generic	
Digitalis Glycosides			
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 3 Preferred Brand	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	Tier 2 Generic	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	Tier 2 Generic	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	(digoxin)	Tier 3 Preferred Brand	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	(digoxin)	Tier 3 Preferred Brand	PA
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	Tier 2 Generic	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		Tier 2 Generic	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		Tier 2 Generic	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 2 Generic	

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

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

Drug	Status	Notes
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 2 Generic	

Drug	Status	Notes
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4 Non-Preferred Brand	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 2 Generic	
phenoxybenzamine oral capsule 10 mg	Tier 5 Specialty	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 2 Generic	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2 Generic	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 4 Non-Preferred Brand	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT)	Tier 2 Generic	

Drug		Status	Notes
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	(amlodipine-valsartan-hcthiazid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
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 2 Generic	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	(olmesartan-amlodipin-hcthiazid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

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

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

Drug		Status	Notes
Antihypertensives, Ace Inhibitors			
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	(ramipril)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 2 Generic	
benazepril oral tablet 5 mg		Tier 2 Generic	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 2 Generic	
enalapril maleate oral solution 1 mg/ml	(Epaned)	Tier 2 Generic	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 2 Generic	
EPANED ORAL SOLUTION 1 MG/ML	(enalapril maleate)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 2 Generic	

Drug		Status	Notes
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 2 Generic	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	(benazepril)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
moexipril oral tablet 15 mg, 7.5 mg		Tier 2 Generic	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 2 Generic	
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 4 Non-Preferred Brand	PA
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg		Tier 2 Generic	
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	(Altace)	Tier 2 Generic	
ramipril oral capsule 10 mg		Tier 2 Generic	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 2 Generic	

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

Drug		Status	Notes
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	(candesartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AVAPRO ORAL TABLET 150 MG, 300 MG	(irbesartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
azilsartan medoxomil oral tablet 40 mg, 80 mg	(Edarbi)	Tier 2 Generic	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED

Drug		Status	Notes
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	(olmesartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 2 Generic	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	(losartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	(valsartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EDARBI ORAL TABLET 40 MG, 80 MG	(azilsartan medoxomil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	Tier 2 Generic	
irbesartan oral tablet 75 mg		Tier 2 Generic	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 2 Generic	

Drug		Status	Notes
MICARDIS ORAL TABLET 40 MG, 80 MG	(telmisartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 2 Generic	
telmisartan oral tablet 20 mg		Tier 2 Generic	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	Tier 2 Generic	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 2 Generic	
Antihypertensives, Miscellaneous			
metyrosine oral capsule 250 mg		Tier 5 Specialty	PA; SP
Antihypertensives, Sympatholytic			
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	(clonidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	(clonidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	(clonidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 2 Generic	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 2 Generic	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 2 Generic	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 2 Generic	
guanfacine oral tablet 1 mg, 2 mg		Tier 2 Generic	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)		Tier 4 Non-Preferred Brand	PA; QL (120 ML per 1 day)
methyldopa oral tablet 250 mg, 500 mg		Tier 2 Generic	

Drug	Status	Notes
Antihypertensives, Vasodilators		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2 Generic	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2 Generic	
Antihypertensives,Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 5 Specialty	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	Tier 5 Specialty	PA; SP
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	Tier 2 Generic	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 2 Generic	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
betaxolol oral tablet 10 mg, 20 mg	Tier 2 Generic	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2 Generic	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION REQUIRED WITHIN THE PAST 120 DAYS|FOR PATIENTS 1 YEAR AND OLDER, TRIAL OF PROPRANOLOL SOLUTION REQUIRED.; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG		Tier 4 Non-Preferred Brand	
LOPRESSOR ORAL SOLUTION 10 MG/ML		Tier 4 Non-Preferred Brand	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	(metoprolol tartrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 2 Generic	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 2 Generic	
metoprolol tartrate oral tablet 12.5 mg	(Lopressor)	Tier 4 Non-Preferred Brand	QL (4 EA per 1 day)
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 2 Generic	
nadolol oral tablet 20 mg, 40 mg, 80 mg		Tier 2 Generic	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	Tier 2 Generic	
pindolol oral tablet 10 mg, 5 mg		Tier 2 Generic	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 2 Generic	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 2 Generic	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 2 Generic	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	Tier 2 Generic	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	Tier 2 Generic	

Drug	Status	Notes
sotalol oral tablet 240 mg	Tier 2 Generic	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4 Non-Preferred Brand	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (64 ML per 1 day)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 2 Generic	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Beta-Adrenergic Blocking Agents/Thiazide & Related		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 2 Generic	

Drug	Status	Notes
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 2 Generic	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 2 Generic	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Calcium Channel Blocking Agents		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	Tier 2 Generic	
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY	Tier 4 Non-Preferred Brand	QL (2 EA per 1 FILL)

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

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

Drug		Status	Notes
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 2 Generic	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 2 Generic	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 2 Generic	
diltiazem hcl oral tablet 90 mg		Tier 2 Generic	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 2 Generic	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 2 Generic	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 2 Generic	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 2 Generic	
isradipine oral capsule 2.5 mg, 5 mg		Tier 2 Generic	
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 2 Generic	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 2 Generic	
nicardipine oral capsule 20 mg, 30 mg		Tier 2 Generic	
nifedipine oral capsule 10 mg, 20 mg		Tier 2 Generic	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	Tier 2 Generic	
nifedipine oral tablet extended release 24hr 90 mg		Tier 2 Generic	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 2 Generic	
nimodipine oral capsule 30 mg		Tier 2 Generic	
nimodipine oral solution 60 mg/20 ml		Tier 5 Specialty	PA; SP
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 2 Generic	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 2 Generic	
NORLIQVA ORAL SOLUTION 1 MG/ML		Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4 Non-Preferred Brand	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4 Non-Preferred Brand	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG (nifedipine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	(nisoldipine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 2 Generic	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		Tier 2 Generic	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		Tier 2 Generic	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 2 Generic	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		Tier 2 Generic	

Drug		Status	Notes
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2 Generic	
EDECRIN ORAL TABLET 25 MG	(ethacrynic acid)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ENBUMYST NASAL SPRAY,NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)		Tier 4 Non-Preferred Brand	PA
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 2 Generic	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML		Tier 5 Specialty	PA; SP
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 2 Generic	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 2 Generic	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML		Tier 5 Specialty	PA; SP; QL (1 EA per 1 FILL)

Drug	Status	Notes
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 2 Generic	
Potassium Sparing Diuretics		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
amiloride oral tablet 5 mg	Tier 2 Generic	

Drug		Status	Notes
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	(spironolactone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	(triamterene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
eplerenone oral tablet 25 mg	(Inspra)	Tier 2 Generic	
eplerenone oral tablet 50 mg		Tier 2 Generic	

Drug		Status	Notes
INSPRA ORAL TABLET 25 MG	(eplerenone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 3 Preferred Brand	
spironolactone oral suspension 25 mg/5 ml	(CaroSpir)	Tier 2 Generic	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 2 Generic	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 2 Generic	
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 2 Generic	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		Tier 2 Generic	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		Tier 2 Generic	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		Tier 2 Generic	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 5 Specialty	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG	(tadalafil (pulm. hypertension))	Tier 5 Specialty	PA; SP; QL (2 EA per 1 day)

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

Drug		Status	Notes
bosentan oral tablet for suspension 32 mg	(Tracleer)	Tier 5 Specialty	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	(ambrisentan)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
macitentan oral tablet 10 mg	(Opsumit)	Tier 5 Specialty	PA; SP
OPSUMIT ORAL TABLET 10 MG	(macitentan)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	(bosentan)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Pulmonary Antihyper Agent, Actriia-Fc			
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		Tier 5 Specialty	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type			
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	(Veletri)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 5 Specialty	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 5 Specialty	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 5 Specialty	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5 Specialty	PA; SP
REMODULIN INJECTION SOLUTION 0.4 MG/ML	Tier 5 Specialty	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 5 Specialty	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)	Tier 5 Specialty	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG	Tier 5 Specialty	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 5 Specialty	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 5 Specialty	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 5 Specialty	PA; SP
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		Tier 5 Specialty	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 5 Specialty	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		Tier 5 Specialty	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG	(epoprostenol)	Tier 5 Specialty	PA; SP
VELETRI INTRAVENOUS RECON SOLN 1.5 MG	(epoprostenol)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG		Tier 5 Specialty	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 5 Specialty	PA; SP
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 2 Generic	

Drug	Status	Notes
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Thiazide And Related Diuretics		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2 Generic	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4 Non-Preferred Brand	
HEMICLOR ORAL TABLET 12.5 MG	Tier 4 Non-Preferred Brand	
hydrochlorothiazide oral capsule 12.5 mg	Tier 2 Generic	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2 Generic	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 2 Generic	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 4 Non-Preferred Brand	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2 Generic	
THALITONE ORAL TABLET 15 MG	Tier 4 Non-Preferred Brand	

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

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

Drug	Status	Notes
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe-simvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe-simvastatin)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML	Tier 5 Specialty	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 3 Preferred Brand	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS

Drug		Status	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)		Tier 4 Non-Preferred Brand	PA
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 2 Generic	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	(rosuvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Tier 4 Non-Preferred Brand	PA; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	(simvastatin)	Tier 4 Non-Preferred Brand	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)		Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
fluvastatin oral capsule 20 mg	Tier 1 EHB/ACA	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral capsule 40 mg	Tier 1 EHB/ACA	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	Tier 1 EHB/ACA	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG (fluvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

Drug	Status	Notes
pravastatin oral tablet 10 mg, 80 mg	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin oral tablet 20 mg, 40 mg	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg (Crestor)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
rosuvastatin oral tablet 20 mg, 40 mg (Crestor)	Tier 2 Generic	
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin oral tablet 5 mg	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin oral tablet 80 mg	Tier 2 Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Antihyperlipidemic - Pcsk9 Inhibitors		
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML	Tier 4 Non-Preferred Brand	ST: TRIAL OF REPATHA IN THE PAST 120 DAYS
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4 Non-Preferred Brand	ST: TRIAL OF REPATHA IN THE PAST 120 DAYS; QL (6 ML per 84 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	Tier 4 Non-Preferred Brand	ST: TRIAL OF REPATHA IN THE PAST 120 DAYS; QL (12 ML per 84 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3 Preferred Brand	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (10.5 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3 Preferred Brand	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3 Preferred Brand	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 3 Preferred Brand	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Bile Salt Sequestrants		
cholestyramine (with sugar) oral powder 4 gram (Questran)	Tier 2 Generic	

Drug		Status	Notes
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 2 Generic	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	(cholestyramine)	Tier 2 Generic	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine)	Tier 2 Generic	
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 2 Generic	
colesevelam oral tablet 625 mg	(WelChol)	Tier 2 Generic	
COLESTID ORAL GRANULES 5 GRAM	(colestipol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
COLESTID ORAL TABLET 1 GRAM	(colestipol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
colestipol oral granules 5 gram	(Colestid)	Tier 2 Generic	
colestipol oral packet 5 gram		Tier 2 Generic	
colestipol oral tablet 1 gram	(Colestid)	Tier 2 Generic	

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

Drug		Status	Notes
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	(cholestyramine (with sugar))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	(colesevelam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
WELCHOL ORAL TABLET 625 MG	(colesevelam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 2 Generic	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		Tier 2 Generic	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		Tier 2 Generic	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 2 Generic	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		Tier 2 Generic	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		Tier 2 Generic	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 2 Generic	

Drug		Status	Notes
FIBRICOR ORAL TABLET 105 MG, 35 MG	(fenofibric acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 2 Generic	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	Tier 2 Generic	QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gram	(Vascepa)	Tier 2 Generic	QL (4 EA per 1 day)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	(fenofibrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: PREVIOUS RX OF GEMFIBROZIL OR GENERIC FENOFIBRATE REQUIRED

Drug		Status	Notes
LOPID ORAL TABLET 600 MG	(gemfibrozil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LOVAZA ORAL CAPSULE 1 GRAM	(omega-3 acid ethyl esters)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
niacin oral tablet 500 mg	(Niacor)	Tier 2 Generic	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 2 Generic	
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 2 Generic	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 2 Generic	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)

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

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

Drug		Status	Notes
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG	(sacubitril-valsartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	(sacubitril-valsartan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		Tier 4 Non-Preferred Brand	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	(Entresto)	Tier 2 Generic	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	(Entresto)	Tier 2 Generic	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, 500 mg		Tier 2 Generic	
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 3 Preferred Brand	QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	(ivabradine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; QL (2 EA per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	Tier 2 Generic	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; 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 2 Generic	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5 Specialty	PA; SP
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 5 Specialty	PA; SP; QL (1 EA per 1 day)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5 Specialty	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 5 Specialty	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4 Non-Preferred Brand	PA

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

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

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

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

Drug		Status	Notes
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	(medroxyprogesterone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 1 EHB/ACA	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	Tier 1 EHB/ACA	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	Tier 1 EHB/ACA	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXX VAGINAL GEL 1.8-1-0.4 %		Tier 1 EHB/ACA	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 1 EHB/ACA	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 1 EHB/ACA	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		Tier 1 EHB/ACA	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

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

Drug		Status	Notes
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
ELLA ORAL TABLET 30 MG		Tier 1 EHB/ACA	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ESTARYLLA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	Tier 1 EHB/ACA	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

Drug		Status	Notes
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Galbriela)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
OPILL ORAL TABLET 0.075 MG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
ORQUIDEA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PLAN B ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SHEWISE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

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

Drug		Status	Notes
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
YASMIN (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
YAZ (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
YOUR CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 1 EHB/ACA	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
Contraceptives,Transdermal			
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	Tier 1 EHB/ACA	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 1 EHB/ACA	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 1 EHB/ACA	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 1 EHB/ACA	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		Tier 1 EHB/ACA	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Tier 1 EHB/ACA	
Intra-Uterine Devices (Iud's)			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		Tier 1 EHB/ACA	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		Tier 1 EHB/ACA	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		Tier 1 EHB/ACA	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		Tier 1 EHB/ACA	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		Tier 1 EHB/ACA	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		Tier 1 EHB/ACA	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		Tier 1 EHB/ACA	
Oxytocics			
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 4 Non-Preferred Brand	
methylergonovine oral tablet 0.2 mg		Tier 2 Generic	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	(Promethazine VC)	Tier 2 Generic	
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 2 Generic	
Antitussives,Non-Narcotic			
benzonatate oral capsule 100 mg, 150 mg, 200 mg		Tier 2 Generic	
Narcotic Antitussive-1St Generation Antihistamine			
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		Tier 2 Generic	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 2 Generic	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF PROMETHAZINE/CODEINE REQUIRED IN THE PREVIOUS 120 DAYS.; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	(hydrocodone-homatropine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	(Hycodan (with homatropine))	Tier 2 Generic	QL (30 ML per 1 day); Age (Min 18 Years)

Drug		Status	Notes
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 2 Generic	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 2 Generic	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 2 Generic	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral solution 6.25-15 mg/5 ml		Tier 2 Generic	
Dermatology - Acne			
Acne Agents,Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2 Generic	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2 Generic	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2 Generic	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(Accutane)	Tier 2 Generic	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 2 Generic	

Drug		Status	Notes
Acne Agents,Topical			
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	(clindamycin-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED
ACZONE TOPICAL GEL WITH PUMP 7.5 %	(dapsone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	Tier 2 Generic	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	(Epiduo Forte)	Tier 2 Generic	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %		Tier 4 Non-Preferred Brand	
ADMIRAZOL DUAL TOPICAL CREAM 6-5-2 %		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 %		Tier 4 Non-Preferred Brand	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %		Tier 4 Non-Preferred Brand	
ADMIRAZOL TOPICAL CREAM 6-5-2 %		Tier 4 Non-Preferred Brand	
ALIXI HP TOPICAL CREAM 8.5-4 %		Tier 4 Non-Preferred Brand	
ALIXI TOPICAL CREAM 6-4 %		Tier 4 Non-Preferred Brand	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %		Tier 4 Non-Preferred Brand	
ALURIS HP TOPICAL CREAM 0.1-4 %		Tier 4 Non-Preferred Brand	
ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 %		Tier 4 Non-Preferred Brand	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 2 Generic	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 4 Non-Preferred Brand	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %		Tier 4 Non-Preferred Brand	
AWANIS TOPICAL CREAM 0.025-8.5-2 %		Tier 4 Non-Preferred Brand	
AZELEX TOPICAL CREAM 20 %		Tier 4 Non-Preferred Brand	PA
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 4 Non-Preferred Brand	PA
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 2 Generic	
clindamycin-benzoyl peroxide topical gel 1-5 %		Tier 2 Generic	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	(Onexton)	Tier 2 Generic	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	Tier 2 Generic	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED

Drug		Status	Notes
clindamycin-benzoyl peroxide topical gel with pump 1-5 %		Tier 2 Generic	
clindamycin-tretinoin topical gel 1.2-0.025 %	(Veltin)	Tier 2 Generic	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
dapsone topical gel 5 %, 7.5 %		Tier 2 Generic	
dapsone topical gel with pump 7.5 %	(Aczone)	Tier 2 Generic	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %		Tier 4 Non-Preferred Brand	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %		Tier 4 Non-Preferred Brand	
DIADIMAXIA TOPICAL CREAM 6-5-2 %		Tier 4 Non-Preferred Brand	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 4 Non-Preferred Brand	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %		Tier 4 Non-Preferred Brand	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 4 Non-Preferred Brand	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %		Tier 4 Non-Preferred Brand	
DIASOXIA TOPICAL CREAM 8.5-4 %		Tier 4 Non-Preferred Brand	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	(adapalene-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
IDYYXIATAR TOPICAL GEL 0.025-5 %		Tier 4 Non-Preferred Brand	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 4 Non-Preferred Brand	
KLARON TOPICAL SUSPENSION 10 %	(sulfacetamide sodium (acne))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MELZARA TOPICAL CREAM 10-6-2 %		Tier 4 Non-Preferred Brand	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %		Tier 4 Non-Preferred Brand	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 2 Generic	

Drug		Status	Notes
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	(clindamycin-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 4 Non-Preferred Brand	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 4 Non-Preferred Brand	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 4 Non-Preferred Brand	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 4 Non-Preferred Brand	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 4 Non-Preferred Brand	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 2 Generic	

Drug	Status	Notes
VELTIN TOPICAL GEL 1.2-0.025 % (clindamycin-tretinoin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS

Drug	Status	Notes
ZIANA TOPICAL GEL 1.2-0.025 % (clindamycin-tretinoin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3 Preferred Brand	
Rosacea Agents, Topical		
AVEIDA TOPICAL GEL 1-1 %	Tier 4 Non-Preferred Brand	
azelaic acid topical gel 15 %	Tier 2 Generic	
BAXONIL TOPICAL OINTMENT 1-2 %	Tier 4 Non-Preferred Brand	
brimonidine topical gel with pump 0.33 % (Mirvaso)	Tier 2 Generic	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 4 Non-Preferred Brand	
DAZOMON TOPICAL GEL 0.25 %	Tier 4 Non-Preferred Brand	
FINACEA TOPICAL FOAM 15 %	Tier 3 Preferred Brand	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
ivermectin topical cream 1 %	(Soolantra)	Tier 2 Generic	ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
METROCREAM TOPICAL CREAM 0.75 %	(metronidazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
METROGEL TOPICAL GEL 1 %	(metronidazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

Drug		Status	Notes
ROCELIX TOPICAL CREAM 1-4 %		Tier 4 Non-Preferred Brand	
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 2 Generic	
ROSADAN TOPICAL GEL 0.75 %	(metronidazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROVIS TOPICAL GEL 0.25-1-1-4 %		Tier 4 Non-Preferred Brand	
SOOLANTRA TOPICAL CREAM 1 %	(ivermectin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
Topical Antiandrogenic Agents			
WINLEVI TOPICAL CREAM 1 %		Tier 4 Non-Preferred Brand	PA; QL (60 GM per 30 days)

Drug		Status	Notes
Topical Preparations,Antibacterials			
BASADROX TOPICAL GEL IN PACKET		Tier 4 Non-Preferred Brand	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 4 Non-Preferred Brand	
hydrocortisone-iodoquinol topical cream 1-1 %	(Corti-Sav)	Tier 2 Generic	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 2 Generic	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 4 Non-Preferred Brand	
IODOSORB TOPICAL GEL 0.9 %		Tier 4 Non-Preferred Brand	
LUGOLS TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 2 Generic	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 4 Non-Preferred Brand	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 2 Generic	
STRONG IODINE TOPICAL SOLUTION 5-10 %	(iodine-potassium iodide)	Tier 2 Generic	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	(hydrocortisone-iodoquinol-aloe)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 2 Generic	
adapalene topical gel 0.3 %		Tier 2 Generic	
adapalene topical gel with pump 0.3 %	(Differin)	Tier 2 Generic	
adapalene topical lotion 0.1 %	(Differin)	Tier 2 Generic	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 4 Non-Preferred Brand	Age (Max 39 Years)

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

Drug		Status	Notes
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	(adapalene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DIFFERIN TOPICAL LOTION 0.1 %	(adapalene)	Tier 4 Non-Preferred Brand	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	(tretinoin microspheres)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)

Drug		Status	Notes
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	(tretinoin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	(tretinoin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
tretinoin microspheres topical gel 0.04 %, 0.1 %		Tier 2 Generic	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %		Tier 2 Generic	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	(Retin-A Micro Pump)	Tier 2 Generic	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	Tier 2 Generic	
tretinoin topical gel 0.01 %, 0.025 %	(Retin-A)	Tier 2 Generic	

Drug		Status	Notes
tretinoin topical gel 0.05 %	(Atralin)	Tier 2 Generic	
Vitamin A Derivatives, Topical Acne Agents			
AKLIEF TOPICAL CREAM 0.005 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING GENERIC TOPICALS: TAZAROTENE, TRETINOIN, OR ADAPALENE (GEL, CREAM, LOTION, OR SOLUTION) REQUIRED IN THE PAST 120 DAYS; Age (Max 39 Years)
Dermatology - Antiinfective			
Topical Antibiotics			
AMZEEQ TOPICAL FOAM 4 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS; Age (Min 9 Years)
BENZAMYCIN TOPICAL GEL 3-5 %	(erythromycin-benzoyl peroxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 4 Non-Preferred Brand	

