

2026 Premium Standard Formulary

Effective January 1, 2026

For the most current list of covered medications or if you have questions:

Call the Pre-Enrollment Service Team at: 844-817-4117.

After July 1st visit AZBlue.com to:

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

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, your plan's pharmacy benefit manager is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

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

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.

About this formulary

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

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and ask how you can have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

| Drug tier | Includes | Helpful tips |
|-----------------------|---|---|
| Tier 1 | \$ Lower-cost generics and some brand name | Use tier 1 drugs for the lowest out-of-pocket costs. |
| Tier 2 | \$\$ Mid-range cost preferred brand name | Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs. |
| Tier 3 | \$\$\$ Higher-cost brand name and some generics | Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you. |
| Specialty Medications | | Use our Specialty Pharmacy. Call 1-855-427-4682 . |

Drug list information

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

| | |
|-------------|---|
| M | Authorized generic or cobranded product |
| PA | Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage. |
| QL | Quantity limit – Medication may be limited to a certain quantity. |
| SP | Specialty medication – Medication is designated as specialty. |
| ST | Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered. |
| 3P | Tier 3 preferred |
| ++ | Benefit design options – Coverage is determined by your prescription medication benefit plan. |
| HDHP | High deductible health plan preventive medication |
| FER | Fertility/Infertility medication |
| WM | Weight management |
| CP | Oral chemotherapy |
| VAX | Vaccines |