Drug	Status	Notes
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

Drug		Status	Notes
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	(clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
clindamycin phosphate topical foam 1 %	(Clindacin)	Tier 2 Generic	
clindamycin phosphate topical gel 1 %		Tier 2 Generic	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 2 Generic	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 2 Generic	
clindamycin phosphate topical solution 1 %		Tier 2 Generic	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 2 Generic	
ERY PADS TOPICAL SWAB 2 %	(erythromycin with ethanol)	Tier 2 Generic	
erythromycin with ethanol topical gel 2 %		Tier 2 Generic	
erythromycin with ethanol topical solution 2 %		Tier 2 Generic	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 2 Generic	
gentamicin topical cream 0.1 %		Tier 2 Generic	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 2 Generic	QL (90 GM per 1 FILL)
mupirocin calcium topical cream 2 %		Tier 2 Generic	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 2 Generic	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 2 Generic	

Drug		Status	Notes
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 2 Generic	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 4 Non-Preferred Brand	
CICLODAN KIT TOPICAL SOLUTION 8 %	(ciclopirox-ure-camph-menth-euc)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (180 GM per 1 FILL)

Drug		Status	Notes
CICLODAN TOPICAL SOLUTION 8 %	(ciclopirox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (19.8 ML per 1 FILL)
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 2 Generic	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 2 Generic	
ciclopirox topical shampoo 1 %		Tier 2 Generic	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 2 Generic	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 2 Generic	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 2 Generic	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 2 Generic	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	Tier 2 Generic	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4 Non-Preferred Brand	
econazole nitrate topical cream 1 %		Tier 2 Generic	QL (170 GM per 1 FILL)
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 3 Preferred Brand	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 3 Preferred Brand	
EXODERM TOPICAL LOTION 25-1 %		Tier 2 Generic	
FERVINA TOPICAL LOTION 3-5-20 %		Tier 4 Non-Preferred Brand	
FIDILA TOPICAL SHAMPOO 2-2 %		Tier 4 Non-Preferred Brand	
FILOMA TOPICAL SOLUTION 8-1-1 %		Tier 4 Non-Preferred Brand	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 4 Non-Preferred Brand	

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

Drug		Status	Notes
luliconazole topical cream 1 %	(Luzu)	Tier 2 Generic	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 %	(luliconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 2 Generic	
naftifine topical cream 1 %		Tier 2 Generic	
naftifine topical cream 2 %		Tier 2 Generic	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 2 Generic	

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

Drug		Status	Notes
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	(miconazole nitrate-zinc ox-pet)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Topical Antiparasitics			
malathion topical lotion 0.5 %	(Ovide)	Tier 2 Generic	
NATROBA TOPICAL SUSPENSION 0.9 %	(spinosad)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
OVIDE TOPICAL LOTION 0.5 %	(malathion)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
permethrin topical cream 5 %		Tier 2 Generic	
spinosad topical suspension 0.9 %	(Natroba)	Tier 2 Generic	
ULESFIA TOPICAL LOTION 5 %		Tier 4 Non-Preferred Brand	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 2 Generic	
ZOVIRAX TOPICAL OINTMENT 5 %	(acyclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Topical Sulfonamides			
ABENOR HP TOPICAL LOTION 15-4 %		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
AVAR LS TOPICAL CLEANSER 10-2 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AVAR TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1419 GM per 1 FILL)

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

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

Drug		Status	Notes
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 2 Generic	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 2 Generic	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 2 Generic	
sulfacetamide sodium-sulfur topical suspension 8-4 %	(SulfaCleanse 8-4)	Tier 2 Generic	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 2 Generic	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	(sulfacetamide sodium-sulfur)	Tier 2 Generic	
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 4 Non-Preferred Brand	
SUMADAN TOPICAL CLEANSER 9-4.5 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
SUMAXIN TOPICAL CLEANSER 9-4 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	(sulfacetamide sodium-sulfur)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML		Tier 5 Specialty	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 5 Specialty	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML		Tier 5 Specialty	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML		Tier 5 Specialty	PA; SP

Drug	Status	Notes
Interleukin-31(Il-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 5 Specialty	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3 Preferred Brand	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %	Tier 3 Preferred Brand	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %	Tier 3 Preferred Brand	PA; QL (60 GM per 30 days)
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 4 Non-Preferred Brand	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 2 Generic	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 2 Generic	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
alclometasone topical cream 0.05 %	Tier 2 Generic	
alclometasone topical ointment 0.05 %	Tier 2 Generic	
amcinonide topical cream 0.1 %	Tier 2 Generic	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS.

Drug	Status	Notes
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BESER TOPICAL LOTION 0.05 % (fluticasone propionate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
betamethasone dipropionate topical cream 0.05 %	Tier 2 Generic	
betamethasone dipropionate topical lotion 0.05 %	Tier 2 Generic	
betamethasone dipropionate topical ointment 0.05 %	Tier 2 Generic	
betamethasone valerate topical cream 0.1 %	Tier 2 Generic	
betamethasone valerate topical foam 0.12 %	Tier 2 Generic	
betamethasone valerate topical lotion 0.1 %	Tier 2 Generic	

Drug		Status	Notes
betamethasone valerate topical ointment 0.1 %		Tier 2 Generic	
betamethasone, augmented topical cream 0.05 %		Tier 2 Generic	
betamethasone, augmented topical gel 0.05 %		Tier 2 Generic	
betamethasone, augmented topical lotion 0.05 %		Tier 2 Generic	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	Tier 2 Generic	
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 4 Non-Preferred Brand	
clobetasol scalp solution 0.05 %		Tier 2 Generic	
clobetasol topical cream 0.05 %		Tier 2 Generic	
clobetasol topical foam 0.05 %		Tier 2 Generic	
clobetasol topical gel 0.05 %		Tier 2 Generic	
clobetasol topical lotion 0.05 %	(Clobex)	Tier 2 Generic	
clobetasol topical ointment 0.05 %		Tier 2 Generic	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 2 Generic	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 2 Generic	
clobetasol-emollient topical cream 0.05 %		Tier 2 Generic	
clobetasol-emollient topical foam 0.05 %	(Tovet Emollient)	Tier 2 Generic	
CLOBEX TOPICAL LOTION 0.05 %	(clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
clocortolone pivalate topical cream 0.1 %	Tier 2 Generic	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 4 Non-Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAS; QL (2 EA per 30 days)
DERMA-SMOOTHE/FS BODY OIL (fluocinolone) TOPICAL OIL 0.01 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	(fluocinolone and shower cap)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
desonide topical cream 0.05 %		Tier 2 Generic	
desonide topical gel 0.05 %		Tier 2 Generic	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
desonide topical lotion 0.05 %		Tier 2 Generic	
desonide topical ointment 0.05 %		Tier 2 Generic	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 2 Generic	
desoximetasone topical gel 0.05 %	(Topicort)	Tier 2 Generic	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 2 Generic	

Drug		Status	Notes
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 2 Generic	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DYNOMA TOPICAL CREAM 0.05-4 %		Tier 4 Non-Preferred Brand	
EVESSE TOPICAL LOTION 0.1 %	(hydrocortisone butyrate)	Tier 2 Generic	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 2 Generic	
fluocinolone topical cream 0.01 %		Tier 2 Generic	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 2 Generic	

Drug		Status	Notes
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 2 Generic	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 2 Generic	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 2 Generic	
fluocinonide topical cream 0.05 %		Tier 2 Generic	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 2 Generic	
fluocinonide topical gel 0.05 %		Tier 2 Generic	
fluocinonide topical ointment 0.05 %		Tier 2 Generic	
fluocinonide topical solution 0.05 %		Tier 2 Generic	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	(fluocinonide-emollient)	Tier 2 Generic	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 2 Generic	
FLUOXIA TOPICAL CREAM 0.05-4 %		Tier 4 Non-Preferred Brand	
flurandrenolide topical cream 0.05 %		Tier 2 Generic	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
flurandrenolide topical lotion 0.05 %		Tier 2 Generic	
flurandrenolide topical ointment 0.05 %		Tier 2 Generic	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %		Tier 2 Generic	
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 2 Generic	
fluticasone propionate topical ointment 0.005 %		Tier 2 Generic	

Drug	Status	Notes
halcinonide topical cream 0.1 % (Halog)	Tier 2 Generic	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
halcinonide topical solution 0.1 % (Halog)	Tier 2 Generic	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
halobetasol propionate topical cream 0.05 %	Tier 2 Generic	
halobetasol propionate topical ointment 0.05 %	Tier 2 Generic	

Drug	Status	Notes
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
hydrocortisone butyrate topical cream 0.1 %	Tier 2 Generic	

Drug		Status	Notes
hydrocortisone butyrate topical lotion 0.1 %	(Evesse)	Tier 2 Generic	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		Tier 2 Generic	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
hydrocortisone butyrate topical solution 0.1 %		Tier 2 Generic	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 2 Generic	
hydrocortisone topical cream 2.5 %		Tier 2 Generic	
hydrocortisone topical cream with perineal applicator 1 %		Tier 2 Generic	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 2 Generic	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	Tier 2 Generic	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone topical lotion 2.5 %		Tier 2 Generic	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 2 Generic	
hydrocortisone topical ointment 2.5 %		Tier 2 Generic	
hydrocortisone topical solution 2.5 %	(Texacort)	Tier 2 Generic	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone valerate topical cream 0.2 %		Tier 2 Generic	

Drug		Status	Notes
hydrocortisone valerate topical ointment 0.2 %		Tier 2 Generic	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	(triamcinolone acetonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
mometasone topical cream 0.1 %		Tier 2 Generic	
mometasone topical ointment 0.1 %		Tier 2 Generic	
mometasone topical solution 0.1 %		Tier 2 Generic	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 4 Non-Preferred Brand	
PANDEL TOPICAL CREAM 0.1 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %		Tier 2 Generic	

Drug		Status	Notes
PROCTOCORT TOPICAL CREAM 1 %	(hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2 Generic	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2 Generic	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2 Generic	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 3 Preferred Brand	
SCALACORT TOPICAL LOTION 2 %	(hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS

Drug	Status	Notes
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 4 Non-Preferred Brand	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 4 Non-Preferred Brand	QL (375 GM per 30 days)
SYNALAR TOPICAL CREAM 0.025 % (fluocinolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SYNALAR TS TOPICAL KIT 0.01 %	Tier 4 Non-Preferred Brand	
TELIORA TOPICAL GEL 0.1-0.5 %	Tier 4 Non-Preferred Brand	
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS

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

Drug	Status	Notes
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 % (desoximetasone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)

Drug		Status	Notes
TOVET EMOLLIENT TOPICAL FOAM 0.05 %	(clobetasol-emollient)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 2 Generic	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 2 Generic	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	Tier 2 Generic	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 2 Generic	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 2 Generic	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 2 Generic	QL (454 GM per 30 days)
VANOS TOPICAL CREAM 0.1 %	(fluocinonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 2 Generic	
diclofenac sodium topical drops 1.5 %		Tier 2 Generic	QL (300 ML per 28 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	Tier 2 Generic	QL (900 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)		Tier 2 Generic	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	(diclofenac epolamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Topical Janus Kinase (Jak) Inhibitors			
ANZUPGO TOPICAL CREAM 2 %		Tier 4 Non-Preferred Brand	PA; QL (60 GM per 30 days)
OPZELURA TOPICAL CREAM 1.5 %		Tier 3 Preferred Brand	PA; QL (60 GM per 30 days)
Dermatology - Antipruritic Drugs			
Antipruritics, Systemic			
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML		Tier 5 Specialty	PA; SP
Dermatology - Miscellaneous			
Antiperspirants			
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 4 Non-Preferred Brand	
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
Antiseborrheic Agents		
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
OVACE TOPICAL CLEANSER 10 %	(sulfacetamide sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
selenium sulfide topical lotion 2.5 %		Tier 2 Generic	
selenium sulfide topical shampoo 2.25 %, 2.3 %		Tier 2 Generic	
sulfacetamide sodium topical cleanser 10 %		Tier 2 Generic	
sulfacetamide sodium topical cleanser, gel 10 %		Tier 2 Generic	
sulfacetamide sodium topical shampoo 9.8 %	(Plexion NS)	Tier 2 Generic	
Emollients			
ammonium lactate topical cream 12 %		Tier 2 Generic	
ammonium lactate topical lotion 12 %	(AmLactin)	Tier 2 Generic	
KERASTAT TOPICAL GEL 5 %		Tier 4 Non-Preferred Brand	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 2 Generic	
XCLAIR TOPICAL CREAM		Tier 4 Non-Preferred Brand	
Iodine Antiseptics			
povidone-iodine ophthalmic (eye) solution 5 %	(Betadine Ophthalmic Prep)	Tier 2 Generic	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 2 Generic	
lactated ringers irrigation solution		Tier 4 Non-Preferred Brand	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 2 Generic	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 4 Non-Preferred Brand	
ringer's irrigation solution		Tier 2 Generic	
sodium chloride irrigation solution 0.9 %	(Sterile Saline)	Tier 2 Generic	
sorbitol irrigation solution 3 %		Tier 2 Generic	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 2 Generic	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 4 Non-Preferred Brand	
water for irrigation, sterile irrigation solution	(Curity Sterile Water)	Tier 2 Generic	
Irritants/Counter-Irritants			
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %		Tier 4 Non-Preferred Brand	PA
Keratolytics			
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 2 Generic	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 2 Generic	
CEM-UREA TOPICAL GEL 45 %	(urea)	Tier 2 Generic	
CONDYLOX TOPICAL GEL 0.5 %	(podofilox)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; QL (0.5 GM per 1 day)

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

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

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

Drug		Status	Notes
URAMAXIN TOPICAL GEL 45 %	(urea)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
UREA NAIL STICK TOPICAL SOLUTION 50 %	(urea)	Tier 2 Generic	
urea topical cream 39 %	(Xurea)	Tier 2 Generic	
urea topical cream 40 %		Tier 2 Generic	
urea topical cream 45 %	(Uramaxin)	Tier 2 Generic	
urea topical cream 50 %	(Ure-K)	Tier 2 Generic	
urea topical foam 35 %		Tier 2 Generic	
urea topical gel 45 %	(CEM-Urea)	Tier 2 Generic	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	(salicylic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
WAYZEN TOPICAL GEL 40-5 %		Tier 4 Non-Preferred Brand	

Drug	Status	Notes
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 4 Non-Preferred Brand	
XIRUN TOPICAL GEL 10-40 %	Tier 4 Non-Preferred Brand	
XUREA TOPICAL CREAM 39 % (urea)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Local Anesthetics		
lidocaine hcl laryngotracheal solution 4 %	Tier 2 Generic	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 4 Non-Preferred Brand	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 4 Non-Preferred Brand	
RENOVAR TOPICAL SOLUTION	Tier 4 Non-Preferred Brand	
Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 4 Non-Preferred Brand	
PR CREAM TOPICAL CREAM	Tier 2 Generic	
RECEDO TOPICAL GEL	Tier 4 Non-Preferred Brand	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 2 Generic	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4 Non-Preferred Brand	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3 Preferred Brand	

Drug		Status	Notes
EPIFOAM TOPICAL FOAM 1-1 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
hydrocortisone-pramoxine topical cream 2.5-1 %		Tier 2 Generic	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	(Lidocort)	Tier 2 Generic	
PRAMOSONE TOPICAL CREAM 1-1 %	(hydrocortisone-pramoxine)	Tier 3 Preferred Brand	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 3 Preferred Brand	
PRAMOSONE TOPICAL OINTMENT 1-1 %		Tier 3 Preferred Brand	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	(hydrocortisone-pramoxine)	Tier 3 Preferred Brand	
Topical Antineoplastic & Premalignant Lesion Agnts			
bexarotene topical gel 1 %	(Targretin)	Tier 5 Specialty	PA; SP
CARAC TOPICAL CREAM 0.5 %	(fluorouracil)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
diclofenac sodium topical gel 3 %		Tier 2 Generic	

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

Drug		Status	Notes
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 4 Non-Preferred Brand	
ANASTIA TOPICAL LOTION 2.75 %		Tier 4 Non-Preferred Brand	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 4 Non-Preferred Brand	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %		Tier 4 Non-Preferred Brand	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %		Tier 4 Non-Preferred Brand	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %		Tier 4 Non-Preferred Brand	
ethyl chloride topical aerosol,spray 100 %		Tier 2 Generic	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 2 Generic	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	(lidocaine-racepinep-tetracaine)	Tier 2 Generic	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %		Tier 2 Generic	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 4 Non-Preferred Brand	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 2 Generic	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	Tier 2 Generic	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 2 Generic	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 2 Generic	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 2 Generic	QL (90 EA per 30 days)

Drug	Status	Notes
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 % (lidocaine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LIDOPIN TOPICAL CREAM 3.25 %	Tier 4 Non-Preferred Brand	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4 Non-Preferred Brand	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 4 Non-Preferred Brand	
NOBELA TOPICAL OINTMENT 10-10-20 %	Tier 4 Non-Preferred Brand	
NOLIRA TOPICAL CREAM 23-7 %	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
NUMBONEX TOPICAL LOTION 2.75 %	Tier 4 Non-Preferred Brand	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 4 Non-Preferred Brand	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 4 Non-Preferred Brand	
REGENECARE TOPICAL GEL 2 %	Tier 4 Non-Preferred Brand	
TRANZAREL TOPICAL GEL 4 %	Tier 4 Non-Preferred Brand	
Topical Preparations,Miscellaneous		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Tier 4 Non-Preferred Brand	
Topical/Mucous Membr./Subcut. Enzymes		
NEXOBRID TOPICAL GEL 8.8 %	Tier 4 Non-Preferred Brand	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4 Non-Preferred Brand	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 2 Generic	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 5 Specialty	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 5 Specialty	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5 Specialty	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5 Specialty	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 5 Specialty	PA; SP
ICOTYDE ORAL TABLET 200 MG	Tier 5 Specialty	PA; SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5 Specialty	PA; SP

Drug		Status	Notes
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		Tier 2 Generic	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML		Tier 5 Specialty	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 5 Specialty	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML		Tier 5 Specialty	PA; SP
SOTYKTU ORAL TABLET 6 MG		Tier 5 Specialty	PA; SP
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML		Tier 5 Specialty	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 5 Specialty	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 5 Specialty	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 5 Specialty	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 5 Specialty	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML		Tier 5 Specialty	PA; SP
Antipsoriatics Agents			
calcipotriene scalp solution 0.005 %	(Pellix)	Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical cream 0.005 %		Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical foam 0.005 %	(Sorilux)	Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical ointment 0.005 %		Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcitriol topical ointment 3 mcg/gram	(Vectical)	Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOOXIA TOPICAL CREAM 0.005-4 %		Tier 4 Non-Preferred Brand	
DRITHOCREME HP TOPICAL CREAM 1 %		Tier 3 Preferred Brand	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED

Drug		Status	Notes
DUOBRII TOPICAL LOTION 0.01-0.045 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT); QL (200 GM per 28 days)
PELLIX SCALP SOLUTION 0.005 %	(calcipotriene)	Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PURAZIL TOPICAL CREAM 0.005-4 %		Tier 4 Non-Preferred Brand	
SORILUX TOPICAL FOAM 0.005 %	(calcipotriene)	Tier 4 Non-Preferred Brand	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
tazarotene topical cream 0.05 %	(Tazorac)	Tier 2 Generic	Age (Max 39 Years)
tazarotene topical cream 0.1 %	(Tazorac)	Tier 2 Generic	
tazarotene topical gel 0.05 %	(Tazorac)	Tier 2 Generic	Age (Max 39 Years)
tazarotene topical gel 0.1 %	(Trilitas)	Tier 2 Generic	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	(tazarotene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; Age (Max 39 Years)

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

Drug	Status	Notes
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
VTAMA TOPICAL CREAM 1 %	Tier 3 Preferred Brand	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ZORYVE TOPICAL CREAM 0.3 %	Tier 3 Preferred Brand	PA; QL (60 GM per 30 days)
Il-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	Tier 5 Specialty	PA; SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 5 Specialty	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 5 Specialty	PA; SP
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 5 Specialty	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5 Specialty	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5 Specialty	PA; SP
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5 Specialty	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 5 Specialty	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 5 Specialty	PA; SP
Topical Agents,Miscellaneous		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 4 Non-Preferred Brand	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4 Non-Preferred Brand	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4 Non-Preferred Brand	
OCM TOPICAL OINTMENT IN PACKET	Tier 4 Non-Preferred Brand	
SIVORA TOPICAL CREAM 0.3 %	Tier 4 Non-Preferred Brand	
Topical Immunosuppressive Agents		
HOVYN TOPICAL SOLUTION 0.1 %	Tier 4 Non-Preferred Brand	
HYFTOR TOPICAL GEL 0.2 %	Tier 5 Specialty	PA; SP
NUJO TOPICAL SOLUTION 0.1 %	Tier 4 Non-Preferred Brand	
pimecrolimus topical cream 1 %	Tier 2 Generic	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS

Drug		Status	Notes
tacrolimus topical ointment 0.03 %, 0.1 %		Tier 2 Generic	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %		Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 2 Generic	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3 Preferred Brand	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	(calcipotriene-betamethasone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING: ENSTILAR AND GENERIC TOPICAL CALCIPOTRIENE-BETAMETHASOME PRODUCT IN THE PAST 365 DAYS

Drug	Status	Notes
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg (Kazano)	Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phos-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (sitagliptin phos-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug		Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	(sitagliptin phos-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	(linagliptin-metformin)	Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	(alogliptin-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg		Tier 2 Generic	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg		Tier 2 Generic	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	Tier 2 Generic	QL (2 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	(Janumet XR)	Tier 2 Generic	QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	(Janumet XR)	Tier 2 Generic	QL (2 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione			
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg	(Oseni)	Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg		Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (alogliptin-pioglitazone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	Tier 2 Generic	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2.4 ML per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	Tier 2 Generic	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml) (Victoza 2-Pak)	Tier 2 Generic	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 3 Preferred Brand	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)

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

Drug		Status	Notes
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	(liraglutide)	Tier 4 Non-Preferred Brand	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST. A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib			
BRENZAVVY ORAL TABLET 20 MG	(bexagliflozin)	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4 Non-Preferred Brand	ST: PRIOR PRESCRIPTION FOR METFORMIN(GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS; QL (6 EA per 1 day)
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 3 Preferred Brand	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 2 Generic	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 2 Generic	

Drug		Status	Notes
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	(acarbose)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Antihyperglycemic, Dpp-4 Inhibitors			
alogliptin oral tablet 12.5 mg, 25 mg	(Nesina)	Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
alogliptin oral tablet 6.25 mg		Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	(sitagliptin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug		Status	Notes
NESINA ORAL TABLET 12.5 MG, 25 MG	(alogliptin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
saxagliptin oral tablet 2.5 mg, 5 mg		Tier 2 Generic	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	(Zituvio)	Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	Tier 2 Generic	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	(linagliptin)	Tier 4 Non-Preferred Brand	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN 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 2 Generic	
glipizide oral tablet 10 mg, 5 mg	Tier 2 Generic	
glipizide oral tablet 2.5 mg	Tier 2 Generic	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 2 Generic	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 2 Generic	
nateglinide oral tablet 120 mg, 60 mg	Tier 2 Generic	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2 Generic	

Drug	Status	Notes
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	Tier 2 Generic	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
dapagliflozin-saxagliptin oral tablet 10-5 mg	Tier 2 Generic	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
metformin oral solution 500 mg/5 ml (Riomet)	Tier 2 Generic	PA; QL (20 ML per 1 day)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 2 Generic	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 2 Generic	

Drug	Status	Notes
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 1 day)
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3 Preferred Brand	QL (15 ML per 25 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3 Preferred Brand	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 2 Generic	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 2 Generic	

Drug		Status	Notes
Antihyperglycemic,Insulin-Response & Release Comb.			
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	(pioglitazone-glimepiride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	(DUETACT)	Tier 2 Generic	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic-Glucocorticoid Receptor Blocker			
mifepristone oral tablet 300 mg	(Korlym)	Tier 5 Specialty	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb			
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg	(Xigduo XR)	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF 2 OF THE FOLLOWING: JARDIANCE, SYNJARDY/SYNJARDY XR, FARXIGA, OR XIGDUO XR IN THE PAST 365 DAYS; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapagliflozin-metformin)	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG (dapagliflozin-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapagliflozin-metformin)	Tier 3 Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone-metformin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)
pioglitazone-metformin oral tablet 15-500 mg	Tier 2 Generic	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)
pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)	Tier 2 Generic	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)

Drug		Status	Notes
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 3 Preferred Brand	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
Blood Sugar Diagnostics			
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug	Status	Notes
ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ADVANCED GLUC METER TEST (blood sugar diagnostic) STRIP STRIP	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
AGAMATRIX AMP TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ASSURE 4 STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ASSURE TITANIUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EASY STEP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EASYMAX STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA G20 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA V10 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 3 Preferred Brand	QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TRUENESS GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)

Drug		Status	Notes
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
Diabetic Supplies			
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT)		Tier 3 Preferred Brand	QL (4 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT), 2 UNIT (240 UNIT)		Tier 3 Preferred Brand	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER		Tier 3 Preferred Brand	QL (1 EA per 365 days)
DEXCOM G6 RECEIVER		Tier 4 Non-Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

Drug	Status	Notes
DEXCOM G6 SENSOR DEVICE	Tier 4 Non-Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

Drug	Status	Notes
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3 Preferred Brand	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4 Non-Preferred Brand	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 4 Non-Preferred Brand	PA
GUARDIAN SENSOR 3 DEVICE	Tier 4 Non-Preferred Brand	PA
ILET INFUSION KIT-FLEX 23" COMBO PACK	Tier 4 Non-Preferred Brand	
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 4 Non-Preferred Brand	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 4 Non-Preferred Brand	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 4 Non-Preferred Brand	
ILET INSULIN PUMP	Tier 4 Non-Preferred Brand	PA
ILET STARTER KIT CONTACT KIT	Tier 4 Non-Preferred Brand	
ILET STARTER KIT-INSET KIT	Tier 4 Non-Preferred Brand	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 3 Preferred Brand	
MINIMED 780G INSULIN PUMP	Tier 4 Non-Preferred Brand	PA
MINIMED APP MANAGER	Tier 4 Non-Preferred Brand	QL (1 EA per 365 days)
MINIMED INSTINCT SENSOR DEVICE	Tier 4 Non-Preferred Brand	PA
MODD1 PATIENT WELCOME KIT KIT	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
MODD1 SUPPLY KIT COMBO PACK	Tier 4 Non-Preferred Brand	PA
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3 Preferred Brand	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3 Preferred Brand	
PIVOT INSULIN PUMP STARTER KIT KIT	Tier 4 Non-Preferred Brand	PA; QL (1 EA per 365 days)
SIMPLERA SENSOR DEVICE	Tier 4 Non-Preferred Brand	PA
SIMPLERA SYNC SENSOR DEVICE	Tier 4 Non-Preferred Brand	PA
T:SLIM X2 CONTROL-IQ	Tier 4 Non-Preferred Brand	PA
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM MOBI SYSTEM	Tier 4 Non-Preferred Brand	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK	Tier 4 Non-Preferred Brand	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK		Tier 4 Non-Preferred Brand	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK		Tier 4 Non-Preferred Brand	
TANDEM T:SLIM X2 STARTER KIT		Tier 4 Non-Preferred Brand	PA
TWIIST REFILL KT(CSST-NDL-SYR) KIT		Tier 3 Preferred Brand	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT		Tier 3 Preferred Brand	
TWIIST STARTER KIT KIT		Tier 3 Preferred Brand	QL (1 EA per 365 days)
V-GO 20 DEVICE		Tier 3 Preferred Brand	
V-GO 30 DEVICE		Tier 3 Preferred Brand	
V-GO 40 DEVICE		Tier 3 Preferred Brand	
Hyperglycemics			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		Tier 3 Preferred Brand	QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 2 Generic	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 4 Non-Preferred Brand	ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 2 Generic	ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 3 Preferred Brand	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		Tier 3 Preferred Brand	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML		Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)

Drug	Status	Notes
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 3 Preferred Brand	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 4 Non-Preferred Brand	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 days)

Drug	Status	Notes
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4 Non-Preferred Brand	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3 Preferred Brand	QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days)

Drug		Status	Notes
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	(insulin lispro protamin-lispro)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 3 Preferred Brand	QL (40 ML per 28 days)

Drug		Status	Notes
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 3 Preferred Brand	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (24 ML per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	Tier 3 Preferred Brand	QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 2 Generic	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	Tier 2 Generic	QL (30 ML per 28 days)

Drug		Status	Notes
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 2 Generic	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	Tier 2 Generic	QL (40 ML per 28 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS; QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	Tier 4 Non-Preferred Brand	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	Tier 4 Non-Preferred Brand	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 3 Preferred Brand	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 4 Non-Preferred Brand	ST: TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 3 Preferred Brand	QL (40 ML per 28 days)

Drug		Status	Notes
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3 Preferred Brand	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		Tier 3 Preferred Brand	QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 3 Preferred Brand	QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	Tier 3 Preferred Brand	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 4 Non-Preferred Brand	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)

Drug		Status	Notes
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 3 Preferred Brand	QL (18 ML per 28 days)

Drug		Status	Notes
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 3 Preferred Brand	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 3 Preferred Brand	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 3 Preferred Brand	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 3 Preferred Brand	QL (40 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	(fluocinolone acetonide oil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 2 Generic	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 2 Generic	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 4 Non-Preferred Brand	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 2 Generic	
Ear Preparations,Antibiotics			
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	(ciprofloxacin hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 2 Generic	

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

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

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

Drug	Status	Notes
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 2 Generic	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 2 Generic	
ferric citrate oral tablet 210 mg iron (Auryxia)	Tier 2 Generic	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)

Drug		Status	Notes
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	(lanthanum)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KIONEX ORAL SUSPENSION 15 GRAM/60 ML	(sodium polystyrene sulfonate)	Tier 2 Generic	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 2 Generic	
LOKELMA ORAL POWDER IN PACKET 10 GRAM		Tier 3 Preferred Brand	QL (34 EA per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM		Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug		Status	Notes
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	(sevelamer carbonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
RENVELA ORAL TABLET 800 MG	(sevelamer carbonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 2 Generic	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 2 Generic	
sevelamer hcl oral tablet 400 mg, 800 mg		Tier 2 Generic	
sodium polystyrene sulfonate oral powder 15 gram		Tier 2 Generic	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	Tier 2 Generic	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 2 Generic	

Drug		Status	Notes
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 4 Non-Preferred Brand	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 3 Preferred Brand	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM		Tier 4 Non-Preferred Brand	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 4 Non-Preferred Brand	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 2 Generic	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	(potassium chloride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 2 Generic	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 2 Generic	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 2 Generic	
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 2 Generic	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 2 Generic	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 2 Generic	

Drug		Status	Notes
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	Tier 2 Generic	
potassium chloride oral tablet extended release 15 meq, 20 meq		Tier 2 Generic	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	Tier 2 Generic	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 2 Generic	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	Tier 2 Generic	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 2 Generic	
Sodium/Saline Preparations			
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2 Generic	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

Drug		Status	Notes
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
CIALIS ORAL TABLET 5 MG	(tadalafil)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
tadalafil oral tablet 2.5 mg		Tier 2 Generic	PA; QL (1 EA per 1 day)
tadalafil oral tablet 5 mg	(Cialis)	Tier 2 Generic	PA; QL (1 EA per 1 day)
Fertility Stimulating Preparations,Non-Fsh			
clomiphene citrate oral tablet 50 mg	(MiloPhene)	Tier 2 Generic	
MILOPHENE ORAL TABLET 50 MG	(clomiphene citrate)	Tier 2 Generic	
Endocrine Disorder - Other			
Adrenocorticotrophic Hormones			
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 5 Specialty	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 5 Specialty	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		Tier 5 Specialty	PA; SP
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML		Tier 5 Specialty	PA; SP

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

Drug	Status	Notes
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Tier 5 Specialty	PA; SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5 Specialty	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5 Specialty	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5 Specialty	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5 Specialty	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 5 Specialty	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 5 Specialty	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 5 Specialty	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 5 Specialty	PA; SP
Bone Formation Agents - Sclerostin Inhibitor, Mono		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Bone Formation Stim. Agents - Parathyroid Hormone			
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	(teriparatide)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Forteo)	Tier 5 Specialty	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 5 Specialty	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 4 Non-Preferred Brand	QL (1 EA per 7 days)

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

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

Drug		Status	Notes
FOSAMAX ORAL TABLET 70 MG	(alendronate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ibandronate oral tablet 150 mg		Tier 2 Generic	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	(calcitonin (salmon))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 5 Specialty	PA; SP
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		Tier 5 Specialty	PA; SP
raloxifene oral tablet 60 mg	(Evista)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

Drug		Status	Notes
risedronate oral tablet 150 mg	(Actonel)	Tier 2 Generic	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg		Tier 2 Generic	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	(Actonel)	Tier 2 Generic	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 2 Generic	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		Tier 5 Specialty	PA; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 5 Specialty	PA; SP
zoledronic acid intravenous recon soln 4 mg		Tier 2 Generic	SP
zoledronic acid intravenous solution 4 mg/5 ml		Tier 2 Generic	SP
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml		Tier 2 Generic	SP
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	Tier 2 Generic	SP
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml		Tier 2 Generic	SP
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 5 Specialty	SP
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 5 Specialty	SP; QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML		Tier 5 Specialty	PA; SP

Drug	Status	Notes
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SENSIPAR ORAL TABLET 90 MG (cinacalcet)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5 Specialty	PA; SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5 Specialty	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5 Specialty	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5 Specialty	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5 Specialty	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5 Specialty	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5 Specialty	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5 Specialty	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5 Specialty	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5 Specialty	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5 Specialty	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5 Specialty	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5 Specialty	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5 Specialty	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 2 Generic	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 2 Generic	

Drug	Status	Notes
paricalcitol oral capsule 4 mcg	Tier 2 Generic	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3 Preferred Brand	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3 Preferred Brand	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 5 Specialty	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 5 Specialty	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3 Preferred Brand	PA

Drug	Status	Notes
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 5 Specialty	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 5 Specialty	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5 Specialty	PA; SP
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 5 Specialty	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 5 Specialty	PA; SP
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 3 Preferred Brand	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5 Specialty	PA; SP
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	Tier 5 Specialty	PA; SP
Pituitary Suppressive Agents		
cabergoline oral tablet 0.5 mg	Tier 2 Generic	
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 2 Generic	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
methimazole oral tablet 10 mg, 5 mg	Tier 2 Generic	
propylthiouracil oral tablet 50 mg	Tier 2 Generic	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 5 Specialty	PA; SP
Iodine Containing Agents		
potassium iodide oral solution 1 gram/ml (SSKI)	Tier 2 Generic	

Drug		Status	Notes
SSKI ORAL SOLUTION 1 GRAM/ML	(potassium iodide)	Tier 2 Generic	
STRONG IODINE ORAL SOLUTION 5 %		Tier 2 Generic	
Thyroid Hormones			
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
AMERITHROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG	(thyroid (pork))	Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
AMERITHROID ORAL TABLET 180 MG, 240 MG, 300 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
ARMOUR THYROID ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Drug	Status	Notes
ARMOUR THYROID ORAL TABLET 15 MG (thyroid (pork))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC LIOTHYRONINE TABLETS IN THE PAST 120 DAYS

Drug	Status	Notes
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 2 Generic	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
EVEXITHROID ORAL TABLET 180 MG, 45 MG, 75 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Drug		Status	Notes
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
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 2 Generic	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
levothyroxine 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	(Levo-T)	Tier 2 Generic	

Drug		Status	Notes
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	(liothyronine)	Tier 2 Generic	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	Tier 2 Generic	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Drug	Status	Notes
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
RENTHYROID ORAL TABLET 45 MG, 75 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Drug	Status	Notes
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 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4 Non-Preferred Brand	PA; QL (20 ML per 1 day)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (Adthyza)	Tier 4 Non-Preferred Brand	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

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

Drug	Status	Notes
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 2 Generic	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 2 Generic	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 2 Generic	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %	Tier 2 Generic	

Drug		Status	Notes
Eye Antibiotic-Corticoid Combinations			
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	(neomycin-polymyxin b-dexameth)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		Tier 2 Generic	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 2 Generic	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %		Tier 2 Generic	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 2 Generic	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		Tier 4 Non-Preferred Brand	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %		Tier 2 Generic	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %		Tier 2 Generic	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 3 Preferred Brand	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC OPHTHALMIC TOBRAMYCIN/DEXAMETHASONE DROPS IN THE PAST 120 DAYS
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		Tier 2 Generic	

Drug		Status	Notes
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	Tier 2 Generic	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	(tobramycin-lotepred)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Eye Antihistamines			
azelastine ophthalmic (eye) drops 0.05 %		Tier 2 Generic	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	Tier 2 Generic	ST: TRIAL OF GENERIC OPHTHALMIC ANTIHISTAMINE (EPINASTINE, AZELASTINE, OR OLAPATADINE) IN THE PAST 120 DAYS; QL (10 ML per 30 days)

Drug		Status	Notes
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	(bepotastine besilate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC OPHTHALMIC ANTIHISTAMINE (EPINASTINE, AZELASTINE, OR OLAPATADINE) IN THE PAST 120 DAYS; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %		Tier 2 Generic	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	Tier 2 Generic	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	Tier 2 Generic	QL (3 ML per 30 days)

Drug	Status	Notes
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (60 EA per 15 days)

Drug		Status	Notes
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	Tier 2 Generic	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	Tier 2 Generic	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %		Tier 2 Generic	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)

Drug		Status	Notes
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	(bromfenac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
clobetasol ophthalmic (eye) drops,suspension 0.05 %	(Byqlovi)	Tier 2 Generic	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 2 Generic	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG		Tier 4 Non-Preferred Brand	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 2 Generic	QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	Tier 2 Generic	QL (10 ML per 14 days)

Drug	Status	Notes
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3 Preferred Brand	QL (8.3 ML per 14 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 % (FML Liquifilm)	Tier 2 Generic	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 2 Generic	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)

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

Drug		Status	Notes
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	(loteprednol etabonate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 3 Preferred Brand	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 3 Preferred Brand	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	Tier 2 Generic	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	Tier 2 Generic	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		Tier 2 Generic	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)

Drug	Status	Notes
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (9 ML per 16 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	Tier 4 Non-Preferred Brand	SP
PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate) DROPS,SUSPENSION 1 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 2 Generic	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 2 Generic	QL (20 ML per 14 days)
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 2 Generic	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 2 Generic	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 2 Generic	

Drug	Status	Notes
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 2 Generic	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG	Tier 4 Non-Preferred Brand	SP
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	Tier 5 Specialty	SP
Eye Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 2 Generic	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 4 Non-Preferred Brand	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 2 Generic	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 2 Generic	

Drug	Status	Notes
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 2 Generic	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 2 Generic	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 2 Generic	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 4 Non-Preferred Brand	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	Tier 2 Generic	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 2 Generic	
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 2 Generic	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3 Preferred Brand	
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 2 Generic	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 2 Generic	
Eye Vasoconstrictors (Rx Only)		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 2 Generic	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4 Non-Preferred Brand	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3 Preferred Brand	PA
Ophthalmic (Eye) Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5 Specialty	PA; SP
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4 Non-Preferred Brand	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 2 Generic	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 2 Generic	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (besifloxacin)	Tier 3 Preferred Brand	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3 Preferred Brand	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 2 Generic	

Drug	Status	Notes
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 2 Generic	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 2 Generic	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 2 Generic	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	Tier 2 Generic	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	Tier 2 Generic	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 2 Generic	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 2 Generic	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 2 Generic	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	Tier 2 Generic	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 2 Generic	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 2 Generic	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 2 Generic	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3 Preferred Brand	
vancomycin in water ophthalmic (eye) drops 2.5 %	Tier 2 Generic	

Drug		Status	Notes
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	(moxifloxacin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 4 Non-Preferred Brand	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING PREFERRED AGENTS: MIEBO, RESTASIS, XIIDRA, TYRVAYA, TRYPTYR IN THE PAST 365 DAYS; QL (60 EA per 30 days)
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	Tier 2 Generic	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING: MIEBO, XIIDRA, TYRVAYA OR GENERIC RESTASIS IN THE PAST 365 DAYS; QL (5.5 ML per 30 days)

Drug	Status	Notes
RESTASIS OPHTHALMIC (EYE) (cyclosporine) DROPPERETTE 0.05 %	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4 Non-Preferred Brand	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4 Non-Preferred Brand	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3 Preferred Brand	QL (60 EA per 30 days)
Ophthalmic Complement Inhibitors		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML	Tier 5 Specialty	PA; SP
Ophthalmic Mast Cell Stabilizers		
cromolyn ophthalmic (eye) drops 4 %	Tier 2 Generic	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 4 Non-Preferred Brand	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 4 Non-Preferred Brand	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 4 Non-Preferred Brand	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 4 Non-Preferred Brand	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 4 Non-Preferred Brand	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 4 Non-Preferred Brand	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 2 Generic	
acetazolamide oral tablet 125 mg, 250 mg	Tier 2 Generic	
methazolamide oral tablet 25 mg, 50 mg	Tier 2 Generic	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 2 Generic	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
betaxolol ophthalmic (eye) drops 0.5 %	Tier 2 Generic	

Drug	Status	Notes
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4 Non-Preferred Brand	
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	Tier 2 Generic	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 2 Generic	QL (2.5 ML per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	Tier 2 Generic	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 2 Generic	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 2 Generic	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	Tier 2 Generic	
brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %	Tier 2 Generic	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	Tier 2 Generic	
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	Tier 2 Generic	
carteolol ophthalmic (eye) drops 1 %	Tier 2 Generic	

Drug		Status	Notes
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	(dorzolamide-timolol (pf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)

Drug	Status	Notes
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide-timolol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 2 Generic	
dorzolamide ophthalmic (eye) drops 2 %	Tier 2 Generic	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	Tier 2 Generic	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 2 Generic	
DURYSTA INTRACAMERAL IMPLANT 10 MCG	Tier 5 Specialty	SP
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
ISTALOL OPHTHALMIC (EYE) DROPS, (timolol maleate) ONCE DAILY 0.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 2 Generic	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 2 Generic	
LUMIGAN OPHTHALMIC (EYE) DROPS (bimatoprost) 0.01 %	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2.5 ML per 25 days)

Drug	Status	Notes
OMLONTI OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC PROSTAGLANDIN OR LUMIGAN AND ONE OF THE FOLLOWING: GENERIC BETA-BLOCKERS, ALPHA-ADRENERGIC RECEPTOR AGONISTS, CARBONIC ANHYDRASE INHIBITORS, OR SIMBRINZA IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 5 Specialty	SP
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 2 Generic	
pilocarpine hcl ophthalmic (eye) drops 1.25 % (Vuity)	Tier 2 Generic	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA REQUIRED.; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, BRIMONIDINE 0.2%, TRAVATAN Z, AZOPT, OR SIMBRINZA REQUIRED.; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3 Preferred Brand	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 % (Zioptan (PF))	Tier 2 Generic	QL (1 EA per 1 day)

Drug		Status	Notes
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %		Tier 2 Generic	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	Tier 2 Generic	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		Tier 2 Generic	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	Tier 2 Generic	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		Tier 2 Generic	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	Tier 2 Generic	
timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %		Tier 2 Generic	
timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %		Tier 2 Generic	
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %		Tier 2 Generic	
timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %		Tier 2 Generic	
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %		Tier 2 Generic	
timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %		Tier 2 Generic	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	(timolol maleate (pf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)

Drug		Status	Notes
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	(travoprost)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2.5 ML per 25 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 2 Generic	QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	(pilocarpine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 ML per 30 days)

Drug	Status	Notes
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS (latanoprost) 0.005 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	(tafluprost (pf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
Mydriatics			
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %, 1 %		Tier 2 Generic	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %		Tier 2 Generic	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %	(cyclopentolate)	Tier 4 Non-Preferred Brand	
CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %, 2 %	(cyclopentolate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 4 Non-Preferred Brand	
cyclopentolate ophthalmic (eye) drops 1 %	(Cyclogyl)	Tier 2 Generic	