Blue Cross Blue Shield of AZ

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| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------------|
| Analgesics - Drugs for Pain | | |
| ACETAMINOPHEN-CODEINE ORAL SOLUTION | 2 | QL (136 ML per 1 day) |
| acetaminophen-codeine oral tablet 300-15 mg | 1 | QL (13 EA per 1 day) |
| acetaminophen-codeine oral tablet 300-30 mg | 1 | QL (10 EA per 1 day) |
| acetaminophen-codeine oral tablet 300-60 mg | 1 | QL (5 EA per 1 day) |
| APAP-CAFF-DIHYDROCODEINE | 3 | QL (12 EA per 1 day) |
| ascomp-codeine | 1 | |
| bac (butalbital-acetamin-caff) | 1 | |
| BELBUCA | 2 | PA; QL (2 EA per 1 day) |
| buprenorphine | 1 | PA; QL (0.15 EA per 1 day) |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 | |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg | 1 | |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | 1 | |
| butalbital-apap-caffeine oral tablet | 1 | |
| butalbital-asa-caff-codeine | 1 | |
| butalbital-aspirin-caffeine | 1 | |
| butorphanol tartrate nasal | 1 | QL (2.5 ML per 1 fill) |
| CODEINE SULFATE ORAL TABLET 15 MG | 2 | QL (21 EA per 1 day) |
| CODEINE SULFATE ORAL TABLET 60 MG | 2 | QL (5 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------|
| codeine sulfate tablet 30 mg oral | 1 | QL (10 EA per 1 day) |
| CODEINE SULFATE TABLET 30 MG ORAL | 3 | QL (10 EA per 1 day) |
| endocet oral tablet 10-325 mg | 1 | QL (3 EA per 1 day) |
| endocet oral tablet 2.5-325 mg | 1 | QL (12 EA per 1 day) |
| endocet oral tablet 5-325 mg | 1 | QL (6 EA per 1 day) |
| endocet oral tablet 7.5-325 mg | 1 | QL (4 EA per 1 day) |
| FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML | 3 | |
| FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-% | 3 | |
| FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-% | 3 | |
| FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 1000-0.9 MCG/50ML-% INTRAVENOUS | 3 | |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr | 1 | PA; QL (1 EA per 1 day) |
| fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | 1 | PA; QL (0.5 EA per 1 day) |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg | 1 | PA; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------|
| HYDROCODONE BITARTRATE ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG | 2 | PA; QL (1 EA per 1 day) |
| HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/15ML, 10-325 MG/15ML | 3 | QL (73.5 ML per 1 day) |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | 1 | QL (98 ML per 1 day) |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg | 1 | QL (4 EA per 1 day) |
| HYDROCODONE-ACETAMINOPHEN ORAL TABLET 2.5-325 MG | 3 | QL (12 EA per 1 day) |
| hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg | 1 | QL (9 EA per 1 day) |
| hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg | 1 | QL (6 EA per 1 day) |
| HYDROCODONE-IBUPROFEN ORAL TABLET 10-200 MG | 3 | QL (4 EA per 1 day) |
| HYDROCODONE-IBUPROFEN ORAL TABLET 5-200 MG | 3 | QL (9 EA per 1 day) |
| hydrocodone-ibuprofen oral tablet 7.5-200 mg | 1 | QL (6 EA per 1 day) |
| hydromorphone hcl er | 1 | PA; QL (2 EA per 1 day) |
| hydromorphone hcl oral liquid | 1 | QL (10 ML per 1 day) |
| hydromorphone hcl oral tablet 2 mg | 1 | QL (5 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------|
| hydromorphone hcl oral tablet 4 mg | 1 | QL (2 EA per 1 day) |
| hydromorphone hcl oral tablet 8 mg | 1 | QL (1 EA per 1 day) |
| HYDROMORPHONE HCL SOLUTION 1 MG/ML INTRAVENOUS | 3 | |
| HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-% | 3 | |
| HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-% | 3 | |
| HYDROMORPHONE HCL-NACL SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS | 3 | |
| HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 15-0.9 MG/30ML-% INTRAVENOUS | 3 | |
| HYSINGLA ER | 2 | PA; QL (1 EA per 1 day) |
| JOURNAVX | 3 | QL (2.5 EA per 1 day) |
| MEPERIDINE HCL ORAL SOLUTION | 3 | QL (49 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------|
| meperidine hcl oral tablet | 1 | QL (9 EA per 1 day) |
| methadone hcl oral tablet | 1 | PA |
| METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-% | 3 | |
| morphine sulfate (concentrate) solution 100 mg/5ml oral | 1 | QL (2.4 ML per 1 day) |
| MORPHINE SULFATE (CONCENTRATE) SOLUTION 100 MG/5ML ORAL | 3 | QL (2.4 ML per 1 day) |
| MORPHINE SULFATE ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 2 | PA; QL (2 EA per 1 day) |
| MORPHINE SULFATE ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 45 MG, 60 MG, 75 MG, 90 MG | 2 | PA; QL (1 EA per 1 day) |
| morphine sulfate er oral tablet extended release | 1 | PA; QL (3 EA per 1 day) |
| MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML | 3 | |
| MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML | 3 | |
| morphine sulfate solution 10 mg/5ml oral | 1 | QL (24.5 ML per 1 day) |
| MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL | 3 | QL (24.5 ML per 1 day) |
| morphine sulfate solution 20 mg/5ml oral | 1 | QL (12.25 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------|
| MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL | 3 | QL (12.25 ML per 1 day) |
| morphine sulfate tablet 15 mg oral | 1 | QL (3 EA per 1 day) |
| MORPHINE SULFATE TABLET 15 MG ORAL | 3 | QL (3 EA per 1 day) |
| morphine sulfate tablet 30 mg oral | 1 | QL (1 EA per 1 day) |
| MORPHINE SULFATE TABLET 30 MG ORAL | 3 | QL (1 EA per 1 day) |
| MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-% | 3 | |
| MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-% | 3 | |
| oxycodone hcl oral capsule | 1 | QL (6 EA per 1 day) |
| oxycodone hcl oral concentrate | 1 | QL (1.6 ML per 1 day) |
| oxycodone hcl oral solution | 1 | QL (32.6 ML per 1 day) |
| oxycodone hcl oral tablet 10 mg | 1 | QL (3 EA per 1 day) |
| oxycodone hcl oral tablet 15 mg | 1 | QL (2 EA per 1 day) |
| oxycodone hcl oral tablet 20 mg, 30 mg | 1 | QL (1 EA per 1 day) |
| oxycodone hcl oral tablet 5 mg | 1 | QL (6 EA per 1 day) |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | 3 | QL (32.6 ML per 1 day) |
| oxycodone-acetaminophen oral tablet 10-325 mg | 1 | QL (3 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------|
| oxycodone-acetaminophen oral tablet 2.5-325 mg | 1 | QL (12 EA per 1 day) |
| oxycodone-acetaminophen oral tablet 5-325 mg | 1 | QL (6 EA per 1 day) |
| oxycodone-acetaminophen oral tablet 7.5-325 mg | 1 | QL (4 EA per 1 day) |
| OXYCONTIN | 2 | PA; QL (4 EA per 1 day) |
| OXYMORPHONE HCL ER | 3 | PA; QL (4 EA per 1 day) |
| oxymorphone hcl oral tablet 10 mg | 1 | QL (1 EA per 1 day) |
| oxymorphone hcl oral tablet 5 mg | 1 | QL (3 EA per 1 day) |
| pentazocine-naloxone hcl | 1 | QL (5 EA per 1 day) |
| TENCON | 3 | |
| TRAMADOL HCL (ER BIPHASIC) ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL (1 EA per 1 day) |
| tramadol hcl er | 1 | PA; QL (1 EA per 1 day) |
| tramadol hcl oral tablet 100 mg | 1 | QL (2 EA per 1 day) |
| tramadol hcl oral tablet 50 mg | 1 | QL (5 EA per 1 day) |
| tramadol-acetaminophen | 1 | QL (6 EA per 1 day) |
| TREZIX | 3 | QL (12 EA per 1 day) |
| XTAMPZA ER | 2 | PA; QL (4 EA per 1 day) |
| Analgesics - Drugs for Pain and Inflammation | | |
| celecoxib oral | 1 | QL (2 EA per 1 day) |
| diclofenac potassium oral tablet 50 mg | 1 | |
| diclofenac sodium er | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------|
| diclofenac sodium oral | 1 | |
| diflunisal oral | 1 | |
| etodolac | 1 | |
| etodolac er | 1 | |
| FLURBIPROFEN ORAL TABLET 100 MG | 3 | |
| FLURBIPROFEN ORAL TABLET 50 MG | 2 | |
| ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml | 1 | |
| IBUPROFEN ORAL TABLET 300 MG | 3 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| indomethacin er | 1 | |
| indomethacin oral capsule | 1 | |
| KETOPROFEN ER | 2 | |
| KETOPROFEN ORAL | 2 | |
| ketorolac tromethamine oral | 1 | QL (20 EA per 1 fill) |
| LODINE | 3 | |
| MECLOFENAMATE SODIUM ORAL | 2 | |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| naproxen oral tablet | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| oxaprozin oral tablet | 1 | |
| piroxicam oral | 1 | |
| sulindac oral | 1 | |
| TOLMETIN SODIUM ORAL CAPSULE | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| Anesthetics | | |
| BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML) | 3 | |
| chloroprocaine hcl (pf) | 1 | |
| ETHYL CHLORIDE | 3 | |
| glydo | 1 | |
| L.E.T. | 3 | |
| L.E.T. (RACEPINEPHRINE) | 3 | |
| lidocaine external ointment 5 % | 1 | |
| lidocaine external patch 5 % | 1 | |
| LIDOCAINE HCL (BUFFERED) | 3 | |
| LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML | 3 | |
| lidocaine hcl external solution | 1 | |
| LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 9 MG/ML | 3 | |
| LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 10 MG/ML INJECTION | 3 | |
| LIDOCAINE HCL URETHRAL/MUCOSA L EXTERNAL GEL | 3 | |
| lidocaine hcl urethral/mucosal external prefilled syringe | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-% | 3 | |
| LIDOCAINE-EPINEPHRINE (3 ML) | 3 | |
| lidocaine-prilocaine external cream | 1 | |
| LIDOCAINE-SODIUM BICARBONATE | 3 | |
| lidocan | 1 | |
| LIDO-RACEPINEPHRINE-TETRACAINE | 3 | |
| NESACAINE | 3 | |
| NESACAINE-MPF | 3 | |
| POLOCAINE INJECTION SOLUTION 2 % | 3 | |
| PREPIV SUPPLY | 3 | |
| ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 % | 3 | |
| ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 % | 3 | |
| STERILE TOPICAL L.E.T. GEL | 3 | |
| TOPICAL L.E.T. | 3 | |
| tridacaine ii | 1 | |
| tridacaine iii | 1 | |
| VENIPUNCTURE PX1 PHLEBOTOMY | 3 | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| acamprosate calcium | 1 | |
| buprenorphine hcl sublingual | 1 | |
| buprenorphine hcl-naloxone hcl | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--|
| bupropion hcl er (smoking det) | 1 | HDHP; QL (180 day supply per 365 days) |
| disulfiram oral | 1 | |
| ft naloxone hcl | 1 | |
| KLOXXADO | 2 | |
| lofexidine hcl | 1 | QL (16 EA per 1 day) |
| naloxone hcl injection solution | 1 | |
| NALOXONE HCL INJECTION SOLUTION CARTRIDGE | 3 | |
| naloxone hcl injection solution prefilled syringe | 1 | |
| naloxone hcl nasal | 1 | |
| naltrexone hcl oral | 1 | |
| NARCAN | 2 | |
| NICOTROL NS | 3 | HDHP; QL (180 day supply per 365 days) |
| OPVEE | 2 | |
| REXTOVY | 2 | |
| varenicline tartrate | 1 | HDHP; QL (180 day supply per 365 days) |
| varenicline tartrate (starter) | 1 | HDHP; QL (180 day supply per 365 days) |
| varenicline tartrate(continue) | 1 | HDHP; QL (180 day supply per 365 days) |
| VIVITROL | SP | SP |
| ZIMHI | 3 | |
| ZUBSOLV | 2 | |
| Antibacterials | | |
| amoxicillin oral capsule | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| amoxicillin oral suspension reconstituted | 1 | |
| amoxicillin oral tablet | 1 | |
| AMOXICILLIN ORAL TABLET CHEWABLE | 2 | |
| amoxicillin-potassium clavulanate | 1 | |
| AMOXICILLIN-POTASSIUM CLAVULANATE ER | 2 | |
| ampicillin | 1 | |
| ARIKAYCE | SP | PA; SP |
| AUGMENTIN | 3 | |
| AUGMENTIN ES-600 | 3 | |
| avidoxy | 1 | |
| azithromycin oral | 1 | |
| BACTRIM | 3 | |
| BACTRIM DS | 3 | |
| BENZALKONIUM CHLORIDE EXTERNAL SOLUTION | 3 | |
| CEFACLOR ER | 3 | |
| CEFACLOR ORAL CAPSULE | 2 | |
| CEFACLOR ORAL SUSPENSION RECONSTITUTED | 3 | |
| cefadroxil oral capsule | 1 | |
| cefadroxil oral suspension reconstituted | 1 | |
| CEFADROXIL ORAL TABLET | 2 | |
| CEFAZOLIN IN SODIUM CHLORIDE | 3 | |
| CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE | 3 | |

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| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 1 GM/10ML INTRAVENOUS | 3 | |
| CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 2 GM/20ML INTRAVENOUS | 3 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-% | 3 | |
| cefdinir | 1 | |
| cefixime | 1 | |
| CEFPODOXIME PROXETIL ORAL SUSPENSION RECONSTITUTED | 3 | |
| cefpodoxime proxetil oral tablet | 1 | |
| cefprozil | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin oral capsule 250 mg, 500 mg | 1 | |
| cephalexin oral suspension reconstituted | 1 | |
| cephalexin oral tablet | 1 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin er | 1 | |
| CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED | 2 | |
| clarithromycin oral tablet | 1 | |
| CLEOCIN ORAL | 3 | |
| clindamycin hcl oral | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| clindamycin palmitate hcl | 1 | |
| clindamycin phosphate vaginal | 1 | |
| CLINDESSE | 3 | |
| demeclocycline hcl | 1 | |
| dicloxacillin sodium | 1 | |
| DIFICID | 3 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 1 | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral suspension reconstituted | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| E.E.S. 400 | 3 | |
| E.E.S. GRANULES | 3 | |
| EMBLAVEO | 3 | |
| ERYPED 400 | 3 | |
| ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | |
| erythromycin base oral tablet | 1 | |
| erythromycin base oral tablet delayed release | 1 | |
| erythromycin ethylsuccinate oral suspension reconstituted | 1 | |
| erythromycin oral | 1 | |
| fidaxomicin | 1 | |
| FIRVANQ | 3 | |
| fosfomycin tromethamine | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------|
| gentamicin sulfate external | 1 | |
| HIPREX | 3 | |
| HUMATIN | 2 | |
| HYDROGEN PEROXIDE | 3 | |
| levofloxacin oral | 1 | |
| linezolid oral suspension reconstituted | 1 | QL (32.2 ML per 1 day) |
| linezolid oral tablet | 1 | QL (28 EA per 30 days) |
| LUGOLS STRONG IODINE | 3 | |
| MACRODANTIN | 3 | |
| methenamine hippurate | 1 | |
| METRONIDAZOLE ORAL TABLET 125 MG | 3 | |
| metronidazole oral tablet 250 mg, 500 mg | 1 | |
| metronidazole vaginal | 1 | |
| minocycline hcl oral capsule | 1 | |
| mondoxyne nl | 1 | |
| moxifloxacin hcl oral | 1 | |
| mupirocin ointment | 1 | |
| neomycin sulfate oral | 1 | |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| NUZYRA ORAL | 3 | QL (30 EA per 14 days) |
| OFLOXACIN ORAL | 3 | |
| PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED | 2 | |
| penicillin v potassium oral tablet | 1 | |
| SEYSARA | 3 | ST |