Drug	Status	Notes
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 2 Generic	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %	Tier 2 Generic	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 2 Generic	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 4 Non-Preferred Brand	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % (tropicamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 2 Generic	

Drug	Status	Notes
tropicamide ophthalmic (eye) drops 0.5 %	Tier 2 Generic	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 2 Generic	
Ophthalmic Antifibrotic Agents		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 5 Specialty	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 4 Non-Preferred Brand	
Eye - Miscellaneous		
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4 Non-Preferred Brand	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3 Preferred Brand	
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 2 Generic	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 4 Non-Preferred Brand	
Ocular Photoactivated Vessel-Occluding Agents		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 5 Specialty	SP
Ophth Vasc. Endothelial Growth Factor Antagonists		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	Tier 5 Specialty	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	Tier 5 Specialty	PA; SP
Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	Tier 5 Specialty	PA; SP
bevacizumab intravitreal syringe 1.25 mg/0.05 ml (Avastin)	Tier 5 Specialty	PA; SP
bevacizumab intravitreal syringe 2.25 mg/0.09 ml, 2.75 mg/0.11 ml	Tier 5 Specialty	PA; SP

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

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

Drug	Status	Notes
ZYLOPRIM ORAL TABLET 100 MG (allopurinol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Hyperuricemia Tx - Urate-Oxidase Enzyme-Type		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML	Tier 5 Specialty	PA; SP
Uricosuric Agents		
probenecid oral tablet 500 mg	Tier 2 Generic	
probenecid-colchicine oral tablet 500-0.5 mg	Tier 2 Generic	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5 Specialty	PA; SP
CABLIVI INJECTION KIT 11 MG	Tier 5 Specialty	PA; SP
Anticoagulants,Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 2 Generic	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 2 Generic	

Drug	Status	Notes
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
aminocaproic acid oral solution 250 mg/ml (25 %) (Amicar)	Tier 2 Generic	
aminocaproic acid oral tablet 1,000 mg, 500 mg (Amicar)	Tier 2 Generic	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG)	Tier 5 Specialty	SP
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Tier 4 Non-Preferred Brand	SP
tranexamic acid oral tablet 650 mg	Tier 2 Generic	

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

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

Drug	Status	Notes
Antiporphyria Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 5 Specialty	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5 Specialty	SP
Citrates As Anticoagulants		
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 2 Generic	
sodium citrate intra-catheter solution 4 %	Tier 2 Generic	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 2 Generic	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 2 Generic	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3 Preferred Brand	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 3 Preferred Brand	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	Tier 3 Preferred Brand	QL (32 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	Tier 3 Preferred Brand	QL (4 EA per 1 day)
rivaroxaban oral suspension for reconstitution 1 mg/ml (Xarelto)	Tier 2 Generic	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg (Xarelto)	Tier 2 Generic	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF ELIQUIS AND XARELTO REQUIRED.; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3 Preferred Brand	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	Tier 3 Preferred Brand	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 3 Preferred Brand	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 3 Preferred Brand	QL (2 EA per 1 day)

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

Drug	Status	Notes
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5 Specialty	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5 Specialty	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5 Specialty	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5 Specialty	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5 Specialty	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 5 Specialty	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 5 Specialty	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML	Tier 5 Specialty	PA; SP
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 2 Generic	

Drug	Status	Notes
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 10 MG/0.8 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 2.5 MG/0.5 ML	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (15 ML per 30 days)

Drug		Status	Notes
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	(fondaparinux)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	(fondaparinux)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 2 Generic	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 2 Generic	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 2 Generic	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 2 Generic	QL (15 ML per 30 days)

Drug		Status	Notes
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 2 Generic	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 2 Generic	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML		Tier 4 Non-Preferred Brand	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 4 Non-Preferred Brand	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		Tier 4 Non-Preferred Brand	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		Tier 4 Non-Preferred Brand	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		Tier 4 Non-Preferred Brand	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		Tier 4 Non-Preferred Brand	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 Non-Preferred Brand	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		Tier 4 Non-Preferred Brand	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML		Tier 2 Generic	
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 2 Generic	
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 2 Generic	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 2 Generic	
heparin (porcine) injection syringe 5,000 unit/ml		Tier 2 Generic	
heparin lock flush (porcine) intravenous solution 10 unit/ml		Tier 2 Generic	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf))	Tier 2 Generic	
heparin, porcine (pf) injection solution 1,000 unit/ml		Tier 2 Generic	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		Tier 2 Generic	
heparin, porcine (pf) intravenous syringe 1 unit/ml		Tier 2 Generic	

Drug		Status	Notes
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 2 Generic	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	(enoxaparin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS 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	(enoxaparin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Human Monoclonal Antibody Complement(C5) Inhibitor			
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML		Tier 5 Specialty	PA; SP
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML		Tier 5 Specialty	PA; SP
FABHALTA ORAL CAPSULE 200 MG		Tier 5 Specialty	PA; SP
PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML)		Tier 5 Specialty	PA; SP

Drug	Status	Notes
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 5 Specialty	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 5 Specialty	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 5 Specialty	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 5 Specialty	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 4 Non-Preferred Brand	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	Tier 5 Specialty	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5 Specialty	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	Tier 5 Specialty	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5 Specialty	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5 Specialty	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5 Specialty	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5 Specialty	PA; SP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5 Specialty	PA; SP

Drug		Status	Notes
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML		Tier 5 Specialty	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 5 Specialty	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML		Tier 5 Specialty	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 5 Specialty	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 5 Specialty	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 5 Specialty	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 5 Specialty	PA; SP
Plasma Proteins			
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG		Tier 5 Specialty	PA; SP
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 1 EHB/ACA	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 1 EHB/ACA	
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML		Tier 4 Non-Preferred Brand	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 Non-Preferred Brand	SP
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	(aspirin)	Tier 1 EHB/ACA	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	Tier 1 EHB/ACA	
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	Tier 1 EHB/ACA	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 2 Generic	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 1 EHB/ACA	

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

Drug		Status	Notes
EFFIENT ORAL TABLET 10 MG, 5 MG	(prasugrel hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml		Tier 2 Generic	SP
PLAVIX ORAL TABLET 75 MG	(clopidogrel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	Tier 2 Generic	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	(aspirin)	Tier 1 EHB/ACA	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	(aspirin)	Tier 1 EHB/ACA	
ticagrelor oral tablet 60 mg	(Brilinta)	Tier 2 Generic	QL (2 EA per 1 day)
ticagrelor oral tablet 90 mg	(Brilinta)	Tier 2 Generic	
ZONTIVITY ORAL TABLET 2.08 MG		Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)

Drug		Status	Notes
Platelet Reducing Agents			
AGRYLIN ORAL CAPSULE 0.5 MG	(anagrelide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 2 Generic	
anagrelide oral capsule 1 mg		Tier 2 Generic	
Protein C Preparations			
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT		Tier 5 Specialty	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT		Tier 5 Specialty	SP
Pyruvate Kinase Activators			
AQVESME ORAL TABLET 100 MG		Tier 5 Specialty	PA; SP; QL (2 EA per 1 day)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 5 Specialty	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)		Tier 5 Specialty	PA; SP
Sickle Cell Anemia Agents			
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML		Tier 5 Specialty	PA; SP
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 4 Non-Preferred Brand	
ENDARI ORAL POWDER IN PACKET 5 GRAM	(glutamine (sickle cell))	Tier 5 Specialty	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
SIKLOS ORAL TABLET 1,000 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA REQUIRED.
SIKLOS ORAL TABLET 100 MG		Tier 4 Non-Preferred Brand	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML		Tier 4 Non-Preferred Brand	PA
Spleen Tyrosine Kinase Inhibitors			
RHAPSIDO ORAL TABLET 25 MG		Tier 5 Specialty	PA; SP
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 5 Specialty	PA; SP
WAYRILZ ORAL TABLET 400 MG		Tier 5 Specialty	PA; SP
Thrombin Inhibitors,Sel.,Direct,&Rev.-Hirudin Type			
bivalirudin intravenous recon soln 250 mg		Tier 2 Generic	SP
bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)		Tier 2 Generic	SP
Thrombin Inhibitors,Selective,Direct, & Reversible			
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml		Tier 4 Non-Preferred Brand	SP
argatroban intravenous solution 100 mg/ml		Tier 4 Non-Preferred Brand	SP
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	Tier 2 Generic	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	(dabigatran etexilate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ELIQUIS AND XARELTO REQUIRED; QL (2 EA per 1 day)

Drug	Status	Notes
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4 Non-Preferred Brand	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5 Specialty	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	Tier 5 Specialty	PA; SP
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg (Promacta)	Tier 5 Specialty	PA; SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg (Promacta)	Tier 5 Specialty	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 5 Specialty	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	Tier 5 Specialty	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Topical Hemostatics		
AVITENE FLOUR TOPICAL POWDER	Tier 4 Non-Preferred Brand	
AVITENE TOPICAL POWDER IN PACKET	Tier 4 Non-Preferred Brand	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 4 Non-Preferred Brand	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4 Non-Preferred Brand	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4 Non-Preferred Brand	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4 Non-Preferred Brand	
GELFOAM MUCOUS MEMBRANE POWDER	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 2 Generic	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 4 Non-Preferred Brand	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 4 Non-Preferred Brand	
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SYRINGE AVITENE TOPICAL POWDER	Tier 4 Non-Preferred Brand	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 2 Generic	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2 Generic	

Drug		Status	Notes
THROMBIN-JMI TOPICAL SOLUTION 20,000 UNIT/20 ML, 5,000 UNIT/5 ML		Tier 4 Non-Preferred Brand	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 2 Generic	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 2 Generic	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)		Tier 4 Non-Preferred Brand	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 2 Generic	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 2 Generic	
phytonadione (vitamin k1) oral tablet 5 mg		Tier 2 Generic	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 2 Generic	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 2 Generic	
Hormonal Deficiency			
Androgenic Agents			
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	(testosterone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (5 GM per 1 day)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)		Tier 4 Non-Preferred Brand	PA; SP; QL (6 ML per 30 days)

Drug	Status	Notes
DEPO-TESTOSTERONE (testosterone cypionate) INTRAMUSCULAR OIL 100 MG/ML	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 ML per 28 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	Tier 4 Non-Preferred Brand	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG	Tier 4 Non-Preferred Brand	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 4 Non-Preferred Brand	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 4 Non-Preferred Brand	PA
methyltestosterone oral capsule 10 mg	Tier 2 Generic	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4 Non-Preferred Brand	PA; QL (22 GM per 30 days)

Drug		Status	Notes
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	(testosterone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 GM per 1 day)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 2 Generic	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml		Tier 2 Generic	PA; QL (5 ML per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 2 Generic	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		Tier 2 Generic	PA; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 2 Generic	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 2 Generic	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)		Tier 2 Generic	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	Tier 2 Generic	PA; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)		Tier 2 Generic	PA; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 2 Generic	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG		Tier 4 Non-Preferred Brand	PA; QL (4 EA per 1 day)

Drug	Status	Notes
UNDECATREX ORAL CAPSULE 200 MG	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 GM per 1 day)

Drug	Status	Notes
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3 Preferred Brand	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4 Non-Preferred Brand	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3 Preferred Brand	

Drug		Status	Notes
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 0.5-100 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG		Tier 3 Preferred Brand	QL (30 EA per 30 days)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 2 Generic	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 2 Generic	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 2 Generic	
Estrogenic Agents			
ABIGALE LO ORAL TABLET 0.5-0.1 MG	(estradiol-norethindrone acet)	Tier 2 Generic	
ABIGALE ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 2 Generic	
ACTIVELLA ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 4 Non-Preferred Brand	ST: TRIAL OF COMBIPATCH IN THE PAST 120 DAYS; QL (1 EA per 7 days)

Drug		Status	Notes
CLIMARA 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	(estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 3 Preferred Brand	QL (2 EA per 7 days)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	Tier 2 Generic	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML	(estradiol valerate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 4 Non-Preferred Brand	

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

Drug		Status	Notes
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	(estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (37.5 GM per 30 days)
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2 Generic	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2 Generic	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	(EstroGel)	Tier 2 Generic	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	(Divigel)	Tier 2 Generic	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	(Divigel)	Tier 2 Generic	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	(Divigel)	Tier 2 Generic	QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 2 Generic	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 2 Generic	QL (1 EA per 7 days)

Drug		Status	Notes
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	Tier 2 Generic	
estradiol valerate intramuscular oil 40 mg/ml		Tier 2 Generic	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	Tier 2 Generic	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	Tier 2 Generic	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	(estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2 Generic	
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2 Generic	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2 Generic	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 4 Non-Preferred Brand	

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

Drug		Status	Notes
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 7 days)
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg		Tier 2 Generic	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE REQUIRED; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Nk3 Receptor Antag			
LYNKUET ORAL CAPSULE 60 MG		Tier 4 Non-Preferred Brand	PA; QL (2 EA per 1 day)
VEOZAH ORAL TABLET 45 MG		Tier 4 Non-Preferred Brand	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 3 Preferred Brand	
GALLIFREY ORAL TABLET 5 MG	(norethindrone acetate)	Tier 2 Generic	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 2 Generic	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	Tier 2 Generic	
progesterone intramuscular oil 50 mg/ml		Tier 2 Generic	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 2 Generic	

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

Drug	Status	Notes
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 5 Specialty	PA; SP
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 5 Specialty	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 5 Specialty	PA; SP
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %	Tier 5 Specialty	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 5 Specialty	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 5 Specialty	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5 Specialty	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 5 Specialty	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5 Specialty	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5 Specialty	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5 Specialty	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	Tier 4 Non-Preferred Brand	SP
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	Tier 4 Non-Preferred Brand	SP
HYPERRHO INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	Tier 4 Non-Preferred Brand	SP

Drug	Status	Notes
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5 Specialty	PA; SP
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	Tier 4 Non-Preferred Brand	SP
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 5 Specialty	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
QIVIGY INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	Tier 4 Non-Preferred Brand	SP
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	Tier 4 Non-Preferred Brand	SP
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML	Tier 5 Specialty	SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5 Specialty	PA; SP
YIMMUGO INTRAVENOUS SOLUTION 10 %	Tier 5 Specialty	PA; SP
Covid-19 Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4 Non-Preferred Brand	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4 Non-Preferred Brand	
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 1 EHB/ACA	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5 Specialty	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4 Non-Preferred Brand	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5 Specialty	PA; SP
imiquimod topical cream in packet 5 %	Tier 2 Generic	
KERIDA TOPICAL GEL 5-0.1-30 %	Tier 4 Non-Preferred Brand	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 5 Specialty	SP
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4 Non-Preferred Brand	
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP

Drug		Status	Notes
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG		Tier 3 Preferred Brand	SP
Immunosuppressant-Interferon Gamma Inhibitor, Mab			
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML		Tier 5 Specialty	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 5 Specialty	PA; SP
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML		Tier 5 Specialty	PA; SP; QL (3.2 ML per 28 days)
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML		Tier 5 Specialty	PA; SP; QL (3.2 ML per 28 days)
Immunosuppressives			
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
ATGAM INTRAVENOUS SOLUTION 50 MG/ML		Tier 3 Preferred Brand	SP
AZASAN ORAL TABLET 100 MG, 75 MG	(azathioprine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 2 Generic	
azathioprine oral tablet 50 mg	(Imuran)	Tier 2 Generic	

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

Drug		Status	Notes
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	(mycophenolate mofetil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CELLCEPT ORAL TABLET 500 MG	(mycophenolate mofetil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 2 Generic	
cyclosporine modified oral capsule 50 mg		Tier 2 Generic	
cyclosporine modified oral solution 100 mg/ml	(Neoral)	Tier 2 Generic	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 2 Generic	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 2 Generic	

Drug		Status	Notes
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 2 Generic	
IMURAN ORAL TABLET 50 MG	(azathioprine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 5 Specialty	PA; SP
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	Tier 2 Generic	SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 2 Generic	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 2 Generic	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 2 Generic	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 2 Generic	

Drug		Status	Notes
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	(mycophenolate sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 4 Non-Preferred Brand	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 3 Preferred Brand	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 3 Preferred Brand	
NULOJIX INTRAVENOUS RECON SOLN 250 MG		Tier 3 Preferred Brand	SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	(tacrolimus)	Tier 3 Preferred Brand	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Tier 3 Preferred Brand	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 3 Preferred Brand	

Drug		Status	Notes
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	(cyclosporine)	Tier 4 Non-Preferred Brand	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Tier 3 Preferred Brand	
sirolimus oral solution 1 mg/ml		Tier 2 Generic	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2 Generic	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 2 Generic	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	(Astagraf XL)	Tier 2 Generic	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG		Tier 3 Preferred Brand	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	(everolimus (immunosuppressive))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
Rho Kinase Inhibitor			
REZUROCK ORAL TABLET 200 MG		Tier 5 Specialty	PA; SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
BACTRIM DS ORAL TABLET 800-160 MG	(sulfamethoxazole-trimethoprim)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BACTRIM ORAL TABLET 400-80 MG	(sulfamethoxazole-trimethoprim)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 2 Generic	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 2 Generic	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 2 Generic	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	(sulfamethoxazole-trimethoprim)	Tier 2 Generic	

Drug	Status	Notes
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5 Specialty	PA; SP
Carbapenems (Thienamycins)		
imipenem-cilastatin intravenous recon soln 250 mg	Tier 2 Generic	
ORLYNVAH ORAL TABLET 500-500 MG	Tier 4 Non-Preferred Brand	PA; QL (2 EA per 1 day)
Cephalosporins - 1St Generation		
cefadroxil oral capsule 500 mg	Tier 2 Generic	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 2 Generic	
cefadroxil oral tablet 1 gram	Tier 2 Generic	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 2 Generic	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2 Generic	
cephalexin oral tablet 250 mg, 500 mg	Tier 2 Generic	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 2 Generic	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 2 Generic	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 2 Generic	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2 Generic	
cefprozil oral tablet 250 mg, 500 mg	Tier 2 Generic	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2 Generic	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 2 Generic	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2 Generic	
cefixime oral capsule 400 mg	Tier 2 Generic	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 2 Generic	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 2 Generic	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 2 Generic	

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

Drug	Status	Notes
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3 Preferred Brand	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3 Preferred Brand	
Chemotherapeutics, Antibacterial, Misc.		
fosfomycin tromethamine oral packet 3 gram	Tier 2 Generic	
methenamine hippurate oral tablet 1 gram	Tier 2 Generic	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 2 Generic	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Tier 2 Generic	

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

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

Drug		Status	Notes
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 2 Generic	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	(erythromycin ethylsuccinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	(erythromycin)	Tier 2 Generic	

Drug		Status	Notes
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	(erythromycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	(erythromycin stearate)	Tier 2 Generic	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 2 Generic	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 2 Generic	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 2 Generic	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 2 Generic	
erythromycin oral tablet 250 mg, 500 mg		Tier 2 Generic	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 2 Generic	
fidaxomicin oral tablet 200 mg	(Dificid)	Tier 2 Generic	QL (20 EA per 10 days)

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

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

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

Drug		Status	Notes
SIVEXTRO ORAL TABLET 200 MG		Tier 3 Preferred Brand	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	(linezolid)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 2 Generic	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 2 Generic	
amoxicillin oral tablet 500 mg, 875 mg		Tier 2 Generic	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 2 Generic	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 2 Generic	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 2 Generic	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 2 Generic	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		Tier 2 Generic	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	Tier 2 Generic	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg		Tier 2 Generic	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 2 Generic	
ampicillin oral capsule 500 mg		Tier 2 Generic	

Drug		Status	Notes
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	(amoxicillin-pot clavulanate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

Drug		Status	Notes
Tetracyclines			
AVIDOXY ORAL TABLET 100 MG	(doxycycline monohydrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
demeclocycline oral tablet 150 mg, 300 mg		Tier 2 Generic	
doxycycline hyclate oral capsule 100 mg		Tier 2 Generic	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	Tier 2 Generic	
doxycycline hyclate oral tablet 100 mg		Tier 2 Generic	
doxycycline hyclate oral tablet 150 mg		Tier 2 Generic	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET REQUIRED
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 2 Generic	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
doxycycline hyclate oral tablet 75 mg		Tier 2 Generic	ST: REQUIRES TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 2 Generic	
doxycycline monohydrate oral capsule 150 mg		Tier 2 Generic	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS

Drug		Status	Notes
doxycycline monohydrate oral capsule 50 mg		Tier 2 Generic	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 2 Generic	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 2 Generic	PA
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		Tier 2 Generic	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 2 Generic	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg		Tier 2 Generic	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 2 Generic	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG		Tier 4 Non-Preferred Brand	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 2 Generic	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 2 Generic	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg		Tier 2 Generic	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 100 MG	(doxycycline monohydrate)	Tier 2 Generic	
MONDOXYNE NL ORAL CAPSULE 75 MG	(doxycycline monohydrate)	Tier 2 Generic	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED

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

Drug		Status	Notes
TARGADOX ORAL TABLET 50 MG	(doxycycline hyclate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
tetracycline oral capsule 250 mg, 500 mg		Tier 2 Generic	
Infectious Disease - Fungal			
Antifungal Agents			
ANCOBON ORAL CAPSULE 250 MG, 500 MG	(flucytosine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
clotrimazole mucous membrane troche 10 mg		Tier 2 Generic	

Drug		Status	Notes
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 4 Non-Preferred Brand	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	(fluconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
fluconazole oral suspension for reconstitution 10 mg/ml		Tier 2 Generic	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	Tier 2 Generic	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		Tier 2 Generic	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 2 Generic	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 2 Generic	
itraconazole oral solution 10 mg/ml		Tier 2 Generic	
ketoconazole oral tablet 200 mg		Tier 2 Generic	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		Tier 4 Non-Preferred Brand	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 4 Non-Preferred Brand	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)		Tier 2 Generic	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg		Tier 2 Generic	PA

Drug	Status	Notes
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
terbinafine hcl oral tablet 250 mg	Tier 2 Generic	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VIVJOA ORAL CAPSULE 150 MG	Tier 4 Non-Preferred Brand	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)	Tier 2 Generic	
voriconazole oral tablet 200 mg, 50 mg	Tier 2 Generic	
Antifungal Antibiotics		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 2 Generic	
griseofulvin microsize oral tablet 500 mg	Tier 2 Generic	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 2 Generic	

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

Drug		Status	Notes
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	(tobramycin in 0.225 % nacl)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 5 Specialty	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 5 Specialty	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	Tier 5 Specialty	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 5 Specialty	PA; SP
Antibacterial Agents,Miscellaneous			
glycine urologic solution irrigation solution 1.5 %		Tier 2 Generic	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 2 Generic	
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 5 Specialty	PA; SP
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg, 400 mg		Tier 2 Generic	
isoniazid oral solution 50 mg/5 ml		Tier 2 Generic	
isoniazid oral tablet 100 mg, 300 mg		Tier 2 Generic	
pyrazinamide oral tablet 500 mg		Tier 2 Generic	
rifabutin oral capsule 150 mg		Tier 2 Generic	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 2 Generic	
pretomanid oral tablet 200 mg		Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	(rifapentine)	Tier 4 Non-Preferred Brand	

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

Drug	Status	Notes
Rifamycins And Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 4 Non-Preferred Brand	PA
XIFAXAN ORAL TABLET 550 MG	Tier 3 Preferred Brand	QL (3 EA per 1 day)
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (600 ML per 1 FILL)

Drug		Status	Notes
VANCOCIN ORAL CAPSULE 125 MG	(vancomycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (77 EA per 28 FILLs)
VANCOCIN ORAL CAPSULE 250 MG	(vancomycin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (112 EA per 1 FILL)
vancomycin oral capsule 125 mg	(Vancocin)	Tier 2 Generic	QL (77 EA per 28 FILLs)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 2 Generic	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	Tier 2 Generic	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 2 Generic	QL (600 ML per 1 FILL)

Drug		Status	Notes
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 2 Generic	
Anaerobic Antiprotozoal-Antibacterial Agents			
LIKMEZ ORAL SUSPENSION 500 MG/5 ML		Tier 4 Non-Preferred Brand	PA
metronidazole oral capsule 375 mg		Tier 2 Generic	
metronidazole oral tablet 250 mg, 500 mg		Tier 2 Generic	
Anthelmintics			
albendazole oral tablet 200 mg		Tier 2 Generic	
BILTRICIDE ORAL TABLET 600 MG	(praziquantel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	Tier 3 Preferred Brand	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 2 Generic	
ivermectin oral tablet 6 mg		Tier 2 Generic	

Drug		Status	Notes
praziquantel oral tablet 600 mg		Tier 2 Generic	
STROMECTOL ORAL TABLET 3 MG	(ivermectin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 4 Non-Preferred Brand	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 2 Generic	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 2 Generic	
chloroquine phosphate oral tablet 250 mg, 500 mg		Tier 2 Generic	
COARTEM ORAL TABLET 20-120 MG		Tier 4 Non-Preferred Brand	
hydroxychloroquine oral tablet 100 mg		Tier 2 Generic	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	(Sovuna)	Tier 2 Generic	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	Tier 2 Generic	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg		Tier 2 Generic	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 3 Preferred Brand	QL (2 EA per 1 FILL)

Drug		Status	Notes
MALARONE ORAL TABLET 250-100 MG	(atovaquone-proguanil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	(atovaquone-proguanil)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
mefloquine oral tablet 250 mg		Tier 2 Generic	

Drug		Status	Notes
PLAQUENIL ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (100 EA per 30 days)
primaquine oral tablet 26.3 mg (15 mg base)		Tier 3 Preferred Brand	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 5 Specialty	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG	(quinine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 2 Generic	
SOVUNA ORAL TABLET 200 MG	(hydroxychloroquine)	Tier 3 Preferred Brand	QL (100 EA per 30 days)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 4 Non-Preferred Brand	QL (50 ML per 1 day)

Drug		Status	Notes
ALINIA ORAL TABLET 500 MG	(nitazoxanide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
nitazoxanide oral tablet 500 mg	(Alinia)	Tier 2 Generic	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 2 Generic	
benznidazole oral tablet 100 mg, 12.5 mg		Tier 2 Generic	
IMPAVIDO ORAL CAPSULE 50 MG		Tier 3 Preferred Brand	PA
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 4 Non-Preferred Brand	
MEPRON ORAL SUSPENSION 750 MG/5 ML	(atovaquone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
NEBUPENT INHALATION RECON SOLN 300 MG	(pentamidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 2 Generic	
Infectious Disease - Viral			
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab			
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		Tier 3 Preferred Brand	PA; SP
Antiretroviral - Capsid Inhibitors			
SUNLENCA ORAL TABLET 300 MG		Tier 3 Preferred Brand	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML		Tier 3 Preferred Brand	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML		Tier 3 Preferred Brand	SP; QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML		Tier 3 Preferred Brand	SP; QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			
DOVATO ORAL TABLET 50-300 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 3 Preferred Brand	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3 Preferred Brand	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 1 EHB/ACA	PA; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML	Tier 5 Specialty	PA; SP
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 2 Generic	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
acyclovir oral capsule 200 mg	Tier 2 Generic	
acyclovir oral suspension 200 mg/5 ml	Tier 2 Generic	
acyclovir oral tablet 400 mg, 800 mg	Tier 2 Generic	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2 Generic	
LIVTENCITY ORAL TABLET 200 MG	Tier 5 Specialty	PA; SP
oseltamivir oral capsule 30 mg, 45 mg	Tier 2 Generic	
oseltamivir oral capsule 75 mg (Tamiflu)	Tier 2 Generic	
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	Tier 2 Generic	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 4 Non-Preferred Brand	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4 Non-Preferred Brand	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4 Non-Preferred Brand	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram	Tier 2 Generic	

Drug	Status	Notes
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3 Preferred Brand	
TEMBEXA ORAL TABLET 100 MG	Tier 3 Preferred Brand	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	Tier 2 Generic	

Drug		Status	Notes
VALCYTE ORAL RECON SOLN 50 MG/ML	(valganciclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 2 Generic	
valganciclovir oral tablet 450 mg		Tier 2 Generic	
VALTREX ORAL TABLET 1 GRAM, 500 MG	(valacyclovir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XOFLUZA ORAL TABLET 40 MG		Tier 3 Preferred Brand	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG		Tier 3 Preferred Brand	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS ORAL CAPSULE 250 MG		Tier 3 Preferred Brand	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	(Prezista)	Tier 2 Generic	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	(Prezista)	Tier 2 Generic	QL (1 EA per 1 day)

Drug	Status	Notes
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	Tier 4 Non-Preferred Brand	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3 Preferred Brand	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 3 Preferred Brand	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (darunavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 3 Preferred Brand	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (darunavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug		Status	Notes
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		Tier 1 EHB/ACA	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	Tier 2 Generic	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	Tier 1 EHB/ACA	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	(emtricitabine-tenofovir (tdf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg		Tier 2 Generic	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg		Tier 2 Generic	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
maraviroc oral tablet 150 mg	(Selzentry)	Tier 2 Generic	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	(Selzentry)	Tier 2 Generic	QL (4 EA per 1 day)

Drug		Status	Notes
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 3 Preferred Brand	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG	(maraviroc)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG	(maraviroc)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 3 Preferred Brand	PA
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG	(rilpivirine hcl)	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug		Status	Notes
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		Tier 3 Preferred Brand	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg		Tier 2 Generic	
etravirine oral tablet 100 mg	(Intelence)	Tier 2 Generic	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	(Intelence)	Tier 2 Generic	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG	(etravirine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	(etravirine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Tier 3 Preferred Brand	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml		Tier 2 Generic	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg		Tier 2 Generic	QL (2 EA per 1 day)

Drug		Status	Notes
nevirapine oral tablet extended release 24 hr 100 mg		Tier 2 Generic	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg		Tier 2 Generic	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		Tier 4 Non-Preferred Brand	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 2 Generic	QL (960 ML per 30 days)
abacavir oral tablet 300 mg		Tier 2 Generic	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	(Emtriva)	Tier 1 EHB/ACA	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	(emtricitabine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 3 Preferred Brand	QL (850 ML per 30 days)

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

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

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

Drug		Status	Notes
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	Tier 1 EHB/ACA	$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 3 Preferred Brand	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG	(tenofovir disoproxil fumarate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

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

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

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

Drug	Status	Notes
REYATAZ ORAL CAPSULE 300 MG (atazanavir)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 3 Preferred Brand	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg (Norvir)	Tier 2 Generic	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 3 Preferred Brand	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 3 Preferred Brand	QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 3 Preferred Brand	QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 3 Preferred Brand	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 3 Preferred Brand	QL (6 EA per 1 day)

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

Drug		Status	Notes
SYMFI ORAL TABLET 600-300-300 MG	(efavirenz-lamivu-tenofov disop)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		Tier 3 Preferred Brand	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 3 Preferred Brand	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 5 Specialty	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG		Tier 5 Specialty	PA; SP
EPCLUSA ORAL TABLET 200-50 MG		Tier 5 Specialty	PA; SP
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	Tier 5 Specialty	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 3 Preferred Brand	PA

Drug		Status	Notes
HARVONI ORAL TABLET 45-200 MG		Tier 3 Preferred Brand	PA
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	Tier 3 Preferred Brand	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh			
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG		Tier 5 Specialty	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG		Tier 5 Specialty	PA; SP
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg		Tier 5 Specialty	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 5 Specialty	SP; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	(entecavir)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 5 Specialty	SP; QL (1 EA per 1 day)
lamivudine oral tablet 100 mg		Tier 2 Generic	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 5 Specialty	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 5 Specialty	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 5 Specialty	PA; SP
ribavirin oral capsule 200 mg		Tier 2 Generic	
ribavirin oral tablet 200 mg		Tier 2 Generic	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL PELLETS IN PACKET 50-20 MG		Tier 5 Specialty	PA; SP

Drug		Status	Notes
MAVYRET ORAL TABLET 100-40 MG		Tier 5 Specialty	PA; SP
ZEPATIER ORAL TABLET 50-100 MG		Tier 5 Specialty	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG	(penicillamine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DEPEN TITRATABS ORAL TABLET 250 MG	(penicillamine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 5 Specialty	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 5 Specialty	PA; SP
Anti-Arthritic, Folate Antagonist Agents			
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML		Tier 3 Preferred Brand	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML		Tier 3 Preferred Brand	QL (1 ML per 28 days)

Drug		Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML		Tier 3 Preferred Brand	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML		Tier 3 Preferred Brand	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML		Tier 3 Preferred Brand	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML		Tier 3 Preferred Brand	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML		Tier 3 Preferred Brand	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML		Tier 3 Preferred Brand	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML		Tier 3 Preferred Brand	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		Tier 5 Specialty	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		Tier 5 Specialty	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	Tier 5 Specialty	PA; SP
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	Tier 5 Specialty	PA; SP
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	Tier 5 Specialty	PA; SP
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	(adalimumab-aaty)	Tier 5 Specialty	PA; SP
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml	(Hyrimoz(CF))	Tier 5 Specialty	PA; SP
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	(Simlandi(CF) Autoinjector)	Tier 5 Specialty	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG		Tier 5 Specialty	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 5 Specialty	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 5 Specialty	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)		Tier 5 Specialty	PA; SP

Drug	Status	Notes
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5 Specialty	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5 Specialty	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5 Specialty	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5 Specialty	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
infliximab intravenous recon soln 100 mg (Remicade)	Tier 5 Specialty	PA; SP
REMICADE INTRAVENOUS RECON SOLN 100 MG (infliximab)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 5 Specialty	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5 Specialty	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5 Specialty	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 5 Specialty	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 5 Specialty	PA; SP
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor			
ARAVA ORAL TABLET 10 MG, 20 MG	(leflunomide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
leflunomide oral tablet 10 mg, 20 mg	(Arava)	Tier 2 Generic	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.			
OTEZLA ORAL TABLET 20 MG, 30 MG		Tier 5 Specialty	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)		Tier 5 Specialty	PA; SP
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG		Tier 5 Specialty	PA; SP
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG		Tier 5 Specialty	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.			
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML		Tier 4 Non-Preferred Brand	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)		Tier 3 Preferred Brand	PA; QL (12 ML per 180 days)
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML		Tier 4 Non-Preferred Brand	PA; QL (6 ML per 180 days)
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML		Tier 4 Non-Preferred Brand	PA; QL (12 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA; QL (25 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML		Tier 4 Non-Preferred Brand	PA; QL (20 ML per 180 days)

Drug		Status	Notes
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA; QL (20 ML per 180 days)
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML		Tier 4 Non-Preferred Brand	PA; QL (12 ML per 180 days)
HYMOVIS ONE INTRA-ARTICULAR SYRINGE 32 MG/4 ML		Tier 4 Non-Preferred Brand	PA; QL (8 ML per 180 days)
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML		Tier 4 Non-Preferred Brand	PA; QL (8 ML per 180 days)
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML		Tier 4 Non-Preferred Brand	PA; QL (16 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA; QL (25 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML		Tier 3 Preferred Brand	PA; QL (12 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML		Tier 3 Preferred Brand	PA; QL (12 ML per 180 days)
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA; QL (12 ML per 180 days)
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA; QL (15 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4 Non-Preferred Brand	PA; QL (15 ML per 180 days)
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		Tier 5 Specialty	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 5 Specialty	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 5 Specialty	PA; SP

Drug	Status	Notes
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
icatibant subcutaneous syringe 30 mg/3 ml (Firazyr)	Tier 5 Specialty	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5 Specialty	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5 Specialty	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 5 Specialty	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 5 Specialty	PA; SP
Glucocorticoids		
BETALOAN SUIK KIT 6 MG/ML	Tier 4 Non-Preferred Brand	
budesonide oral capsule,delayed,extend.release 3 mg	Tier 2 Generic	
budesonide oral tablet,delayed and ext.release 9 mg (Uceris)	Tier 2 Generic	ST: TRIAL OF BALSALAZIDE REQUIRED.

Drug		Status	Notes
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	(hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
cortisone oral tablet 25 mg		Tier 2 Generic	
deflazacort oral suspension 22.75 mg/ml	(Pyquvi)	Tier 5 Specialty	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	(Jaythari)	Tier 5 Specialty	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 4 Non-Preferred Brand	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 2 Generic	
dexamethasone oral solution 0.5 mg/5 ml		Tier 2 Generic	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Tier 2 Generic	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 4 Non-Preferred Brand	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML		Tier 5 Specialty	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 2 Generic	
hydrocortisone sod succinate injection recon soln 100 mg	(Solu-Cortef)	Tier 2 Generic	
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
KENALOG INJECTION SUSPENSION 40 MG/ML	(triamcinolone acetonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	(triamcinolone acetonide)	Tier 4 Non-Preferred Brand	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	(methylprednisolone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

Drug		Status	Notes
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		Tier 2 Generic	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 2 Generic	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 2 Generic	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 3 Preferred Brand	
prednisone oral solution 5 mg/5 ml		Tier 2 Generic	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 2 Generic	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 2 Generic	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	(deflazacort)	Tier 5 Specialty	PA; SP
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 4 Non-Preferred Brand	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	(Kenalog)	Tier 2 Generic	
triamcinolone acetonide injection suspension 80 mg/ml	(Kenalog-80)	Tier 2 Generic	
TRILOAN II SUIK KIT 40 MG/ML		Tier 4 Non-Preferred Brand	
TRILOAN SUIK KIT 40 MG/ML		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	(budesonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF BALSALAZIDE REQUIRED.
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	(prednisolone sodium phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Gold Salts			
auranofin oral capsule 3 mg	(Ridaura)	Tier 2 Generic	
RIDAURA ORAL CAPSULE 3 MG	(auranofin)	Tier 4 Non-Preferred Brand	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		Tier 5 Specialty	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 5 Specialty	PA; SP

Drug	Status	Notes
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5 Specialty	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 5 Specialty	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 5 Specialty	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5 Specialty	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 5 Specialty	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 5 Specialty	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5 Specialty	PA; SP
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 5 Specialty	PA; SP
LEQSELVI ORAL TABLET 8 MG	Tier 5 Specialty	PA; SP
LITFULO ORAL CAPSULE 50 MG	Tier 5 Specialty	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5 Specialty	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5 Specialty	PA; SP
tofacitinib oral solution 1 mg/ml (Xeljanz)	Tier 5 Specialty	PA; SP
tofacitinib oral tablet 10 mg, 5 mg (Xeljanz)	Tier 5 Specialty	PA; SP
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg (Xeljanz XR)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (tofacitinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 2 Generic	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5 Specialty	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	Tier 5 Specialty	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 5 Specialty	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 5 Specialty	PA; SP
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5 Specialty	PA; SP
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5 Specialty	PA; SP
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5 Specialty	PA; SP
ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml (Selarsdi)	Tier 5 Specialty	PA; SP
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5 Specialty	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5 Specialty	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5 Specialty	PA; SP

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

Drug		Status	Notes
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	(celecoxib)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 2 Generic	
VYSCOXA ORAL SUSPENSION 10 MG/ML		Tier 4 Non-Preferred Brand	PA; QL (40 ML per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type			
ANAPROX DS ORAL TABLET 550 MG	(naproxen sodium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
diclofenac potassium oral tablet 50 mg		Tier 2 Generic	
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 2 Generic	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 2 Generic	

Drug		Status	Notes
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
etodolac oral capsule 200 mg, 300 mg		Tier 2 Generic	
etodolac oral tablet 400 mg	(Lodine)	Tier 2 Generic	
etodolac oral tablet 500 mg		Tier 2 Generic	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 2 Generic	
FELDENE ORAL CAPSULE 20 MG	(piroxicam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
flurbiprofen oral tablet 100 mg	(Lurbiro)	Tier 2 Generic	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 2 Generic	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 2 Generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 2 Generic	

Drug		Status	Notes
indomethacin oral capsule 25 mg, 50 mg		Tier 2 Generic	
indomethacin oral capsule, extended release 75 mg		Tier 2 Generic	
indomethacin rectal suppository 100 mg		Tier 2 Generic	
ketoprofen oral capsule 25 mg, 50 mg		Tier 2 Generic	
ketoprofen oral capsule 75 mg	(Orudis)	Tier 2 Generic	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 2 Generic	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 2 Generic	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 2 Generic	
ketorolac intramuscular solution 60 mg/2 ml		Tier 2 Generic	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 2 Generic	
ketorolac oral tablet 10 mg		Tier 2 Generic	QL (20 EA per 5 days)
LODINE ORAL TABLET 400 MG	(etodolac)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LURBIRO ORAL TABLET 100 MG	(flurbiprofen)	Tier 2 Generic	
meclofenamate oral capsule 100 mg, 50 mg		Tier 2 Generic	
mefenamic acid oral capsule 250 mg		Tier 2 Generic	
meloxicam oral tablet 15 mg, 7.5 mg		Tier 2 Generic	
nabumetone oral tablet 500 mg, 750 mg		Tier 2 Generic	

Drug		Status	Notes
NAPROSYN ORAL TABLET 500 MG	(naproxen)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
naproxen oral tablet 250 mg, 375 mg		Tier 2 Generic	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 2 Generic	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	Tier 2 Generic	
naproxen sodium oral tablet 275 mg		Tier 2 Generic	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 2 Generic	
oxaprozin oral tablet 600 mg		Tier 2 Generic	
piroxicam oral capsule 10 mg		Tier 2 Generic	
piroxicam oral capsule 20 mg	(Feldene)	Tier 2 Generic	
sulindac oral tablet 150 mg, 200 mg		Tier 2 Generic	
tolmetin oral capsule 400 mg	(Tolectin DS)	Tier 2 Generic	
tolmetin oral tablet 200 mg		Tier 2 Generic	
tolmetin oral tablet 600 mg	(Tolectin 600)	Tier 2 Generic	
TORONOVA II SUIK KIT 30 MG/ML		Tier 4 Non-Preferred Brand	
TORONOVA SUIK KIT 30 MG/ML		Tier 4 Non-Preferred Brand	
Plasma Kallikrein Inhibitors			
EKTERLY ORAL TABLET 300 MG		Tier 5 Specialty	PA; SP; QL (4 EA per 1 day)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)		Tier 5 Specialty	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)		Tier 5 Specialty	PA; SP

Drug	Status	Notes
Local Anesthesia		
Local Anesthetics		
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)	Tier 2 Generic	
bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%	Tier 2 Generic	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 2 Generic	
lidocaine hcl mucous membrane jelly 2 %	Tier 2 Generic	
lidocaine hcl mucous membrane jelly in applicator 2 % (Glydo)	Tier 2 Generic	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	Tier 2 Generic	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 4 Non-Preferred Brand	
MARVONA-25 SUIK (PF) KIT 0.25 % (2.5 MG/ML)	Tier 4 Non-Preferred Brand	
ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)	Tier 2 Generic	
ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)	Tier 2 Generic	
ropivacaine(pf)-0.9 % sodchlor epidural solution 0.1 %, 0.15 %, 0.2 %	Tier 2 Generic	
ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %	Tier 2 Generic	
Lower Gastrointestinal Disorders - Bowel Inflammat		
Bowel Antiinflamatory Agents		
sulfadiazine oral tablet 500 mg	Tier 2 Generic	

Drug		Status	Notes
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
CANASA RECTAL SUPPOSITORY 1,000 MG	(mesalamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 2 Generic	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 2 Generic	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 2 Generic	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	(mesalamine with cleansing wipe)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

Drug		Status	Notes
COLAZAL ORAL CAPSULE 750 MG	(balsalazide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DIPENTUM ORAL CAPSULE 250 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF LIALDA IN THE PAST 120 DAYS
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	(mesalamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
mesalamine oral capsule (with del rel tablets) 400 mg		Tier 2 Generic	
mesalamine oral capsule, extended release 250 mg, 500 mg	(Pentasa)	Tier 2 Generic	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 2 Generic	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 2 Generic	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		Tier 2 Generic	