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| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------|
| silver sulfadiazine external | 1 | |
| SOLOSEC | 3 | ST |
| ssd | 1 | |
| sulfadiazine oral | 1 | |
| sulfamethoxazole-trimethoprim oral | 1 | |
| sulfatrim pediatric | 1 | |
| tetracycline hcl oral capsule | 1 | |
| tinidazole oral | 1 | |
| trimethoprim tablet 100 mg oral | 1 | |
| TRIMETHOPRIM TABLET 100 MG ORAL | 3 | |
| VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-% | 3 | |
| VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.75-0.9 GM/250ML-%, 750-0.9 MG/250ML-% | 3 | |
| VANCOMYCIN HCL IN NACL SOLUTION 1.5-0.9 GM/500ML-% INTRAVENOUS | 3 | |
| vancomycin hcl oral | 1 | |
| VANDAZOLE | 3 | ST |
| XACIATO | 3 | |
| XIFAXAN ORAL TABLET 550 MG | 3 | PA |
| ZITHROMAX ORAL | 3 | |
| ZITHROMAX TRI-PAK | 3 | |
| ZITHROMAX Z-PAK | 3 | |
| ZYVOX ORAL | 3 | QL (32.2 ML per 1 day) |
| Anticoagulants | | |
| ARIXTRA | 3 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| dabigatran etexilate mesylate | 1 | HDHP; QL (2 EA per 1 day) |
| ELIQUIS (1.5 MG PACK) | 2 | HDHP; QL (12 EA per 1 day) |
| ELIQUIS (2 MG PACK) | 2 | HDHP; QL (16 EA per 1 day) |
| ELIQUIS DVT/PE STARTER PACK | 2 | HDHP; QL (148 EA per 365 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE | 2 | HDHP; QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET | 2 | HDHP; QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET SOLUBLE | 2 | HDHP; QL (4 EA per 1 day) |
| enoxaparin sodium | 1 | HDHP |
| fondaparinux sodium | 1 | HDHP |
| FRAGMIN | 3 | HDHP |
| HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-% | 3 | HDHP |
| heparin sodium (porcine) injection solution | 1 | HDHP |
| HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | HDHP |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | 1 | HDHP |
| HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML | 3 | HDHP |
| jantoven | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| LOVENOX | 3 | HDHP |
| PRADAXA ORAL CAPSULE | 2 | HDHP; QL (2 EA per 1 day) |
| PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG | 3 | HDHP; QL (4 EA per 1 day) |
| PRADAXA ORAL PACKET 150 MG, 20 MG | 3 | HDHP; QL (2 EA per 1 day) |
| rivaroxaban oral suspension reconstituted | 1 | HDHP; QL (20 ML per 1 day) |
| rivaroxaban oral tablet | 1 | HDHP; QL (2 EA per 1 day) |
| SAVAYSA | 3 | HDHP; QL (1 EA per 1 day) |
| SODIUM CITRATE IN VITRO | 3 | |
| SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION | 3 | |
| warfarin sodium oral | 1 | HDHP |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | HDHP; QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 2 | HDHP; QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 2 | HDHP; QL (2 EA per 1 day) |
| XARELTO STARTER PACK | 2 | HDHP; QL (102 EA per 365 days) |
| Anticonvulsants - Drugs for Seizures | | |
| BRIVIACT ORAL | 3 | ST |
| carbamazepine er | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------|
| carbamazepine oral suspension 100 mg/5ml | 1 | |
| carbamazepine oral tablet | 1 | |
| carbamazepine oral tablet chewable 100 mg | 1 | |
| CARBAMAZEPINE ORAL TABLET CHEWABLE 200 MG | 3 | |
| clobazam oral suspension 2.5 mg/ml | 1 | PA |
| clobazam oral tablet | 1 | PA |
| DIACOMIT | SP | PA; SP |
| diazepam rectal gel 10 mg, 20 mg | 1 | QL (2 EA per 1 fill) |
| DIAZEPAM RECTAL GEL 2.5 MG | 2 | QL (2 EA per 1 fill) |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| divalproex sodium er | 1 | |
| divalproex sodium oral | 1 | |
| EPIDIOLEX | SP | PA; SP |
| eslicarbazepine acetate | 1 | |
| ethosuximide oral | 1 | |
| felbamate | 1 | |
| FINTEPLA | SP | PA; SP |
| FYCOMPA | 3 | |
| gabapentin oral capsule | 1 | |
| gabapentin oral solution | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| lacosamide oral | 1 | |
| LAMICTAL XR ORAL KIT | 3 | |
| lamotrigine er | 1 | |
| lamotrigine oral | 1 | |
| lamotrigine starter kit-blue | 1 | |
| lamotrigine starter kit-green | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------|
| lamotrigine starter kit-orange | 1 | |
| levetiracetam er | 1 | |
| levetiracetam oral solution | 1 | |
| levetiracetam oral tablet | 1 | |
| methsuximide | 1 | |
| MOTPOLY XR | 3 | ST |
| NAYZILAM | 3 | QL (0.34 EA per 1 day) |
| oxcarbazepine | 1 | |
| oxcarbazepine er | 1 | ST |
| perampanel | 1 | |
| phenobarbital oral | 1 | |
| phenytek | 1 | |
| phenytoin infatabs | 1 | |
| phenytoin oral suspension 125 mg/5ml | 1 | |
| phenytoin oral tablet chewable | 1 | |
| phenytoin sodium extended | 1 | |
| PRIMIDONE ORAL TABLET 125 MG | 3 | |
| primidone oral tablet 250 mg, 50 mg | 1 | |
| roweepra | 1 | |
| rufinamide | 1 | PA |
| subvenite | 1 | |
| subvenite starter kit-blue | 1 | |
| subvenite starter kit-green | 1 | |
| subvenite starter kit-orange | 1 | |
| SYMPAZAN | 3 | PA |
| tiagabine hcl | 1 | |
| topiramate er oral capsule er 24 hour sprinkle | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------|
| topiramate er oral capsule extended release 24 hour | 1 | ST |
| topiramate oral | 1 | |
| valproic acid oral capsule | 1 | |
| valproic acid solution 250 mg/5ml oral | 1 | |
| VALTOCO 10 MG DOSE | 3 | QL (0.34 EA per 1 day) |
| VALTOCO 15 MG DOSE | 3 | QL (0.67 EA per 1 day) |
| VALTOCO 20 MG DOSE | 3 | QL (0.67 EA per 1 day) |
| VALTOCO 5 MG DOSE | 3 | QL (0.34 EA per 1 day) |
| vigabatrin | SP | PA; SP |
| vigadrone | SP | PA; SP |
| VIGAFYDE | SP | PA; SP |
| XCOPRI | 3 | ST |
| ZARONTIN | 3 | |
| zonisamide oral | 1 | |
| ZTALMY | SP | PA; SP |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| donepezil hcl | 1 | |
| galantamine hydrobromide er | 1 | |
| GALANTAMINE HYDROBROMIDE ORAL SOLUTION | 2 | |
| galantamine hydrobromide oral tablet | 1 | |
| memantine hcl er | 1 | QL (1 EA per 1 day) |
| memantine hcl oral solution 2 mg/ml | 1 | |
| memantine hcl oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------------|
| memantine hcl-donepezil hcl | 1 | QL (1 EA per 1 day) |
| rivastigmine tartrate | 1 | |
| Antidepressants | | |
| amitriptyline hcl oral | 1 | |
| amoxapine | 1 | |
| bupropion hcl er (sr) | 1 | HDHP; QL (2 EA per 1 day) |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg | 1 | HDHP; QL (3 EA per 1 day) |
| bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg | 1 | HDHP; QL (1 EA per 1 day) |
| bupropion hcl oral | 1 | HDHP |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE | 2 | |
| citalopram hydrobromide oral solution 10 mg/5ml | 1 | HDHP |
| citalopram hydrobromide oral tablet | 1 | HDHP |
| clomipramine hcl oral | 1 | |
| desipramine hcl oral | 1 | |
| DESVENLAFAXINE ER | 3 | ST; HDHP; QL (1 EA per 1 day) |
| desvenlafaxine succinate er | 1 | HDHP; QL (1 EA per 1 day) |
| doxepin hcl oral capsule | 1 | |
| doxepin hcl oral concentrate | 1 | |
| duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg | 1 | HDHP; QL (2 EA per 1 day) |
| duloxetine hcl oral capsule delayed release particles 30 mg | 1 | HDHP; QL (3 EA per 1 day) |
| EMSAM | 3 | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------------|
| escitalopram oxalate oral solution 5 mg/5ml | 1 | HDHP |
| escitalopram oxalate oral tablet | 1 | HDHP |
| FETZIMA | 3 | ST; HDHP; QL (1 EA per 1 day) |
| FETZIMA TITRATION | 3 | ST; HDHP; QL (56 EA per 365 days) |
| FLUOXETINE HCL (PMDD) | 3 | |
| fluoxetine hcl oral capsule | 1 | HDHP |
| FLUOXETINE HCL ORAL CAPSULE DELAYED RELEASE | 3 | HDHP; QL (0.15 EA per 1 day) |
| fluoxetine hcl oral solution | 1 | HDHP |
| fluoxetine hcl oral tablet 10 mg | 1 | HDHP |
| fluoxetine hcl tablet 60 mg oral | 1 | HDHP |
| FLUOXETINE HCL TABLET 60 MG ORAL | 3 | HDHP |
| fluvoxamine maleate | 1 | HDHP |
| fluvoxamine maleate er | 1 | HDHP; QL (2 EA per 1 day) |
| imipramine hcl oral | 1 | |
| imipramine pamoate | 1 | |
| MARPLAN | 3 | |
| mirtazapine oral | 1 | HDHP |
| NARDIL | 2 | |
| NEFAZODONE HCL | 3 | |
| NORPRAMIN | 3 | |
| nortriptyline hcl oral | 1 | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | 1 | HDHP; QL (1 EA per 1 day) |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | 1 | HDHP; QL (3 EA per 1 day) |
| paroxetine hcl er | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------------|
| PAROXETINE HCL ORAL SUSPENSION | 3 | ST; HDHP |
| paroxetine hcl oral tablet | 1 | HDHP |
| PERPHENAZINE-AMITRIPTYLINE | 2 | |
| PHENELZINE SULFATE ORAL | 2 | |
| protriptyline hcl | 1 | |
| RALDESY | 3 | PA |
| REMERON SOLTAB | 3 | HDHP |
| sertraline hcl oral concentrate | 1 | HDHP |
| sertraline hcl oral tablet | 1 | HDHP |
| SYMBYAX | 3 | HDHP; QL (3 EA per 1 day) |
| tranylcypromine sulfate | 1 | |
| trazodone hcl oral | 1 | |
| trimipramine maleate oral | 1 | |
| TRINTELLIX | 3 | ST; QL (1 EA per 1 day) |
| venlafaxine hcl | 1 | HDHP |
| venlafaxine hcl er oral capsule extended release 24 hour 150 mg | 1 | HDHP; QL (2 EA per 1 day) |
| venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg | 1 | HDHP; QL (1 EA per 1 day) |
| venlafaxine hcl er oral capsule extended release 24 hour 75 mg | 1 | HDHP; QL (3 EA per 1 day) |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | 1 | HDHP |
| vilazodone hcl | 1 | QL (1 EA per 1 day) |
| ZURZUVAE | 3 | PA; QL (14 day supply per 1 fill) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------|
| Antiemetics - Drugs for Nausea and Vomiting | | |
| AKYNZEO ORAL | 3 | QL (0.07 EA per 1 day) |
| ANZEMET | 3 | QL (0.07 EA per 1 day) |
| aprepitant oral capsule 125 mg | 1 | QL (2 EA per 30 days) |
| aprepitant oral capsule 40 mg | 1 | QL (1 EA per 30 days) |
| aprepitant pak 80 & 125mg | 1 | QL (6 EA per 30 days) |
| aprepitant oral capsule 80 mg | 1 | QL (4 EA per 30 days) |
| BONJESTA | 3 | PA; QL (2 EA per 1 day) |
| compro | 1 | HDHP |
| DICLEGIS | 3 | PA; QL (4 EA per 1 day) |
| doxylamine-pyridoxine | 1 | PA; QL (4 EA per 1 day) |
| dronabinol | 1 | PA; QL (2 EA per 1 day) |
| EMEND ORAL | 3 | QL (0.1 EA per 1 day) |
| granisetron hcl oral | 1 | QL (0.14 EA per 1 day) |
| meclizine hcl oral tablet | 1 | |
| metoclopramide hcl oral solution | 1 | |
| metoclopramide hcl oral tablet | 1 | |
| METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE | 3 | |
| ondansetron hcl oral solution | 1 | QL (4 ML per 1 day) |
| ONDANSETRON HCL ORAL TABLET 24 MG | 2 | QL (0.07 EA per 1 day) |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------|
| ONDANSETRON ODT ORAL TABLET DISPERSIBLE 16 MG | 3 | |
| ondansetron odt oral tablet dispersible 4 mg, 8 mg | 1 | |
| perphenazine oral | 1 | HDHP |
| prochlorperazine | 1 | HDHP |
| prochlorperazine edisylate injection | 1 | HDHP |
| prochlorperazine maleate oral | 1 | HDHP |
| promethazine hcl oral solution 6.25 mg/5ml | 1 | |
| promethazine hcl oral tablet | 1 | |
| promethazine hcl rectal | 1 | |
| promethegan rectal suppository 12.5 mg, 25 mg | 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | 3 | |
| scopolamine | 1 | |
| SYNDROS | 3 | PA; QL (4 ML per 1 day) |
| trimethobenzamide hcl oral | 1 | |
| VARUBI (180 MG DOSE) | 3 | QL (0.15 EA per 1 day) |
| Antifungals | | |
| ANCOBON | 3 | |
| ciclodan | 1 | |
| ciclopirox external | 1 | |
| ciclopirox olamine external | 1 | |
| clotrimazole external | 1 | |
| clotrimazole mouth/throat | 1 | |
| clotrimazole-betamethasone external cream | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION | 2 | |
| CRESEMBA ORAL | 3 | PA |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED | 3 | |
| econazole nitrate external cream | 1 | |
| EXODERM EXTERNAL LOTION | 3 | |
| fluconazole oral | 1 | |
| flucytosine oral | 1 | |
| griseofulvin microsize oral | 1 | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | 1 | |
| GYNAZOLE-1 | 3 | |
| itraconazole oral | 1 | PA |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| ketoconazole oral | 1 | |
| klayesta | 1 | |
| MICONAZOLE 3 | 3 | |
| NAFTIFINE HCL EXTERNAL CREAM 1 % | 3 | |
| NOXAFIL ORAL | 3 | PA |
| nyamyc | 1 | |
| nystatin external | 1 | |
| nystatin oral | 1 | |
| nystatin suspension 100000 unit/ml mouth/throat | 1 | |
| NYSTATIN SUSPENSION 100000 UNIT/ML MOUTH/THROAT | 3 | |
| nystatin-triamcinolone | 1 | |
| nystop | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| posaconazole oral | 1 | PA |
| SPORANOX | 3 | PA |
| tavaborole | 1 | PA |
| terbinafine hcl oral | 1 | QL (84 day supply per 180 days) |
| terconazole | 1 | |
| VFEND | 3 | PA |
| voriconazole oral | 1 | PA |
| Antigout Agents | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| colchicine oral | 1 | |
| colchicine-probenecid | 1 | |
| febuxostat | 1 | ST |
| probenecid | 1 | |
| Antimigraine Agents | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 2 | PA; QL (0.04 ML per 1 day) |
| AIMOVIG | 2 | PA; QL (0.07 ML per 1 day) |
| dihydroergotamine mesylate injection | 1 | PA; QL (0.86 ML per 1 day) |
| dihydroergotamine mesylate nasal | 1 | PA; QL (0.27 ML per 1 day) |
| eletriptan hydrobromide | 1 | QL (12 EA per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 2 | PA; QL (0.04 ML per 1 day) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; QL (0.1 ML per 1 day) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 2 | PA; QL (0.04 ML per 1 day) |

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| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------|
| ERGOMAR | 3 | PA; QL (0.72 EA per 1 day) |
| ERGOTAMINE-CAFFEINE | 3 | PA; QL (0.86 EA per 1 day) |
| MIGERGOT | 3 | PA; QL (0.72 EA per 1 day) |
| naratriptan hcl | 1 | QL (0.3 EA per 1 day) |
| NURTEC | 2 | PA; QL (0.54 EA per 1 day) |
| QULIPTA | 2 | PA; QL (1 EA per 1 day) |
| rizatriptan benzoate oral tablet 10 mg | 1 | QL (0.4 EA per 1 day) |
| rizatriptan benzoate oral tablet 5 mg | 1 | QL (0.6 EA per 1 day) |
| rizatriptan benzoate oral tablet dispersible 10 mg | 1 | QL (0.4 EA per 1 day) |
| rizatriptan benzoate oral tablet dispersible 5 mg | 1 | QL (0.6 EA per 1 day) |
| sumatriptan nasal | 1 | QL (0.4 EA per 1 day) |
| sumatriptan succinate oral | 1 | QL (0.3 EA per 1 day) |
| sumatriptan succinate subcutaneous | 1 | QL (0.17 ML per 1 day) |
| UBRELVY | 2 | PA; QL (0.54 EA per 1 day) |
| ZAVZPRET | 3 | PA; QL (0.2 EA per 1 day) |
| zolmitriptan nasal solution 5 mg | 1 | QL (0.4 EA per 1 day) |
| zolmitriptan oral | 1 | QL (0.4 EA per 1 day) |
| zomig oral | 1 | QL (0.4 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------------|
| Antimyasthenic Agents | | |
| NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML | 3 | |
| NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML | 3 | |
| pyridostigmine bromide er oral tablet extended release | 1 | |
| pyridostigmine bromide oral solution | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 3 | |
| pyridostigmine bromide oral tablet 60 mg | 1 | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 6 | PA; SP; QL (0.8 ML per 1 day) |
| Antimycobacterials | | |
| CYCLOSERINE ORAL | 3 | |
| dapsone oral | 1 | |
| ethambutol hcl oral | 1 | |
| isoniazid oral | 1 | |
| PRETOMANID | 3 | |
| PRIFTIN | 3 | |
| pyrazinamide oral | 1 | |
| rifabutin | 1 | |
| rifampin oral | 1 | |
| SIRTURO | 3 | |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate oral tablet 500 mg | SP | PA; SP |
| abiraterone acetate tablet 250 mg oral | SP | SP; QL (4 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| abiraterone acetate tablet 250 mg oral | SP | PA; SP |
| abirtega | SP | PA; SP |
| ALECENSA | SP | PA; SP |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | SP | PA; SP; QL (1 EA per 1 day) |
| ALUNBRIG ORAL TABLET 30 MG | SP | PA; SP; QL (4 EA per 1 day) |
| ALUNBRIG ORAL TABLET THERAPY PACK | SP | PA; SP; QL (30 EA per 365 days) |
| anastrozole oral | 1 | HDHP |
| ARZERRA | SP | PA; SP |
| AUGTYRO | SP | PA; SP |
| AYVAKIT | SP | PA; SP; QL (1 EA per 1 day) |
| BALVERSA | SP | PA; SP |
| BEIZRAY | 3 | |
| BESREMI | SP | PA; SP |
| bexarotene | 4 | PA; SP |
| bicalutamide | 1 | |
| BOSULIF | SP | PA; SP |
| BRAFTOVI | SP | PA; SP |
| BRUKINSA | SP | PA; SP |
| CABOMETYX ORAL TABLET 20 MG | SP | PA; SP; QL (1 EA per 1 day) |
| CABOMETYX ORAL TABLET 40 MG, 60 MG | SP | PA; SP |
| CALQUENCE | SP | PA; SP |
| capecitabine | SP | SP |
| CAPRELSA ORAL TABLET 100 MG | SP | PA; SP; QL (2 EA per 1 day) |
| CAPRELSA ORAL TABLET 300 MG | SP | PA; SP |
| CASODEX | 3 | |
| COMETRIQ | SP | PA; SP |
| COPIKTRA | SP | PA; SP |
| COTELLIC | SP | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| cyclophosphamide capsule 25 mg oral | 1 | |
| CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL | 3 | |
| cyclophosphamide capsule 50 mg oral | 1 | |
| CYCLOPHOSPHAMIDE CAPSULE 50 MG ORAL | 3 | |
| CYCLOPHOSPHAMIDE ORAL TABLET | 2 | |
| DANZITEN | SP | PA; SP |
| dasatinib | SP | PA; SP |
| DAURISMO | SP | PA; SP |
| EMRELIS | SP | PA; SP |
| ENSACOVE | SP | PA; SP |
| ERIVEDGE | SP | PA; SP |
| ERLEADA | SP | PA; SP |
| erlotinib hcl oral tablet 100 mg, 150 mg | SP | PA; SP |
| erlotinib hcl oral tablet 25 mg | SP | PA; SP; QL (3 EA per 1 day) |
| ETOPOSIDE ORAL | SP | SP |
| EULEXIN | 3 | |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | SP | PA; SP; QL (1 EA per 1 day) |
| everolimus oral tablet soluble | SP | PA; SP |
| exemestane | 1 | HDHP |
| FRUZAQLA | SP | PA; SP |
| fulvestrant | SP | SP |
| GAVRETO | SP | PA; SP |
| gefitinib | SP | PA; SP |
| GILOTRIF | SP | PA; SP; QL (1 EA per 1 day) |
| GLEOSTINE | SP | SP |
| GOMEKLI | SP | PA; SP |
| HYCAMTIN ORAL | SP | SP |
| hydroxyurea oral | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| IBRANCE | SP | PA; SP |
| IBTROZI | SP | PA; SP |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | SP | PA; SP; QL (1 EA per 1 day) |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | SP | PA; SP |
| IDHIFA | SP | PA; SP; QL (1 EA per 1 day) |
| imatinib mesylate oral | SP | PA; SP |
| IMBRUVICA ORAL CAPSULE 140 MG | SP | PA; SP; QL (3 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | SP | PA; SP; QL (1 EA per 1 day) |
| IMBRUVICA ORAL SUSPENSION | SP | PA; SP |
| IMBRUVICA ORAL TABLET 420 MG | SP | PA; SP; QL (1 EA per 1 day) |
| IMKELDI | SP | PA; SP |
| INLYTA | SP | PA; SP |
| INREBIC | SP | PA; SP |
| IRESSA | SP | PA; SP |
| ITOVEBI ORAL TABLET 3 MG | SP | PA; SP; QL (2 EA per 1 day) |
| ITOVEBI ORAL TABLET 9 MG | SP | PA; SP |
| JAKAFI ORAL TABLET 10 MG, 5 MG | SP | PA; SP; QL (2 EA per 1 day) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG | SP | PA; SP |
| JAYPIRCA ORAL TABLET 100 MG | SP | PA; SP |
| JAYPIRCA ORAL TABLET 50 MG | SP | PA; SP; QL (1 EA per 1 day) |
| KISQALI (200 MG DOSE) | SP | PA; SP |
| KISQALI (400 MG DOSE) | SP | PA; SP |
| KISQALI (600 MG DOSE) | SP | PA; SP |
| KOSELUGO ORAL CAPSULE | SP | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| KOSELUGO ORAL CAPSULE SPRINKLE | 3 | |
| KRAZATI | SP | PA; SP |
| lapatinib ditosylate | SP | PA; SP |
| LAZCLUZE ORAL TABLET 240 MG | SP | PA; SP |
| LAZCLUZE ORAL TABLET 80 MG | SP | PA; SP; QL (2 EA per 1 day) |
| lenalidomide | SP | PA; SP |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | SP | PA; SP |
| letrozole oral | 1 | HDHP |
| leucovorin calcium oral | 1 | |
| LEUKERAN | SP | SP |
| LONSURF | SP | PA; SP |
| LORBRENA | SP | PA; SP |
| LUMAKRAS | SP | PA; SP |
| LYNPARZA | SP | PA; SP |
| LYSODREN | 2 | |
| LYTGOBI (12 MG DAILY DOSE) | SP | PA; SP |
| LYTGOBI (16 MG DAILY DOSE) | SP | PA; SP |
| LYTGOBI (20 MG DAILY DOSE) | SP | PA; SP |
| MATULANE | SP | SP |
| MEKINIST | SP | PA; SP |
| MEKTOVI | SP | PA; SP |
| mercaptopurine oral suspension | SP | SP |
| mercaptopurine oral tablet | 1 | |
| mesna oral | SP | SP |
| MESNEX ORAL | SP | SP |
| MYLERAN | 2 | |
| NERLYNX | SP | PA; SP; QL (6 EA per 1 day) |