Drug		Status	Notes
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	(mesalamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	(mesalamine)	Tier 4 Non-Preferred Brand	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 2 Generic	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 2 Generic	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	(hydrocortisone-pramoxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	(hydrocortisone-pramoxine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 2 Generic	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	(Analpram-HC Singles)	Tier 2 Generic	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 2 Generic	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 2 Generic	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)		Tier 2 Generic	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 2 Generic	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 4 Non-Preferred Brand	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 3 Preferred Brand	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
Integrin Receptor Antagonist, Monoclonal Antibody			
ENTYVIO INTRAVENOUS RECON SOLN 300 MG		Tier 5 Specialty	PA; SP
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML		Tier 5 Specialty	PA; SP

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

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

Drug		Status	Notes
CORTENEMA RECTAL ENEMA 100 MG/60 ML	(hydrocortisone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 3 Preferred Brand	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 2 Generic	
UCERIS RECTAL FOAM 2 MG/ACTUATION	(budesonide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	(sodium phenylbutyrate)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
BUPHENYL ORAL TABLET 500 MG	(sodium phenylbutyrate)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	Tier 5 Specialty	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2 Generic	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	(lactulose)	Tier 2 Generic	
glycerol phenylbutyrate oral liquid 1.1 gram/ml	(Ravicti)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
LITHOSTAT ORAL TABLET 250 MG		Tier 4 Non-Preferred Brand	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM		Tier 5 Specialty	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM		Tier 5 Specialty	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	(glycerol phenylbutyrate)	Tier 5 Specialty	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 5 Specialty	PA; SP
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 5 Specialty	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 3 Preferred Brand	SP; ST: TRIAL OF ANTI-RETROVIRAL THERAPY REQUIRED.; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 5 Specialty	PA; SP
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 2 Generic	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 2 Generic	
LOMOTIL ORAL TABLET 2.5-0.025 MG	(diphenoxylate-atropine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 2 Generic	

Drug		Status	Notes
opium tincture oral tincture 10 mg/ml (morphine)		Tier 2 Generic	
Bile Salts			
URSO FORTE ORAL TABLET 500 MG	(ursodiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ursodiol oral capsule 300 mg		Tier 2 Generic	
ursodiol oral tablet 250 mg		Tier 2 Generic	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 2 Generic	
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib			
IBSRELA ORAL TABLET 50 MG		Tier 4 Non-Preferred Brand	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 2 Generic	

Drug		Status	Notes
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	(alosetron)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 8 MCG	(lubiprostone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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 2 Generic	

Drug		Status	Notes
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	(peg 3350-electrolytes)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	(peg-electrolyte soln)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	(peg 3350-electrolytes)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4000 ML per 1 FILL)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 2 Generic	
lubiprostone oral capsule 24 mcg		Tier 2 Generic	QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	(Amitiza)	Tier 2 Generic	QL (4 EA per 1 day)

Drug		Status	Notes
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	(peg3350-sod sul-nacl-kcl-asb-c)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 1 EHB/ACA	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, 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	Tier 1 EHB/ACA	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (2 EA per 1 FILL)

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

Drug	Status	Notes
Tissue Bulking Implants - Non-Cosmetic		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 5 Specialty	SP
Medical Supplies		
Durable Medical Equipment,Misc(Group 1)		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 4 Non-Preferred Brand	ST: FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020; GROUP#99992432; ID:ERXMEDPERFORM) ASCENSIA (BIN#01884; PCN 3F; GROUP# MGDCARE; ID:CNMC7246982); QL (200 EA per 30 days)
Medical Supplies,Miscellaneous(Group 2)		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT	Tier 5 Specialty	SP
Syringes And Accessories		
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 3 Preferred Brand	
Tissue Bulking Implants		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML		Tier 5 Specialty	PA; SP
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML		Tier 5 Specialty	PA; SP
Anaphylaxis Therapy Agents			
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML		Tier 3 Preferred Brand	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	(epinephrine)	Tier 3 Preferred Brand	QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 2 Generic	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 2 Generic	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL)

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

Drug		Status	Notes
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	(epinephrine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)		Tier 3 Preferred Brand	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist			
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	(plerixafor)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	(Mozobil)	Tier 5 Specialty	PA; SP
Fibroblast Growth Factor 23 (Fgf23) Inhibitors,Mab			
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML		Tier 5 Specialty	PA; SP

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

Drug		Status	Notes
EVOXAC ORAL CAPSULE 30 MG	(cevimeline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 2 Generic	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	(pilocarpine hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 5 Specialty	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		Tier 5 Specialty	PA; SP

Drug		Status	Notes
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
KUVAN ORAL TABLET,SOLUBLE 100 MG	(sapropterin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
sapropterin oral powder in packet 100 mg, 500 mg	(Kuvan)	Tier 5 Specialty	SP
sapropterin oral tablet,soluble 100 mg	(Kuvan)	Tier 5 Specialty	SP
ZELVYSIA ORAL POWDER IN PACKET 100 MG, 500 MG	(sapropterin)	Tier 5 Specialty	SP
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 5 Specialty	PA; SP
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)		Tier 5 Specialty	PA; SP

Drug		Status	Notes
VIJOICE ORAL GRANULES IN PACKET 50 MG		Tier 5 Specialty	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG		Tier 5 Specialty	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG		Tier 5 Specialty	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 5 Specialty	PA; SP
Thyroid Hormone Receptor (Thr) Agonist			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		Tier 5 Specialty	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents			
QBREXZA TOPICAL TOWELETTE 2.4 %		Tier 4 Non-Preferred Brand	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)		Tier 4 Non-Preferred Brand	PA
Neoplastic Disease			
Alkylating Agents			
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	(melphalan hcl)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ALKERAN ORAL TABLET 2 MG	(melphalan)	Tier 5 Specialty	SP
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 5 Specialty	SP
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	Tier 5 Specialty	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 5 Specialty	SP

Drug		Status	Notes
BICNU INTRAVENOUS RECON SOLN 100 MG	(carmustine)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
busulfan intravenous solution 60 mg/10 ml	(Busulfex)	Tier 5 Specialty	SP
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	(busulfan)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
carboplatin intravenous recon soln 150 mg		Tier 5 Specialty	SP
carboplatin intravenous solution 10 mg/ml	(Kyxata)	Tier 5 Specialty	SP
carmustine intravenous recon soln 100 mg	(BiCNU)	Tier 5 Specialty	SP
cisplatin intravenous recon soln 50 mg		Tier 5 Specialty	SP
cisplatin intravenous solution 1 mg/ml	(Kemoplat)	Tier 5 Specialty	SP
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		Tier 5 Specialty	SP

Drug		Status	Notes
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml		Tier 5 Specialty	SP
cyclophosphamide intravenous solution 500 mg/ml	(Frindovyx)	Tier 5 Specialty	SP
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 5 Specialty	SP
cyclophosphamide oral tablet 50 mg		Tier 5 Specialty	SP
EVOMELA INTRAVENOUS RECON SOLN 50 MG		Tier 5 Specialty	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	(lomustine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
GLIADEL WAFER IMPLANT WAFER 7.7 MG		Tier 5 Specialty	SP
HYDREA ORAL CAPSULE 500 MG	(hydroxyurea)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 2 Generic	

Drug		Status	Notes
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	(ifosfamide)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ifosfamide intravenous recon soln 1 gram, 3 gram	(Ifex)	Tier 5 Specialty	SP
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml		Tier 5 Specialty	SP
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML	(cisplatin)	Tier 5 Specialty	SP
LEUKERAN ORAL TABLET 2 MG		Tier 5 Specialty	SP
lomustine oral capsule 10 mg, 100 mg, 40 mg	(Gleostine)	Tier 5 Specialty	PA; SP
melphalan hcl intravenous recon soln 50 mg	(Alkeran (as HCl))	Tier 5 Specialty	SP
MYLERAN ORAL TABLET 2 MG		Tier 5 Specialty	SP
oxaliplatin intravenous recon soln 100 mg, 50 mg		Tier 5 Specialty	SP
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)		Tier 5 Specialty	SP
TEMODAR INTRAVENOUS RECON SOLN 100 MG		Tier 5 Specialty	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Tier 5 Specialty	PA; SP
TEPADINA INJECTION RECON SOLN 100 MG	(thiotepa)	Tier 5 Specialty	SP

Drug		Status	Notes
TEPADINA INJECTION RECON SOLN 15 MG	(thiotepa)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TEPADINA INJECTION SOLUTION 200 MG		Tier 5 Specialty	SP
thiotepa injection recon soln 100 mg, 15 mg	(Tepadina)	Tier 5 Specialty	SP
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	(bendamustine)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	Tier 5 Specialty	SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG		Tier 5 Specialty	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG		Tier 5 Specialty	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Abirtega)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
abiraterone oral tablet 500 mg	(Zytiga)	Tier 5 Specialty	PA; SP
ABIRTEGA ORAL TABLET 250 MG	(abiraterone)	Tier 5 Specialty	PA; SP
bicalutamide oral tablet 50 mg	(Casodex)	Tier 2 Generic	
CASODEX ORAL TABLET 50 MG	(bicalutamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 5 Specialty	PA; SP
nilutamide oral tablet 150 mg		Tier 5 Specialty	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 5 Specialty	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 5 Specialty	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 5 Specialty	PA; SP
YONSA ORAL TABLET 125 MG	(abiraterone, submicronized)	Tier 5 Specialty	PA; SP
ZYTIGA ORAL TABLET 250 MG, 500 MG	(abiraterone)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
Antibiotic Antineoplastics			
bleomycin injection recon soln 15 unit, 30 unit		Tier 5 Specialty	SP
dactinomycin intravenous recon soln 0.5 mg		Tier 5 Specialty	SP
daunorubicin intravenous solution 5 mg/ml		Tier 5 Specialty	SP
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	(doxorubicin, peg-liposomal)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml		Tier 2 Generic	SP
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	Tier 5 Specialty	SP
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	(epirubicin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
epirubicin intravenous recon soln 50 mg		Tier 5 Specialty	SP

Drug		Status	Notes
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	(Ellence)	Tier 5 Specialty	SP
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	(idarubicin)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
idarubicin intravenous solution 1 mg/ml	(Idamycin PFS)	Tier 5 Specialty	SP
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	(Mutamycin)	Tier 5 Specialty	SP
mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml)		Tier 2 Generic	SP
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG	(mitomycin)	Tier 5 Specialty	SP
valrubicin intravesical solution 40 mg/ml	(Valstar)	Tier 5 Specialty	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	(valrubicin)	Tier 5 Specialty	SP
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody			
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML		Tier 5 Specialty	PA; SP
RIABNI INTRAVENOUS SOLUTION 10 MG/ML		Tier 5 Specialty	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)		Tier 5 Specialty	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML		Tier 5 Specialty	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML		Tier 5 Specialty	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		Tier 5 Specialty	PA; SP

Drug	Status	Notes
Antimetabolites		
ALIMTA INTRAVENOUS RECON SOLN (pemetrexed disodium) 100 MG, 500 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ARRANON INTRAVENOUS SOLUTION (nelarabine) 5 MG/ML	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 5 Specialty	PA; SP
azacitidine injection recon soln 100 mg (Vidaza)	Tier 5 Specialty	SP
capecitabine oral tablet 150 mg, 500 mg	Tier 5 Specialty	PA; SP
cladribine intravenous solution 10 mg/10 ml	Tier 5 Specialty	SP
clofarabine intravenous solution 1 mg/ml	Tier 5 Specialty	SP
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 5 Specialty	SP
cytarabine injection solution 20 mg/ml	Tier 5 Specialty	SP

Drug	Status	Notes
decitabine intravenous recon soln 50 mg	Tier 5 Specialty	SP
floxuridine injection recon soln 0.5 gram	Tier 5 Specialty	SP
fludarabine intravenous recon soln 50 mg	Tier 5 Specialty	SP
fludarabine intravenous solution 50 mg/2 ml	Tier 5 Specialty	SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (pralatrexate)	Tier 5 Specialty	PA; SP
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	Tier 5 Specialty	SP
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml) (Avgemsi)	Tier 5 Specialty	SP
gemcitabine intravenous solution 100 mg/ml, 200 mg/5.26 ml (38 mg/ml)	Tier 5 Specialty	SP
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	Tier 5 Specialty	SP
INQOVI ORAL TABLET 35-100 MG	Tier 5 Specialty	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4 Non-Preferred Brand	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5 Specialty	PA; SP
mercaptopurine oral suspension 20 mg/ml (Purixan)	Tier 5 Specialty	SP; ST: TRIAL OF MERCAPTOPURINE TABLET REQUIRED.
mercaptopurine oral tablet 50 mg	Tier 2 Generic	
methotrexate sodium (pf) injection recon soln 1 gram	Tier 2 Generic	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 2 Generic	
methotrexate sodium injection solution 25 mg/ml	Tier 2 Generic	
methotrexate sodium oral tablet 2.5 mg	Tier 2 Generic	
nelarabine intravenous solution 5 mg/ml (Arranon)	Tier 5 Specialty	SP
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	Tier 5 Specialty	SP
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5 Specialty	PA; SP

Drug		Status	Notes
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg		Tier 5 Specialty	PA; SP
pemetrexed disodium intravenous solution 25 mg/ml		Tier 5 Specialty	PA; SP
pemetrexed intravenous solution 25 mg/ml	(Pemfexy)	Tier 5 Specialty	PA; SP
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	(pemetrexed)	Tier 5 Specialty	PA; SP
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML		Tier 5 Specialty	PA; SP
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	(Folotyn)	Tier 5 Specialty	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	(mercaptopurine)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF MERCAPTOPURINE TABLET REQUIRED.
TABLOID ORAL TABLET 40 MG	(thioguanine)	Tier 5 Specialty	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 3 Preferred Brand	

Drug	Status	Notes
VIDAZA INJECTION RECON SOLN 100 MG (azacitidine)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4 Non-Preferred Brand	PA; 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 5 Specialty	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 5 Specialty	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 5 Specialty	PA; SP
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5 Specialty	PA; SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 5 Specialty	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 5 Specialty	PA; SP

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

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

Drug		Status	Notes
FEMARA ORAL TABLET 2.5 MG	(letrozole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
letrozole oral tablet 2.5 mg	(Femara)	Tier 2 Generic	
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 5 Specialty	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML		Tier 5 Specialty	PA; SP
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)		Tier 5 Specialty	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 5 Specialty	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG		Tier 5 Specialty	PA; SP
ZELBORAF ORAL TABLET 240 MG		Tier 5 Specialty	PA; SP
Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody			
MONJUVI INTRAVENOUS RECON SOLN 200 MG		Tier 5 Specialty	PA; SP
Antineoplastic - Egfr And Met Receptor Inhib, Mab			
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML		Tier 5 Specialty	PA; SP
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML		Tier 5 Specialty	PA; SP

Drug	Status	Notes
Antineoplastic - Epothilones And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 5 Specialty	PA; SP
Antineoplastic - Halichondrin B Analogs		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml) (Halaven)	Tier 5 Specialty	PA; SP
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5 Specialty	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5 Specialty	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 5 Specialty	PA; SP
Antineoplastic - Immunotherapy, T-Cell Engager		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	Tier 5 Specialty	PA; SP
Antineoplastic - Interleukin-15 Receptor Agonists		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	Tier 5 Specialty	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5 Specialty	PA; SP; QL (2 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 5 Specialty	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 5 Specialty	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 5 Specialty	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 5 Specialty	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5 Specialty	PA; SP
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	Tier 5 Specialty	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5 Specialty	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5 Specialty	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 5 Specialty	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic))	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	Tier 5 Specialty	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Tier 5 Specialty	PA; SP
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		Tier 5 Specialty	PA; SP
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	(Torisel)	Tier 5 Specialty	PA; SP
TORISEL INTRAVENOUS RECON SOLN 25 MG/ML (DILUTE10MG/ML)	(temsirolimus)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
Antineoplastic - Topoisomerase I Inhibitors		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML (irinotecan)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5 Specialty	SP
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	Tier 5 Specialty	SP
irinotecan intravenous solution 500 mg/25 ml	Tier 5 Specialty	SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 5 Specialty	PA; SP
topotecan intravenous recon soln 4 mg	Tier 5 Specialty	SP
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 5 Specialty	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 5 Specialty	PA; SP
Antineoplastic - Vegfr Antagonist		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5 Specialty	PA; SP
Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic			
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)		Tier 5 Specialty	PA; SP
Antineoplastic Immunomodulator Agents			
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	Tier 5 Specialty	PA; SP
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	(Pomalyst)	Tier 5 Specialty	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	(pomalidomide)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	(lenalidomide)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 5 Specialty	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 5 Specialty	SP; QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	Tier 5 Specialty	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 5 Specialty	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5 Specialty	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5 Specialty	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5 Specialty	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5 Specialty	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5 Specialty	PA; SP
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 5 Specialty	PA; SP
bortezomib injection recon soln 3.5 mg (Velcade)	Tier 5 Specialty	PA; SP
bortezomib intravenous solution 2.5 mg/ml	Tier 5 Specialty	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5 Specialty	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)	Tier 5 Specialty	PA; SP
BRUKINSA ORAL TABLET 160 MG	Tier 5 Specialty	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5 Specialty	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5 Specialty	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5 Specialty	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5 Specialty	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5 Specialty	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg (Sprycel)	Tier 5 Specialty	PA; SP
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 5 Specialty	PA; SP
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 5 Specialty	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5 Specialty	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5 Specialty	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 5 Specialty	PA; SP
gefitinib oral tablet 250 mg (Iressa)	Tier 5 Specialty	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5 Specialty	PA; SP
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
HERNEXEOS ORAL TABLET 60 MG	Tier 5 Specialty	PA; SP; QL (3 EA per 1 day)
HYRNUO ORAL TABLET 10 MG	Tier 5 Specialty	PA; SP; QL (4 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5 Specialty	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5 Specialty	PA; SP
IBTROZI ORAL CAPSULE 200 MG	Tier 5 Specialty	PA; SP
imatinib oral tablet 100 mg, 400 mg (Gleevec)	Tier 5 Specialty	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5 Specialty	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5 Specialty	PA; SP
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5 Specialty	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5 Specialty	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 5 Specialty	PA; SP; QL (4 EA per 1 day)
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 5 Specialty	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5 Specialty	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5 Specialty	PA; SP
KOMZIFTI ORAL CAPSULE 200 MG	Tier 5 Specialty	PA; SP; QL (3 EA per 1 day)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 5 Specialty	PA; SP
lapatinib oral tablet 250 mg (Tykerb)	Tier 5 Specialty	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 5 Specialty	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 5 Specialty	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5 Specialty	PA; SP

Drug		Status	Notes
LYNPARZA ORAL TABLET 100 MG, 150 MG		Tier 5 Specialty	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)		Tier 5 Specialty	PA; SP
NERLYNX ORAL TABLET 40 MG		Tier 5 Specialty	PA; SP
NEXAVAR ORAL TABLET 200 MG	(sorafenib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	(Tasigna)	Tier 5 Specialty	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		Tier 5 Specialty	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 5 Specialty	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		Tier 5 Specialty	PA; SP
pazopanib oral tablet 200 mg	(Votrient)	Tier 5 Specialty	PA; SP
pazopanib oral tablet 400 mg		Tier 5 Specialty	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		Tier 5 Specialty	PA; SP
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		Tier 5 Specialty	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)		Tier 5 Specialty	PA; SP
QINLOCK ORAL TABLET 50 MG		Tier 5 Specialty	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG		Tier 5 Specialty	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG		Tier 5 Specialty	PA; SP

Drug		Status	Notes
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		Tier 5 Specialty	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG		Tier 5 Specialty	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG		Tier 5 Specialty	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		Tier 5 Specialty	PA; SP
RYDAPT ORAL CAPSULE 25 MG		Tier 5 Specialty	PA; SP
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG		Tier 5 Specialty	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG		Tier 5 Specialty	PA; SP
sorafenib oral tablet 200 mg	(Nexavar)	Tier 5 Specialty	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	(dasatinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
STIVARGA ORAL TABLET 40 MG		Tier 5 Specialty	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Sutent)	Tier 5 Specialty	PA; SP

Drug	Status	Notes
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5 Specialty	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5 Specialty	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5 Specialty	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TEPMETKO ORAL TABLET 225 MG	Tier 5 Specialty	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5 Specialty	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
TURALIO ORAL CAPSULE 125 MG	Tier 5 Specialty	PA; SP
TYKERB ORAL TABLET 250 MG (lapatinib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5 Specialty	PA; SP
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5 Specialty	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5 Specialty	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5 Specialty	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 5 Specialty	PA; SP; QL (4 EA per 1 day)

Drug	Status	Notes
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5 Specialty	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 5 Specialty	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 5 Specialty	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5 Specialty	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5 Specialty	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 5 Specialty	PA; SP
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5 Specialty	PA; SP
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	Tier 5 Specialty	PA; SP
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	Tier 5 Specialty	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 5 Specialty	PA; SP
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	Tier 5 Specialty	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 5 Specialty	PA; SP
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Tier 5 Specialty	PA; SP
romidepsin intravenous recon soln 10 mg/2 ml (Istodax)	Tier 5 Specialty	PA; SP
romidepsin intravenous solution 5 mg/ml	Tier 5 Specialty	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 5 Specialty	PA; SP; QL (4 EA per 1 day)
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5 Specialty	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5 Specialty	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5 Specialty	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 5 Specialty	PA; SP
Antineoplastic-Immunotherapy Checkpoint Inhib Comb		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	Tier 5 Specialty	PA; SP
Antineoplastic-Interleukin-6(Il-6)Inhib,Antibody		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 5 Specialty	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5 Specialty	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5 Specialty	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 5 Specialty	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5 Specialty	PA; SP
Antineoplastics Antibody/Antibody-Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 5 Specialty	PA; SP