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| Drug Name | Drug Tier | Notes |
|------------------------------------|-----------|-----------------------------|
| NEXAVAR | SP | PA; SP |
| NILANDRON ORAL TABLET 150 MG | SP | SP |
| NILOTINIB D-TARTRATE | SP | SP |
| nilotinib hcl | SP | PA; SP |
| nilutamide | SP | SP |
| NINLARO | SP | PA; SP |
| NUBEQA | SP | PA; SP |
| ODOMZO | SP | PA; SP |
| OGSIVEO | SP | PA; SP |
| OJEMDA | SP | PA; SP |
| ONUREG | SP | PA; SP |
| ORGOVYX | SP | PA; SP |
| ORSERDU | SP | PA; SP |
| PANRETIN | 3 | |
| pazopanib hcl | SP | PA; SP |
| PIQRAY | SP | PA; SP |
| POMALYST ORAL CAPSULE 1 MG, 2 MG | SP | PA; SP; QL (1 EA per 1 day) |
| POMALYST ORAL CAPSULE 3 MG, 4 MG | SP | PA; SP |
| PURIXAN | SP | SP |
| QINLOCK | SP | PA; SP |
| RETEVMO ORAL TABLET 120 MG, 160 MG | SP | PA; SP |
| RETEVMO ORAL TABLET 40 MG | SP | PA; SP; QL (3 EA per 1 day) |
| RETEVMO ORAL TABLET 80 MG | SP | PA; SP; QL (2 EA per 1 day) |
| REVLIMID | SP | PA; SP |
| REVUFORJ | SP | PA; SP |
| ROMVIMZA | SP | PA; SP |
| ROZLYTREK | SP | PA; SP |
| RYDAPT | SP | PA; SP |
| SCEMBLIX ORAL TABLET 100 MG | SP | PA; SP |
| SCEMBLIX ORAL TABLET 20 MG | SP | PA; SP; QL (2 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| SCEMBLIX ORAL TABLET 40 MG | SP | PA; SP; QL (8 EA per 1 day) |
| SOLTAMOX | 3 | HDHP |
| sorafenib tosylate | SP | PA; SP |
| STIVARGA | SP | PA; SP |
| sunitinib malate | SP | PA; SP |
| TABLOID | SP | SP |
| TABRECTA | SP | PA; SP |
| TAFINLAR | SP | PA; SP |
| TAGRISSO ORAL TABLET 40 MG | SP | PA; SP; QL (1 EA per 1 day) |
| TAGRISSO ORAL TABLET 80 MG | SP | PA; SP |
| tamoxifen citrate oral | 1 | HDHP |
| TASIGNA | SP | PA; SP |
| temozolomide | SP | PA; SP |
| TEPADINA INTRAVENOUS | SP | SP |
| TEPYLUTE | SP | SP |
| THALOMID | SP | PA; SP |
| TIBSOVO | SP | PA; SP |
| toremifene citrate | 1 | HDHP |
| torpenz | SP | PA; SP; QL (1 EA per 1 day) |
| tretinoin oral | SP | SP |
| TRUQAP | SP | PA; SP |
| TUKYSA | SP | PA; SP |
| TURALIO | SP | PA; SP |
| VALCHLOR | SP | PA; SP |
| VANFLYTA | SP | PA; SP |
| VENCLEXTA | SP | PA; SP |
| VENCLEXTA STARTING PACK | SP | PA; SP |
| VERZENIO | SP | PA; SP |
| VIJOICE ORAL PACKET | SP | PA; SP; QL (1 EA per 1 day) |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG | SP | PA; SP; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG | SP | PA; SP; QL (2 EA per 1 day) |
| VITRAKVI | SP | PA; SP |
| VIZIMPRO ORAL TABLET 15 MG | SP | PA; SP; QL (1 EA per 1 day) |
| VIZIMPRO ORAL TABLET 30 MG, 45 MG | SP | PA; SP |
| VONJO | SP | PA; SP |
| VORANIGO ORAL TABLET 10 MG | SP | PA; SP; QL (2 EA per 1 day) |
| VORANIGO ORAL TABLET 40 MG | SP | PA; SP |
| WELIREG | SP | PA; SP |
| XOSPATA | SP | PA; SP |
| XPOVIO (100 MG ONCE WEEKLY) | SP | PA; SP |
| XPOVIO (40 MG ONCE WEEKLY) | SP | PA; SP |
| XPOVIO (40 MG TWICE WEEKLY) | SP | PA; SP |
| XPOVIO (60 MG ONCE WEEKLY) | SP | PA; SP |
| XPOVIO (60 MG TWICE WEEKLY) | SP | PA; SP |
| XPOVIO (80 MG ONCE WEEKLY) | SP | PA; SP |
| XPOVIO (80 MG TWICE WEEKLY) | SP | PA; SP |
| XROMI | 3 | PA |
| XTANDI | SP | PA; SP |
| ZEJULA ORAL TABLET 100 MG | SP | PA; SP; QL (1 EA per 1 day) |
| ZEJULA ORAL TABLET 200 MG, 300 MG | SP | PA; SP |
| ZELBORAF | SP | PA; SP |
| ZOLINZA | SP | PA; SP |
| ZYDELIG | SP | PA; SP |
| ZYKADIA | SP | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| Antiparasitics | | |
| albendazole oral | 1 | PA |
| ARAKODA | 3 | |
| atovaquone | 1 | |
| atovaquone-proguanil hcl | 1 | |
| BENZNIDAZOLE | 3 | |
| BILTRICIDE | 3 | |
| CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG | 2 | |
| chloroquine phosphate oral tablet 500 mg | 1 | |
| COARTEM | 3 | |
| EGATEN | 3 | |
| ELIMITE | 3 | |
| EMVERM | 2 | |
| hydroxychloroquine sulfate oral | 1 | |
| IMPAVIDO | 3 | |
| ivermectin oral tablet 3 mg | 1 | |
| IVERMECTIN ORAL TABLET 6 MG | 3 | |
| KRINTAFEL | 3 | |
| LAMPIT | 3 | |
| MALARONE | 3 | |
| malathion | 1 | |
| mefloquine hcl | 1 | |
| MEPRON | 3 | |
| NEBUPENT | 3 | |
| nitazoxanide oral | 1 | |
| OVIDE | 3 | |
| pentamidine isethionate inhalation | 1 | |
| permethrin external | 1 | |
| praziquantel oral | 1 | |
| primaquine phosphate tablet 26.3 (15 base) mg oral | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| PRIMAQUINE PHOSPHATE TABLET 26.3 (15 BASE) MG ORAL | 3 | |
| pyrimethamine oral | SP | PA; SP |
| PYRIMETHAMINE-LEUCOVORIN | 3 | |
| quinine sulfate | 1 | PA |
| STROMECTOL | 3 | |
| SULFURATED LIME | 3 | |
| Antiparkinson Agents | | |
| amantadine hcl oral | 1 | |
| apomorphine hcl subcutaneous | SP | PA; SP; QL (3 ML per 1 day) |
| benztropine mesylate oral | 1 | |
| bromocriptine mesylate oral | 1 | |
| carbidopa oral | 1 | |
| carbidopa-levodopa | 1 | |
| carbidopa-levodopa er oral tablet extended release | 1 | |
| carbidopa-levodopa-entacapone | 1 | |
| CREXONT | 3 | ST |
| DUOPA | 3 | PA |
| entacapone | 1 | |
| INBRIJA | SP | PA; SP |
| NEUPRO | 3 | |
| NOURIANZ | 3 | PA |
| ONAPGO | SP | PA; SP; QL (3 ML per 1 day) |
| ONGENTYS | 3 | ST |
| PARLODEL | 3 | |
| pramipexole dihydrochloride | 1 | |
| rasagiline mesylate oral | 1 | |
| ropinirole hcl | 1 | |
| ropinirole hcl er | 1 | |
| RYTARY | 3 | ST |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------------|
| selegiline hcl oral | 1 | |
| TASMAR | 3 | |
| tolcapone | 1 | |
| TRIHEXYPHENIDYL HCL ORAL SOLUTION | 2 | |
| trihexyphenidyl hcl oral tablet | 1 | |
| VYALEV | SP | PA; SP |
| Antiplatelets | | |
| aspirin-dipyridamole er | 1 | HDHP |
| CABLIVI | SP | PA; SP; QL (1 EA per 1 day) |
| cilostazol | 1 | HDHP |
| clopidogrel bisulfate oral | 1 | HDHP |
| dipyridamole oral | 1 | HDHP |
| prasugrel hcl | 1 | HDHP |
| TAVALISSE | SP | PA; SP |
| ticagrelor | 1 | HDHP |
| ZONTIVITY | 3 | HDHP |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILIFY ASIMTUFII | 3 | HDHP |
| ABILIFY MAINTENA | 3 | HDHP |
| aripiprazole oral solution | 1 | HDHP; QL (25 ML per 1 day) |
| aripiprazole oral tablet | 1 | HDHP; QL (1 EA per 1 day) |
| aripiprazole oral tablet dispersible | 1 | HDHP; QL (2 EA per 1 day) |
| ARISTADA | 3 | HDHP |
| ARISTADA INITIO | 3 | HDHP |
| asenapine maleate | 1 | HDHP; QL (2 EA per 1 day) |
| CAPLYTA | 3 | ST; HDHP; QL (1 EA per 1 day) |
| chlorpromazine hcl injection | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------------|
| CHLORPROMAZINE HCL ORAL CONCENTRATE | 2 | HDHP |
| chlorpromazine hcl oral tablet | 1 | HDHP |
| clozapine oral tablet 100 mg, 25 mg | 1 | HDHP; QL (9 EA per 1 day) |
| clozapine oral tablet 200 mg | 1 | HDHP; QL (4 EA per 1 day) |
| clozapine oral tablet 50 mg | 1 | HDHP; QL (6 EA per 1 day) |
| clozapine oral tablet dispersible 100 mg, 25 mg | 1 | HDHP; QL (9 EA per 1 day) |
| CLOZAPINE ORAL TABLET DISPERSIBLE 12.5 MG | 3 | HDHP; QL (3 EA per 1 day) |
| clozapine oral tablet dispersible 150 mg | 1 | HDHP; QL (6 EA per 1 day) |
| clozapine oral tablet dispersible 200 mg | 1 | HDHP; QL (4 EA per 1 day) |
| COBENFY | 3 | ST; QL (2 EA per 1 day) |
| COBENFY STARTER PACK | 3 | ST; QL (102 EA per 365 days) |
| ERZOFRI | 3 | HDHP |
| FANAPT | 3 | ST; HDHP; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK A | 3 | ST; HDHP; QL (16 EA per 365 days) |
| FANAPT TITRATION PACK B | 3 | ST; HDHP; QL (24 EA per 365 days) |
| FANAPT TITRATION PACK C | 3 | ST; HDHP; QL (16 EA per 365 days) |
| fluphenazine decanoate injection | 1 | HDHP |
| FLUPHENAZINE HCL INJECTION | 3 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------------|
| FLUPHENAZINE HCL ORAL CONCENTRATE | 2 | HDHP |
| FLUPHENAZINE HCL ORAL ELIXIR | 2 | HDHP |
| fluphenazine hcl oral tablet | 1 | HDHP |
| GEODON INTRAMUSCULAR | 3 | HDHP |
| haloperidol lactate oral concentrate 2 mg/ml | 1 | HDHP |
| haloperidol oral | 1 | HDHP |
| INVEGA HAFYERA | 3 | ST; HDHP |
| INVEGA SUSTENNA | 3 | HDHP |
| INVEGA TRINZA | 3 | HDHP |
| loxapine succinate | 1 | HDHP |
| lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg | 1 | HDHP; QL (1 EA per 1 day) |
| lurasidone hcl oral tablet 80 mg | 1 | HDHP; QL (2 EA per 1 day) |
| MOLINDONE HCL | 3 | HDHP |
| NUPLAZID | 3 | PA; HDHP |
| olanzapine intramuscular | 1 | HDHP |
| olanzapine oral | 1 | HDHP; QL (1 EA per 1 day) |
| OPIPZA ORAL FILM 10 MG, 5 MG | 3 | ST; HDHP; QL (3 EA per 1 day) |
| OPIPZA ORAL FILM 2 MG | 3 | ST; HDHP; QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg | 1 | HDHP; QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 6 mg | 1 | HDHP; QL (2 EA per 1 day) |
| PERSERIS | 3 | HDHP |
| PIMOZIDE | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------|
| quetiapine fumarate er | 1 | HDHP; QL (2 EA per 1 day) |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | 1 | HDHP; QL (3 EA per 1 day) |
| quetiapine fumarate oral tablet 300 mg, 400 mg | 1 | HDHP; QL (2 EA per 1 day) |
| REXULTI | 3 | HDHP; QL (1 EA per 1 day) |
| RISPERDAL CONSTA | 3 | HDHP |
| risperidone microspheres er | 1 | HDHP |
| risperidone oral solution | 1 | HDHP; QL (8 ML per 1 day) |
| risperidone oral tablet | 1 | HDHP; QL (2 EA per 1 day) |
| RISPERIDONE ORAL TABLET DISPERSIBLE 0.25 MG | 3 | HDHP; QL (2 EA per 1 day) |
| risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg | 1 | HDHP; QL (2 EA per 1 day) |
| RYKINDO | 3 | HDHP |
| thioridazine hcl oral | 1 | HDHP |
| thiothixene | 1 | HDHP |
| trifluoperazine hcl | 1 | HDHP |
| UZEDY | 3 | HDHP |
| VERSACLOZ | 3 | HDHP; QL (18 ML per 1 day) |
| VRAYLAR | 3 | HDHP; QL (1 EA per 1 day) |
| ziprasidone hcl | 1 | HDHP; QL (2 EA per 1 day) |
| ziprasidone mesylate | 1 | HDHP |
| ZYPREXA RELPREVV | 3 | HDHP |
| Antivirals | | |
| abacavir sulfate | 1 | HDHP |
| abacavir sulfate-lamivudine | 1 | HDHP |
| acyclovir external ointment | 1 | QL (1 GM per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------|
| acyclovir oral capsule | 1 | |
| acyclovir oral tablet | 1 | |
| acyclovir suspension 200 mg/5ml oral | 1 | |
| adefovir dipivoxil | 1 | |
| APTIVUS | 2 | HDHP |
| atazanavir sulfate | 1 | HDHP |
| BARACLUDE ORAL SOLUTION | 3 | QL (630 ML per 30 days) |
| BIKTARVY | 3 | HDHP |
| CIMDUO | 2 | HDHP |
| COMPLERA | 3 | HDHP |
| darunavir | 1 | HDHP |
| DELSTRIGO | 3 | HDHP |
| DESCOVY ORAL TABLET 120-15 MG | 3 | HDHP |
| DESCOVY ORAL TABLET 200-25 MG | 3 | PA; HDHP |
| DOVATO | 2 | HDHP |
| EDURANT | 2 | HDHP |
| EDURANT PED | 2 | HDHP |
| efavirenz | 1 | HDHP |
| efavirenz-emtricitab-tenofo df | 1 | HDHP |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR ORAL TABLET 400-300-300 MG | 2 | HDHP |
| efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg | 1 | HDHP |
| emtricitabine | 1 | HDHP |
| emtricitabine-tenofovir df | 1 | HDHP |
| emtricitab- rilpivir-tenofov df | 1 | HDHP |
| EMTRIVA ORAL CAPSULE | 3 | HDHP |
| EMTRIVA ORAL SOLUTION | 2 | HDHP |