Drug	Status	Notes
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 5 Specialty	PA; SP
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	Tier 5 Specialty	PA; SP
DATROWAY INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	Tier 5 Specialty	PA; SP
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	Tier 5 Specialty	PA; SP
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	Tier 5 Specialty	PA; SP
ENHERTU INTRAVENOUS RECON SOLN 100 MG	Tier 5 Specialty	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	Tier 5 Specialty	PA; SP
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	Tier 5 Specialty	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 5 Specialty	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	Tier 5 Specialty	PA; SP
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	Tier 5 Specialty	PA; SP; QL (15 ML per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP; QL (40 ML per 28 days)
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	Tier 5 Specialty	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	Tier 5 Specialty	PA; SP
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 5 Specialty	PA; SP
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	Tier 5 Specialty	PA; SP
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	Tier 5 Specialty	PA; SP
TIVDAK INTRAVENOUS RECON SOLN 40 MG	Tier 5 Specialty	PA; SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 5 Specialty	PA; SP
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	Tier 5 Specialty	PA; SP
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	Tier 5 Specialty	PA; SP

Drug		Status	Notes
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		Tier 5 Specialty	PA; SP
Antineoplastics,Miscellaneous			
arsenic trioxide intravenous solution 1 mg/ml		Tier 5 Specialty	SP
arsenic trioxide intravenous solution 2 mg/ml	(Trisenox)	Tier 5 Specialty	SP
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML		Tier 5 Specialty	PA; SP
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	(docetaxel)	Tier 5 Specialty	SP
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML		Tier 5 Specialty	SP
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	(Docivyx)	Tier 5 Specialty	SP
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 80 mg/4 ml (20 mg/ml)		Tier 5 Specialty	SP
docetaxel intravenous solution 20 mg/ml (1 ml)	(Beizray)	Tier 5 Specialty	SP
etoposide oral capsule 50 mg		Tier 2 Generic	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML)		Tier 5 Specialty	SP
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG		Tier 5 Specialty	PA; SP
LYSODREN ORAL TABLET 500 MG		Tier 5 Specialty	SP
MATULANE ORAL CAPSULE 50 MG		Tier 5 Specialty	SP
mitoxantrone intravenous concentrate 2 mg/ml		Tier 5 Specialty	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML		Tier 5 Specialty	PA; SP
paclitaxel intravenous concentrate 6 mg/ml		Tier 5 Specialty	SP
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	(Abraxane)	Tier 5 Specialty	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML		Tier 5 Specialty	PA; SP
tretinoin (antineoplastic) oral capsule 10 mg		Tier 5 Specialty	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	(arsenic trioxide)	Tier 5 Specialty	SP

Drug	Status	Notes
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	Tier 5 Specialty	PA; SP
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5 Specialty	PA; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	Tier 5 Specialty	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	Tier 5 Specialty	PA; SP
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML)	Tier 5 Specialty	PA; SP
Chemotherapy Rescue/Antidote Agents		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	Tier 5 Specialty	SP
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg	Tier 2 Generic	SP
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 2 Generic	
levoleucovorin calcium intravenous recon soln 50 mg	Tier 2 Generic	SP
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 5 Specialty	SP
mesna oral tablet 400 mg (Mesnex)	Tier 2 Generic	

Drug	Status	Notes
MESNEX ORAL TABLET 400 MG (mesna)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	Tier 5 Specialty	SP
Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	Tier 5 Specialty	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 5 Specialty	PA; SP
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4 Non-Preferred Brand	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 2 Generic	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 4 Non-Preferred Brand	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 4 Non-Preferred Brand	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 4 Non-Preferred Brand	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4 Non-Preferred Brand	
Radioactive Therapeutic Agents		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Selective Estrogen Receptor Modulators (Serm)			
CLIGAVYX INTRAMUSCULAR SYRINGE 250 MG/5 ML	(fulvestrant)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FARESTON ORAL TABLET 60 MG	(toremifene)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	(fulvestrant)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
fulvestrant intramuscular syringe 250 mg/5 ml	(Cligavyx)	Tier 5 Specialty	PA; SP
INLURIYO ORAL TABLET 200 MG		Tier 5 Specialty	PA; SP; QL (2 EA per 1 day)
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 5 Specialty	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 3 Preferred Brand	
tamoxifen oral tablet 10 mg, 20 mg		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	(Fareston)	Tier 5 Specialty	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 5 Specialty	PA; SP

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

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

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

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

Drug		Status	Notes
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		Tier 5 Specialty	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	(dalfampridine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	Tier 5 Specialty	PA; SP
Amyotrophic Lateral Sclerosis Agents			
edaravone intravenous solution 30 mg/100 ml	(Radicava)	Tier 5 Specialty	PA; SP
edaravone intravenous solution 60 mg/100 ml		Tier 5 Specialty	PA; SP
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	(edaravone)	Tier 5 Specialty	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML		Tier 5 Specialty	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML		Tier 5 Specialty	PA; SP
riluzole oral tablet 50 mg		Tier 2 Generic	
Anti-Cd19 (B Lymphocyte) Monoclonal Antibody			
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML		Tier 5 Specialty	PA; SP

Drug	Status	Notes
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg (Savella)	Tier 2 Generic	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42) (Savella)	Tier 2 Generic	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 5 Specialty	PA; SP
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 5 Specialty	PA; SP
Metabolic Disease Enzyme Replacement, Batten Disea		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 5 Specialty	PA; SP
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5 Specialty	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 5 Specialty	PA; SP; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	Tier 5 Specialty	PA; SP; QL (2 EA per 1 day)

Drug	Status	Notes
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 5 Specialty	PA; SP; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 5 Specialty	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5 Specialty	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5 Specialty	PA; SP; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5 Specialty	PA; SP; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 5 Specialty	PA; SP
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)

Drug	Status	Notes
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg (Lyrica CR)	Tier 2 Generic	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)

Drug		Status	Notes
pregabalin oral tablet extended release 24 hr 330 mg	(Lyrica CR)	Tier 2 Generic	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator			
SKYCLARYS ORAL CAPSULE 50 MG		Tier 5 Specialty	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists			
dextromethorphan-quinidine oral capsule 20-10 mg	(Nuedexta)	Tier 2 Generic	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	(dextromethorphan-quinidine)	Tier 4 Non-Preferred Brand	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator			
VELSIPITY ORAL TABLET 2 MG		Tier 5 Specialty	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 5 Specialty	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)		Tier 5 Specialty	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)		Tier 5 Specialty	PA; SP
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	Tier 2 Generic	
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 2 Generic	

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

Drug		Status	Notes
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 2 Generic	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 2 Generic	
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 4 Non-Preferred Brand	
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 2 Generic	
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 4 Non-Preferred Brand	
Aldosterone Synthase Inhibitor (Asi)			
BAXFENDY ORAL TABLET 1 MG, 2 MG		Tier 4 Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antineoplastic - Glucocorticoid Receptor Antag.			
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2)		Tier 5 Specialty	PA; SP
Antineoplastic - Systemic Enzyme Inhibitors Combs			
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		Tier 5 Specialty	PA; SP
Antineoplastic Systemic Enzyme Activators			
MODEYSO ORAL CAPSULE 125 MG		Tier 5 Specialty	PA; SP; QL (20 EA per 28 days)
Antipsychotics, Muscarinic Agonist/Antagonist Comb			
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Antiretroviral - Capsid Inhibitors (Prep)			
YEZTUGO ORAL TABLET 300 MG		Tier 3 Preferred Brand	SP

Drug	Status	Notes
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 3 Preferred Brand	SP
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 35 MG	Tier 4 Non-Preferred Brand	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	Tier 2 Generic	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 2 Generic	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION REQUIRED
Artv Cmb - Nucleoside Analogs & Non-Nucleoside Rti		
IDVYNSO ORAL TABLET 100-0.25 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)
Azapirones		
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	Tier 4 Non-Preferred Brand	PA; QL (1 EA per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	Tier 4 Non-Preferred Brand	PA; QL (1 EA per 1 day)
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4 Non-Preferred Brand	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 4 Non-Preferred Brand	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 4 Non-Preferred Brand	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2 Generic	

Drug	Status	Notes
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2 Generic	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4 Non-Preferred Brand	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 2 Generic	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 2 Generic	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 2 Generic	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 2 Generic	
DEL NIDO CARDIOPLEGIA PERFUSION SOLUTION 31 MEQ/1,052.8 ML (POTASSIUM)	Tier 4 Non-Preferred Brand	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 2 Generic	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 4 Non-Preferred Brand	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
DUREX AVANTI BARE REAL FEEL	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
DUREX TROPICAL CONDOM DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
FANTASY CONDOM DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
FC2 FEMALE CONDOM	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
KIMONO LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
KIMONO TEXTURED CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
KIMONO THIN LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TROJAN BARESKIN DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TROJAN ULTRA RIBBED CONDOM DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TRUE COVER CONDOM DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TRUSTEX LATEX CONDOM DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY

Drug	Status	Notes
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 1 EHB/ACA	IF QL=60 THEN $0 COPAY
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5 Specialty	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
Digital Therapeutics, Software		
NATURAL CYCLES DIGITAL APP	Tier 1 EHB/ACA	
Diluent Solutions		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 4 Non-Preferred Brand	
Drugs To Treat Hereditary Tyrosinemia		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)	Tier 5 Specialty	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 5 Specialty	SP
miglustat oral capsule 100 mg (Yargesa)	Tier 5 Specialty	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 5 Specialty	PA; SP
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 4 Non-Preferred Brand	
Eye Antibiotic And Nsaid Combinations		
moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %	Tier 2 Generic	
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	Tier 5 Specialty	PA; SP
General Anesthetics - Benzodiazepine, Injectable		
midazolam (pf) injection solution 5 mg/ml	Tier 2 Generic	
midazolam injection solution 5 mg/ml	Tier 2 Generic	
General Anesthetics,Inhalant		
desflurane inhalation liquid 100 % (Suprane)	Tier 2 Generic	

Drug		Status	Notes
FORANE INHALATION LIQUID 99.9 %	(isoflurane)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 2 Generic	
sevoflurane inhalation liquid 99.97 %	(Ultane)	Tier 2 Generic	
TERRELL INHALATION LIQUID 99.9 %	(isoflurane)	Tier 2 Generic	
ULTANE INHALATION LIQUID 99.97 %	(sevoflurane)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 4 Non-Preferred Brand	

Drug		Status	Notes
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %	(sodium chloride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	(sodium chloride)	Tier 2 Generic	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 4 Non-Preferred Brand	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 2 Generic	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 2 Generic	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 2 Generic	
Metabolic Deficiency Agents			
betaine oral powder 1 gram/scoop	(Cystadane)	Tier 5 Specialty	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
CARNITOR ORAL SOLUTION 100 MG/ML	(levocarnitine (with sugar))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CARNITOR ORAL TABLET 330 MG	(levocarnitine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 2 Generic	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 2 Generic	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 2 Generic	
Metabolic Disease Enzyme Replacement, Gaucher's Dx			
VPRIV INTRAVENOUS RECON SOLN 400 UNIT		Tier 5 Specialty	PA; SP
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		Tier 5 Specialty	SP

Drug		Status	Notes
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		Tier 5 Specialty	SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML		Tier 5 Specialty	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)		Tier 5 Specialty	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 5 Specialty	PA; SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 4 Non-Preferred Brand	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 5 Specialty	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 5 Specialty	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 5 Specialty	PA; SP
deferiprone oral tablet 1,000 mg	(Ferriprox)	Tier 5 Specialty	PA; SP
deferiprone oral tablet 500 mg		Tier 5 Specialty	PA; SP
deferoxamine injection recon soln 2 gram		Tier 2 Generic	PA
deferoxamine injection recon soln 500 mg	(Desferal)	Tier 2 Generic	PA
DESFERAL INJECTION RECON SOLN 500 MG	(deferoxamine)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
EXJADE ORAL TABLET, DISPERSIBLE (deferasirox) 125 MG, 250 MG, 500 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5 Specialty	PA; SP

Drug	Status	Notes
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4 Non-Preferred Brand	
SYPRINE ORAL CAPSULE 250 MG (trientine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
trientine oral capsule 250 mg (Syprine)	Tier 5 Specialty	PA; SP
trientine oral capsule 500 mg	Tier 5 Specialty	PA; SP
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4 Non-Preferred Brand	
Needles/Needleless Devices		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3 Preferred Brand	

Drug		Status	Notes
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3 Preferred Brand	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3 Preferred Brand	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 3 Preferred Brand	
Neuromuscular Blocking Agents			
BOTOX INJECTION RECON SOLN 100 UNIT		Tier 5 Specialty	PA; SP; QL (4 EA per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT		Tier 5 Specialty	PA; SP; QL (1 EA per 90 days)
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT		Tier 5 Specialty	PA; SP
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT		Tier 5 Specialty	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML		Tier 5 Specialty	PA; SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT		Tier 5 Specialty	PA; SP
Novel Bacterial Topoisomerase Inhibitors (Nbti)			
BLUJEPA ORAL TABLET 750 MG		Tier 4 Non-Preferred Brand	PA; QL (4 EA per 1 day)
Ophthalmic Trpm8 Agonists			
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %		Tier 3 Preferred Brand	QL (2 EA per 1 day)
Oral Lipid Supplements			
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		Tier 5 Specialty	PA; SP
Oral Mucositis/Stomatitis Agents			
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH		Tier 4 Non-Preferred Brand	
Saliva Stimulant Agents			
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM		Tier 4 Non-Preferred Brand	
Saliva Substitute Agents			
NUMOISYN MUCOUS MEMBRANE LIQUID		Tier 4 Non-Preferred Brand	
Skin Tissue Replacement			
APLIGRAF TOPICAL DISK		Tier 4 Non-Preferred Brand	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM		Tier 4 Non-Preferred Brand	

Drug	Status	Notes
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4 Non-Preferred Brand	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4 Non-Preferred Brand	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4 Non-Preferred Brand	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 4 Non-Preferred Brand	
MIRO3D TOPICAL SHEET 10 X 2 X 2 CM, 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 X 5 X 2 CM	Tier 4 Non-Preferred Brand	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4 Non-Preferred Brand	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4 Non-Preferred Brand	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 2 CM, 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 2 CM, 5 X 5 CM, 5 X 7 CM, 6 X 5 CM, 8 X 5 CM	Tier 4 Non-Preferred Brand	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 4 Non-Preferred Brand	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4 Non-Preferred Brand	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4 Non-Preferred Brand	
Somatostatic Agents		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	Tier 5 Specialty	PA; SP
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	Tier 5 Specialty	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	Tier 5 Specialty	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	Tier 5 Specialty	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 5 Specialty	SP

Drug		Status	Notes
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	(Sandostatin LAR Depot)	Tier 5 Specialty	PA; SP
PALSONIFY ORAL TABLET 20 MG, 30 MG		Tier 5 Specialty	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	(octreotide acetate)	Tier 5 Specialty	SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	(octreotide,microspheres)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 5 Specialty	PA; SP
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 4 Non-Preferred Brand	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 4 Non-Preferred Brand	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 4 Non-Preferred Brand	
Topical Nitric Oxide Releasing Agents		
ZELSUVMI TOPICAL GEL 10.3 %	Tier 4 Non-Preferred Brand	PA

Drug	Status	Notes
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
pirfenidone oral capsule 267 mg	Tier 5 Specialty	PA; SP
pirfenidone oral tablet 267 mg, 801 mg (Esbriet)	Tier 5 Specialty	PA; SP
pirfenidone oral tablet 534 mg	Tier 5 Specialty	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 5 Specialty	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 5 Specialty	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 5 Specialty	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 5 Specialty	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5 Specialty	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5 Specialty	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5 Specialty	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Lung Surfactants			
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML		Tier 4 Non-Preferred Brand	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML		Tier 4 Non-Preferred Brand	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML		Tier 4 Non-Preferred Brand	
Mucolytics			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 2 Generic	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 5 Specialty	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
nintedanib oral capsule 100 mg, 150 mg	(Ofev)	Tier 5 Specialty	PA; SP
OFEV ORAL CAPSULE 100 MG, 150 MG	(nintedanib)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-300 mg		Tier 2 Generic	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT REQUIRED WITHIN 120 DAYS; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 2 Generic	
TENCON ORAL TABLET 50-325 MG	(butalbital-acetaminophen)	Tier 2 Generic	

Drug		Status	Notes
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 2 Generic	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 2 Generic	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	Tier 2 Generic	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		Tier 2 Generic	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		Tier 2 Generic	
FIORICET ORAL CAPSULE 50-300-40 MG	(butalbital-acetaminophen-caff)	Tier 2 Generic	
Analgesic/Antipyretics, Salicylates			
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 2 Generic	
diflunisal oral tablet 500 mg		Tier 2 Generic	
salsalate oral tablet 500 mg, 750 mg		Tier 2 Generic	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		Tier 2 Generic	
Analgesics, Neuronal-Type Calcium Channel Blockers			
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML		Tier 5 Specialty	SP
Analgesics, Non-Narcotics			
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	(Duraclon (PF))	Tier 2 Generic	
clonidine (pf) epidural solution 5,000 mcg/10 ml		Tier 2 Generic	

Drug		Status	Notes
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML)	(clonidine (pf))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
JOURNAVX ORAL TABLET 50 MG		Tier 4 Non-Preferred Brand	PA
Analgesics,Narcotics			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	(buprenorphine hcl)	Tier 3 Preferred Brand	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 2 Generic	
buprenorphine hcl injection solution 0.3 mg/ml		Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
buprenorphine hcl injection syringe 0.3 mg/ml		Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)

Drug	Status	Notes
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 2 Generic	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 2 Generic	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR (buprenorphine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
codeine sulfate oral tablet 15 mg, 30 mg	Tier 2 Generic	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
DEMEROL INJECTION SOLUTION 50 MG/ML	(meperidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	(hydromorphone (pf))	Tier 4 Non-Preferred Brand	
DILAUDID ORAL LIQUID 1 MG/ML	(hydromorphone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	Tier 2 Generic	
fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %	Tier 2 Generic	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 2 Generic	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 2 Generic	

Drug	Status	Notes
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg	Tier 2 Generic	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	Tier 2 Generic	PA; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%	Tier 2 Generic	
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%	Tier 2 Generic	
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%	Tier 2 Generic	
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (Hysingla ER)	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml (Dilaudid (PF))	Tier 2 Generic	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 2 Generic	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	Tier 2 Generic	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	Tier 2 Generic	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 2 Generic	PA; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
hydromorphone rectal suppository 3 mg	Tier 2 Generic	

Drug		Status	Notes
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 80 MG	(hydrocodone bitartrate)	Tier 4 Non-Preferred Brand	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 60 MG	(hydrocodone bitartrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	(Xyvona)	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml		Tier 2 Generic	
meperidine oral solution 50 mg/5 ml		Tier 2 Generic	QL (30 ML per 1 day)
meperidine oral tablet 50 mg		Tier 2 Generic	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml		Tier 2 Generic	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 2 Generic	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 2 Generic	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 2 Generic	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml		Tier 2 Generic	QL (40 ML per 1 day)
methadone oral tablet 10 mg		Tier 2 Generic	QL (4 EA per 1 day)
methadone oral tablet 5 mg		Tier 2 Generic	QL (8 EA per 1 day)

Drug		Status	Notes
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 2 Generic	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 2 Generic	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml		Tier 2 Generic	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 2 Generic	PA
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml		Tier 2 Generic	
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 2 Generic	
morphine oral capsule, er multiphase 24 hr 120 mg		Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	Tier 2 Generic	
morphine oral tablet 15 mg	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
morphine oral tablet 30 mg	Tier 3 Preferred Brand	
morphine oral tablet extended release 100 mg, 200 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
morphine oral tablet extended release 15 (MS Contin) *mg, 30 mg, 60 mg*	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 2 Generic	

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

Drug	Status	Notes
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg (OxyContin)	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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 4 Non-Preferred Brand	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Tier 4 Non-Preferred Brand	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 2 Generic	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 2 Generic	

Drug		Status	Notes
QDOLO ORAL SOLUTION 5 MG/ML	(tramadol)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROXICODONE ORAL TABLET 15 MG, 30 MG	(oxycodone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	(oxycodone)	Tier 4 Non-Preferred Brand	
tapentadol oral tablet 100 mg, 50 mg, 75 mg	(Nucynta)	Tier 2 Generic	QL (6 EA per 1 day)
tramadol oral solution 5 mg/ml	(Qdolo)	Tier 2 Generic	PA
tramadol oral tablet 50 mg		Tier 2 Generic	QL (8 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
tramadol oral tablet extended release 24 hr 100 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; 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 Preferred Brand	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3 Preferred Brand	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3 Preferred Brand	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)

Drug		Status	Notes
XYVONA ORAL TABLET 2 MG	(levorphanol tartrate)	Tier 2 Generic	ST: ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
Antimigraine Preparations			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Tier 3 Preferred Brand	PA; QL (1 ML per 28 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		Tier 3 Preferred Brand	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		Tier 3 Preferred Brand	PA; QL (1.5 ML per 28 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg		Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
CAFERGOT ORAL TABLET 1-100 MG	(ergotamine-caffeine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)

Drug	Status	Notes
dihydroergotamine injection solution 1 mg/ml	Tier 2 Generic	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg (Relpax)	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4 Non-Preferred Brand	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3 Preferred Brand	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3 Preferred Brand	PA; QL (1 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4 Non-Preferred Brand	PA; QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg (Cafergot)	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)

Drug		Status	Notes
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	(sumatriptan succinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 EA per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days)

Drug		Status	Notes
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	(sumatriptan succinate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG	(rizatriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (27 EA per 30 days)

Drug		Status	Notes
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	(rizatriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (27 EA per 30 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	(dihydroergotamine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg		Tier 2 Generic	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 3 Preferred Brand	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 3 Preferred Brand	PA; QL (1 EA per 1 day)

Drug		Status	Notes
RELPAX ORAL TABLET 20 MG, 40 MG	(eletriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 3 Preferred Brand	PA; QL (8 EA per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 2 Generic	QL (27 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 2 Generic	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 2 Generic	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 2 Generic	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation		Tier 2 Generic	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation		Tier 2 Generic	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	Tier 2 Generic	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 2 Generic	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		Tier 2 Generic	QL (18 ML per 30 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)		Tier 4 Non-Preferred Brand	PA; QL (12 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 3 Preferred Brand	PA; QL (16 EA per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML		Tier 5 Specialty	PA; SP; QL (3 ML per 90 days)

Drug	Status	Notes
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Tier 4 Non-Preferred Brand	PA; QL (8 EA per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg (Zomig)	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG (zolmitriptan)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2 Generic	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3 Preferred Brand	PA; QL (3 ML per 28 days)

Drug		Status	Notes
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg		Tier 2 Generic	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 2 Generic	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 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml		Tier 2 Generic	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml		Tier 2 Generic	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		Tier 2 Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 2 Generic	QL (6 EA per 1 day); Age (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2 Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml		Tier 2 Generic	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 2 Generic	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		Tier 2 Generic	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 2 Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 2 Generic	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 2 Generic	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg		Tier 2 Generic	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, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML		Tier 5 Specialty	SP

Drug	Status	Notes
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 2 Generic	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	Tier 2 Generic	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 2 Generic	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 5 Specialty	PA; SP
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine-naloxone)	Tier 3 Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 3 Preferred Brand	QL (1 EA per 1 day)

Drug		Status	Notes
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG		Tier 3 Preferred Brand	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist			
lofexidine oral tablet 0.18 mg	(Lucemyra)	Tier 2 Generic	PA
LUCEMYRA ORAL TABLET 0.18 MG	(lofexidine)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 2 Generic	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 2 Generic	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 2 Generic	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 2 Generic	
amantadine hcl oral solution 50 mg/5 ml		Tier 2 Generic	
amantadine hcl oral tablet 100 mg		Tier 2 Generic	

Drug		Status	Notes
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	(apomorphine)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	Tier 5 Specialty	PA; SP
AZILECT ORAL TABLET 0.5 MG	(rasagiline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug		Status	Notes
AZILECT ORAL TABLET 1 MG	(rasagiline)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
bromocriptine oral capsule 5 mg		Tier 2 Generic	
bromocriptine oral tablet 2.5 mg		Tier 2 Generic	
carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	(Rytary)	Tier 2 Generic	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	Tier 2 Generic	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	Tier 2 Generic	
carbidopa-levodopa oral tablet 25-250 mg		Tier 2 Generic	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		Tier 2 Generic	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		Tier 2 Generic	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		Tier 2 Generic	
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (4 EA per 1 day)

Drug	Status	Notes
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5 Specialty	PA; SP
entacapone oral tablet 200 mg	Tier 2 Generic	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 5 Specialty	PA; SP

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

Drug	Status	Notes
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2 Generic	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 2 Generic	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa-levodopa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 2 Generic	
selegiline hcl oral tablet 5 mg	Tier 2 Generic	

Drug		Status	Notes
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	(carbidopa-levodopa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TASMAR ORAL TABLET 100 MG	(tolcapone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
tolcapone oral tablet 100 mg	(Tasmar)	Tier 2 Generic	ST: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML		Tier 5 Specialty	PA; SP

Drug		Status	Notes
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PREVIOUS 120 DAYS; QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 2 Generic	
LODOSYN ORAL TABLET 25 MG	(carbidopa)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 2 Generic	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 2 Generic	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 2 Generic	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 2 Generic	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		Tier 2 Generic	

Drug	Status	Notes
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
midazolam intramuscular auto-injector 10 mg/0.7 ml	Tier 4 Non-Preferred Brand	QL (7 ML per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3 Preferred Brand	PA; QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (480 ML per 30 days)

Drug	Status	Notes
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3 Preferred Brand	PA; QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5 Specialty	SP; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN THE LAST 365 DAYS

Drug	Status	Notes
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)

Drug		Status	Notes
BANZEL ORAL SUSPENSION 40 MG/ML	(rufinamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	(rufinamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)

Drug		Status	Notes
BANZEL ORAL TABLET 400 MG	(rufinamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
brivaracetam oral solution 10 mg/ml	(Briviact)	Tier 2 Generic	QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	Tier 2 Generic	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	(brivaracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (600 ML per 30 days)

Drug		Status	Notes
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	(brivaracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 2 Generic	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 2 Generic	
carbamazepine oral tablet 200 mg	(Tegretol)	Tier 2 Generic	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 2 Generic	
carbamazepine oral tablet,chewable 100 mg, 200 mg		Tier 2 Generic	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3 Preferred Brand	

Drug		Status	Notes
CELONTIN ORAL CAPSULE 300 MG	(methsuximide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	(divalproex)	Tier 3 Preferred Brand	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	(divalproex)	Tier 3 Preferred Brand	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	(divalproex)	Tier 3 Preferred Brand	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 5 Specialty	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 5 Specialty	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	(phenytoin sodium extended)	Tier 3 Preferred Brand	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	(phenytoin)	Tier 3 Preferred Brand	
DILANTIN ORAL CAPSULE 30 MG		Tier 4 Non-Preferred Brand	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	(phenytoin)	Tier 3 Preferred Brand	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 2 Generic	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 2 Generic	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 2 Generic	

Drug		Status	Notes
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	Tier 2 Generic	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	Tier 2 Generic	QL (2 EA per 1 day)
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 2 Generic	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 2 Generic	
felbamate oral suspension 600 mg/5 ml		Tier 2 Generic	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	Tier 2 Generic	
FELBATOL ORAL TABLET 400 MG, 600 MG	(felbamate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 EA per 30 days)

Drug		Status	Notes
FYCOMPA ORAL TABLET 2 MG	(perampanel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg	(Neurontin)	Tier 2 Generic	
gabapentin oral capsule 300 mg, 400 mg	(Relgaabi)	Tier 2 Generic	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 2 Generic	PA; QL (72 ML per 1 day)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)		Tier 2 Generic	PA; QL (72 ML per 1 day)
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 2 Generic	

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

Drug		Status	Notes
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	(levetiracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
lacosamide oral solution 10 mg/ml	(Vimpat)	Tier 2 Generic	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	Tier 2 Generic	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	(lamotrigine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

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

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

Drug		Status	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	(lamotrigine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 4 Non-Preferred Brand	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 4 Non-Preferred Brand	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 4 Non-Preferred Brand	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 2 Generic	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 2 Generic	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 2 Generic	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 2 Generic	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	Tier 2 Generic	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 2 Generic	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	Tier 2 Generic	
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 2 Generic	

Drug		Status	Notes
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 2 Generic	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 2 Generic	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 2 Generic	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 2 Generic	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 2 Generic	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	(pregabalin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LYRICA ORAL SOLUTION 20 MG/ML	(pregabalin)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (30 ML per 1 day)
methsuximide oral capsule 300 mg	(Celontin)	Tier 2 Generic	

Drug	Status	Notes
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 4 Non-Preferred Brand	PA
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
NEURONTIN ORAL SOLUTION 250 MG/5 ML	(gabapentin)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG, 800 MG	(gabapentin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 2 Generic	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 2 Generic	

Drug		Status	Notes
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	(Oxtellar XR)	Tier 2 Generic	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	(Oxtellar XR)	Tier 2 Generic	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)

Drug	Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)

Drug		Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	(oxcarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)
perampanel oral suspension 0.5 mg/ml	(Fycompa)	Tier 2 Generic	QL (680 ML per 28 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	Tier 2 Generic	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	Tier 2 Generic	QL (120 EA per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	Tier 2 Generic	QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 2 Generic	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 2 Generic	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 2 Generic	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 2 Generic	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 2 Generic	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 2 Generic	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 2 Generic	PA; QL (30 ML per 1 day)
primidone oral tablet 125 mg		Tier 2 Generic	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 2 Generic	

Drug		Status	Notes
RELGAABI ORAL CAPSULE 300 MG, 400 MG	(gabapentin)	Tier 2 Generic	
ROWEEPRA ORAL TABLET 500 MG	(levetiracetam)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 2 Generic	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 2 Generic	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	(Banzel)	Tier 2 Generic	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)

Drug		Status	Notes
SABRIL ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SUBVENITE ORAL SUSPENSION 10 MG/ML		Tier 4 Non-Preferred Brand	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4 Non-Preferred Brand	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4 Non-Preferred Brand	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4 Non-Preferred Brand	

Drug		Status	Notes
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4 Non-Preferred Brand	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine)	Tier 3 Preferred Brand	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine)	Tier 3 Preferred Brand	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine)	Tier 3 Preferred Brand	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 2 Generic	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 2 Generic	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (3 EA per 1 day)

Drug		Status	Notes
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	(topiramate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	(topiramate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 2 Generic	
topiramate oral capsule, sprinkle 50 mg		Tier 2 Generic	
topiramate oral capsule,extended release 24hr 100 mg	(Trokendi XR)	Tier 2 Generic	QL (3 EA per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	(Trokendi XR)	Tier 2 Generic	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 2 Generic	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 2 Generic	QL (7 EA per 1 day)

Drug		Status	Notes
topiramate oral capsule,sprinkle,er 24hr 100 mg		Tier 2 Generic	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (3 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg		Tier 2 Generic	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (2 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 25 mg		Tier 2 Generic	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 50 mg		Tier 2 Generic	ST: REQUIRES TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (7 EA per 1 day)
topiramate oral solution 25 mg/ml	(Eprontia)	Tier 2 Generic	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 2 Generic	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	(oxcarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug	Status	Notes
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (topiramate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (3 EA per 1 day)

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

Drug		Status	Notes
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	(topiramate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (7 EA per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 2 Generic	
valproic acid oral capsule 250 mg		Tier 2 Generic	
vigabatrin oral powder in packet 500 mg	(Sabril)	Tier 5 Specialty	PA; SP
vigabatrin oral tablet 500 mg	(Sabril)	Tier 5 Specialty	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 5 Specialty	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	(lacosamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

Drug		Status	Notes
ZARONTIN ORAL SOLUTION 250 MG/5 ML	(ethosuximide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	(zonisamide)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ZONISADE ORAL SUSPENSION 100 MG/5 ML		Tier 4 Non-Preferred Brand	PA
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 2 Generic	
zonisamide oral capsule 50 mg		Tier 2 Generic	
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
dichlorphenamide oral tablet 50 mg	(Keveyis)	Tier 5 Specialty	PA; SP
KEVEYIS ORAL TABLET 50 MG	(dichlorphenamide)	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Joint Contracture Therapy, Collagenase Enzyme			
XIAFLEX INJECTION RECON SOLN 0.9 MG		Tier 5 Specialty	SP
Retinoic Acid Receptor (Rar) Agonists			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 5 Specialty	PA; SP
Skeletal Muscle Relaxants			
ATMEKSI ORAL SUSPENSION 750 MG/5 ML		Tier 4 Non-Preferred Brand	PA; QL (54 ML per 1 day)
baclofen oral solution 10 mg/5 ml (2 mg/ml)	(Ozobax DS)	Tier 2 Generic	PA
baclofen oral solution 5 mg/5 ml	(Ozobax)	Tier 2 Generic	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg		Tier 2 Generic	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 2 Generic	
carisoprodol-aspirin oral tablet 200-325 mg		Tier 2 Generic	
chlorzoxazone oral tablet 500 mg		Tier 2 Generic	
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 2 Generic	
cyclobenzaprine oral tablet 7.5 mg	(Fexmid)	Tier 2 Generic	
DANTRIUM ORAL CAPSULE 25 MG	(dantrolene)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
dantrolene oral capsule 100 mg, 50 mg		Tier 2 Generic	
dantrolene oral capsule 25 mg	(Dantrium)	Tier 2 Generic	

Drug	Status	Notes
FEXMID ORAL TABLET 7.5 MG (cyclobenzaprine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
metaxalone oral tablet 400 mg, 800 mg	Tier 2 Generic	
methocarbamol oral tablet 500 mg, 750 mg	Tier 2 Generic	
orphenadrine citrate oral tablet extended release 100 mg	Tier 2 Generic	
OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)	Tier 4 Non-Preferred Brand	PA; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

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

Drug		Status	Notes
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	(varenicline tartrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		Tier 1 EHB/ACA	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
Upper Gastrointestinal Disorders - Digestive		
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 3 Preferred Brand	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	Tier 4 Non-Preferred Brand	ST: TRIAL OF ZENPEP AND CREON IN THE PAST 365 DAYS
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4 Non-Preferred Brand	ST: TRIAL OF ZENPEP AND CREON IN THE PAST 365 DAYS
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 4 Non-Preferred Brand	ST: TRIAL OF ZENPEP AND CREON IN THE PAST 365 DAYS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3 Preferred Brand	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine oral capsule 10 mg	Tier 2 Generic	
dicyclomine oral solution 10 mg/5 ml	Tier 2 Generic	
dicyclomine oral tablet 20 mg	Tier 2 Generic	

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

Drug		Status	Notes
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
LEVSIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 2 Generic	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2 Generic	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2 Generic	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	

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

Drug		Status	Notes
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 2 Generic	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	(glycopyrrolate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF GLYCOPYRROLATE 2 MG IN THE PAST 120 DAYS.; QL (4 EA per 1 day); Age (Min 18 Years)

Drug		Status	Notes
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)		Tier 2 Generic	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 2 Generic	
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 2 Generic	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 2 Generic	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ROBINUL FORTE ORAL TABLET 2 MG	(glycopyrrolate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

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

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

Drug		Status	Notes
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 4 Non-Preferred Brand	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)		Tier 4 Non-Preferred Brand	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG		Tier 4 Non-Preferred Brand	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 2 Generic	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 2 Generic	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 2 Generic	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 2 Generic	
famotidine oral tablet 20 mg, 40 mg	(Pepcid)	Tier 2 Generic	
nizatidine oral capsule 150 mg, 300 mg		Tier 2 Generic	
PEPCID ORAL TABLET 20 MG, 40 MG	(famotidine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Intestinal Motility Stimulants			
metoclopramide hcl injection solution 5 mg/ml		Tier 2 Generic	
metoclopramide hcl oral solution 5 mg/5 ml		Tier 2 Generic	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 2 Generic	

Drug		Status	Notes
MOTEGRITY ORAL TABLET 1 MG, 2 MG	(prucalopride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
prucalopride oral tablet 1 mg, 2 mg	(Motegrity)	Tier 2 Generic	QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG	(metoclopramide hcl)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Tier 4 Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 4 Non-Preferred Brand	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 4 Non-Preferred Brand	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug		Status	Notes
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	(dexlansoprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	Tier 2 Generic	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	(Nexium)	Tier 2 Generic	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	(Nexium Packet)	Tier 2 Generic	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 2 Generic	QL (2 EA per 1 day)
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML		Tier 4 Non-Preferred Brand	PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	Tier 2 Generic	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 2 Generic	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 2 Generic	

Drug		Status	Notes
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	(esomeprazole magnesium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	(esomeprazole magnesium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)

Drug		Status	Notes
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(esomeprazole magnesium)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (2 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 2 Generic	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	Tier 2 Generic	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		Tier 2 Generic	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg		Tier 2 Generic	PA
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 2 Generic	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 2 Generic	

Drug	Status	Notes
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (lansoprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 4 Non-Preferred Brand	ST: REQUIRE TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS

Drug		Status	Notes
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(pantoprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	(pantoprazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 2 Generic	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 2 Generic	

Drug		Status	Notes
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 2 Generic	
AVODART ORAL CAPSULE 0.5 MG	(dutasteride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 2 Generic	
finasteride oral tablet 5 mg	(Proscar)	Tier 2 Generic	
PROSCAR ORAL TABLET 5 MG	(finasteride)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
silodosin oral capsule 4 mg, 8 mg		Tier 2 Generic	
tamsulosin oral capsule 0.4 mg		Tier 2 Generic	

Drug	Status	Notes
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
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 2 Generic	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.

Drug		Status	Notes
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	(dutasteride-tamsulosin)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 5 Specialty	SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 5 Specialty	PA; SP
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 5 Specialty	PA; SP
Kidney Stone Agents			
tiopronin oral tablet 100 mg	(Thiola)	Tier 5 Specialty	SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	(Thiola EC)	Tier 5 Specialty	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
GEMTESA ORAL TABLET 75 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS; QL (1 EA per 1 day)
mirabegron oral suspension,extended rel recon 8 mg/ml	(Myrbetriq)	Tier 2 Generic	

Drug	Status	Notes
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (mirabegron)	Tier 3 Preferred Brand	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2 Generic	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	Tier 5 Specialty	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 5 Specialty	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 5 Specialty	PA; SP

Drug		Status	Notes
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	(tolvaptan (polycys kidney dis))	Tier 5 Specialty	PA; SP; A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 4 Non-Preferred Brand	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 4 Non-Preferred Brand	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	(sodium citrate-citric acid)	Tier 4 Non-Preferred Brand	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 2 Generic	

Drug		Status	Notes
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 2 Generic	
potassium citrate oral tablet extended release 5 meq (540 mg)		Tier 2 Generic	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 4 Non-Preferred Brand	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	(potassium citrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	(potassium citrate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 4 Non-Preferred Brand	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 4 Non-Preferred Brand	PA

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

Drug	Status	Notes
Urinary Tract Antispasmodic/Antiincontinence Agent		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)	Tier 2 Generic	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 2 Generic	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 2 Generic	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	Tier 2 Generic	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 2 Generic	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4 Non-Preferred Brand	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 2 Generic	
tolterodine oral tablet 1 mg, 2 mg	Tier 2 Generic	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.; QL (1 EA per 1 day)
trospium oral capsule,extended release 24hr 60 mg	Tier 2 Generic	
trospium oral tablet 20 mg	Tier 2 Generic	

Drug		Status	Notes
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL CREAM 2 %	(clindamycin phosphate)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 2 Generic	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	Tier 2 Generic	

Drug	Status	Notes
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
XACIATO VAGINAL GEL 2 %	Tier 4 Non-Preferred Brand	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3 Preferred Brand	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2 Generic	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2 Generic	
terconazole vaginal suppository 80 mg	Tier 2 Generic	

Drug		Status	Notes
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 4 Non-Preferred Brand	
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 4 Non-Preferred Brand	
Vaginal Estrogen Preparations			
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	(estradiol)	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 2 Generic	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 2 Generic	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		Tier 4 Non-Preferred Brand	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 3 Preferred Brand	

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

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

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

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

Drug	Status	Notes
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

Drug		Status	Notes
PREVIDENT KIDS DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2 Generic	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2 Generic	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 2 Generic	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2 Generic	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	Tier 2 Generic	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 2 Generic	
folic acid oral tablet 1 mg		Tier 2 Generic	
folic acid oral tablet 400 mcg	(PureVita Folic Acid)	Tier 1 EHB/ACA	
folic acid oral tablet 800 mcg		Tier 1 EHB/ACA	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG	(folic acid)	Tier 1 EHB/ACA	

Drug	Status	Notes
Iron Replacement		
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (ferric carboxymaltose)	Tier 5 Specialty	SP
Mineral Replacement,Miscellaneous		
ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG	Tier 5 Specialty	PA; SP; QL (1 EA per 1 day)
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4 Non-Preferred Brand	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4 Non-Preferred Brand	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 2 Generic	
Prenatal Vitamin Preparations		
ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE	Tier 1 EHB/ACA	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	Tier 1 EHB/ACA	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	Tier 1 EHB/ACA	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 1 EHB/ACA	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4 Non-Preferred Brand	

Drug	Status	Notes
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4 Non-Preferred Brand	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4 Non-Preferred Brand	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4 Non-Preferred Brand	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 4 Non-Preferred Brand	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Tier 1 EHB/ACA	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1 EHB/ACA	
KPN ORAL TABLET 9 MG IRON- 267 MCG	Tier 1 EHB/ACA	
MASONATAL PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 1 EHB/ACA	
MATRONEX ORAL TABLET 27 MG IRON- 1,000 MCG	Tier 1 EHB/ACA	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Tier 1 EHB/ACA	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	Tier 1 EHB/ACA	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1 EHB/ACA	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1 EHB/ACA	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1 EHB/ACA	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1 EHB/ACA	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1 EHB/ACA	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1 EHB/ACA	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4 Non-Preferred Brand	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 1 EHB/ACA	

Drug	Status	Notes
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Tier 1 EHB/ACA	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	Tier 1 EHB/ACA	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 4 Non-Preferred Brand	A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.
ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG	Tier 1 EHB/ACA	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Tier 1 EHB/ACA	
pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg (Prenatal)	Tier 1 EHB/ACA	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1 EHB/ACA	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1 EHB/ACA	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	Tier 1 EHB/ACA	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 1 EHB/ACA	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	Tier 1 EHB/ACA	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 1 EHB/ACA	

Drug		Status	Notes
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG		Tier 2 Generic	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG		Tier 2 Generic	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		Tier 1 EHB/ACA	
PRENATABS FA ORAL TABLET 29-1 MG		Tier 1 EHB/ACA	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG		Tier 1 EHB/ACA	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG		Tier 1 EHB/ACA	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG		Tier 1 EHB/ACA	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG		Tier 1 EHB/ACA	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG		Tier 1 EHB/ACA	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG		Tier 1 EHB/ACA	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE		Tier 1 EHB/ACA	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG		Tier 1 EHB/ACA	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG		Tier 1 EHB/ACA	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG		Tier 1 EHB/ACA	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG		Tier 1 EHB/ACA	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG		Tier 1 EHB/ACA	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	Tier 1 EHB/ACA	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG		Tier 1 EHB/ACA	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	Tier 1 EHB/ACA	
PRENATAL ORAL TABLET 28-800 MG-MCG		Tier 1 EHB/ACA	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 1 EHB/ACA	

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

Drug		Status	Notes
TRICARE ORAL TABLET 27 MG IRON-1 MG		Tier 1 EHB/ACA	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG		Tier 1 EHB/ACA	
TRINATE ORAL TABLET 28 MG IRON-1 MG		Tier 1 EHB/ACA	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG		Tier 1 EHB/ACA	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG		Tier 4 Non-Preferred Brand	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG		Tier 2 Generic	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Tier 1 EHB/ACA	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG		Tier 1 EHB/ACA	
Prenatal Vitamins Without Iron			
AZENTRA ORAL TABLET 13 MG IRON-1 MG		Tier 1 EHB/ACA	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG		Tier 1 EHB/ACA	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE		Tier 1 EHB/ACA	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG		Tier 1 EHB/ACA	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG		Tier 1 EHB/ACA	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT		Tier 1 EHB/ACA	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG		Tier 1 EHB/ACA	
Vitamin B Preparations			
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 2 Generic	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 2 Generic	
Vitamin B1 Preparations			
thiamine hcl (vitamin b1) injection solution 100 mg/ml		Tier 2 Generic	

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

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