| Drug Name | Drug Tier | Notes |
|---------------------------------------|-----------|-----------------------------|
| entecavir | 1 | QL (1 EA per 1 day) |
| EPCLUSA ORAL PACKET 150-37.5 MG | SP | PA; SP; QL (1 EA per 1 day) |
| EPCLUSA ORAL PACKET 200-50 MG | SP | PA; SP; QL (2 EA per 1 day) |
| EPCLUSA ORAL TABLET | SP | PA; SP; QL (1 EA per 1 day) |
| EPIVIR | 3 | HDHP |
| etravirine | 1 | HDHP |
| EVOTAZ | 2 | HDHP |
| famciclovir oral | 1 | |
| fosamprenavir calcium | 1 | HDHP |
| FUZEON | 2 | HDHP |
| GENVOYA | 3 | HDHP |
| HARVONI ORAL PACKET 33.75-150 MG | SP | PA; SP; QL (1 EA per 1 day) |
| HARVONI ORAL PACKET 45-200 MG | SP | PA; SP; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 45-200 MG | SP | PA; SP; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 90-400 MG | SP | PA; SP; QL (1 EA per 1 day) |
| INTELENCE ORAL TABLET 25 MG | 2 | HDHP |
| ISENTRESS | 2 | HDHP |
| ISENTRESS HD | 2 | HDHP |
| JULUCA | 2 | HDHP |
| KALETRA ORAL SOLUTION | 3 | HDHP |
| LAGEVRIO | 3 | QL (8 EA per 1 day) |
| lamivudine oral solution 10 mg/ml | 1 | HDHP |
| lamivudine oral tablet 100 mg | 1 | |
| lamivudine oral tablet 150 mg, 300 mg | 1 | HDHP |
| lamivudine-zidovudine | 1 | HDHP |
| LIVTENCITY | SP | PA; SP |
| lopinavir-ritonavir | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| maraviroc | 1 | PA; HDHP |
| MAVYRET ORAL PACKET | SP | PA; SP; QL (5 EA per 1 day) |
| MAVYRET ORAL TABLET | SP | PA; SP; QL (3 EA per 1 day) |
| nevirapine er | 1 | HDHP |
| NEVIRAPINE ORAL SUSPENSION | 2 | HDHP |
| nevirapine oral tablet | 1 | HDHP |
| NORVIR ORAL PACKET | 2 | HDHP |
| NORVIR ORAL TABLET | 3 | HDHP |
| ODEFSEY | 3 | HDHP |
| oseltamivir phosphate oral capsule 30 mg | 1 | QL (40 EA per 365 days) |
| oseltamivir phosphate oral capsule 45 mg, 75 mg | 1 | QL (20 EA per 365 days) |
| oseltamivir phosphate oral suspension reconstituted | 1 | QL (360 ML per 365 days) |
| PAXLOVID (150/100) | 2 | QL (4 EA per 1 day) |
| PAXLOVID (300/100 & 150/100) | 2 | QL (11 EA per 56 days) |
| PAXLOVID (300/100) | 2 | QL (6 EA per 1 day) |
| PEGASYS | SP | PA; SP |
| PIFELTRO | 3 | HDHP |
| PREVYMIS ORAL | SP | SP |
| PREZCOBIX | 2 | HDHP |
| PREZISTA ORAL SUSPENSION | 2 | HDHP |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | HDHP |
| RELENZA DISKHALER | 3 | QL (40 EA per 365 days) |
| RETROVIR ORAL | 3 | HDHP |
| REYATAZ ORAL PACKET | 2 | HDHP |
| RIBAVIRIN ORAL | SP | SP |

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| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------------|
| RIMANTADINE HCL | 2 | |
| ritonavir | 1 | HDHP |
| RUKOBIA | 2 | HDHP |
| SELZENTRY ORAL SOLUTION | 2 | PA; HDHP |
| SELZENTRY ORAL TABLET | 3 | PA; HDHP |
| SOVALDI ORAL PACKET 150 MG | SP | PA; SP; QL (1 EA per 1 day) |
| SOVALDI ORAL PACKET 200 MG | SP | PA; SP; QL (2 EA per 1 day) |
| SOVALDI ORAL TABLET 200 MG | SP | PA; SP; QL (2 EA per 1 day) |
| SOVALDI ORAL TABLET 400 MG | SP | PA; SP; QL (1 EA per 1 day) |
| STRIBILD | 3 | HDHP |
| SUNLENCA ORAL TABLET | 3 | PA; HDHP; QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG | 3 | PA; HDHP; QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | 3 | PA; HDHP; QL (10 EA per 365 days) |
| SUNLENCA SUBCUTANEOUS | 3 | PA; HDHP; QL (9 ML per 365 days) |
| SYMFI | 2 | HDHP |
| SYMTUZA | 3 | HDHP |
| TEMBEXA | 3 | |
| tenofovir disoproxil fumarate | 1 | HDHP |
| TIVICAY | 3 | HDHP |
| TIVICAY PD | 3 | HDHP |
| TPOXX ORAL | 3 | |
| TRIUMEQ | 2 | HDHP |
| TRIUMEQ PD | 3 | HDHP |
| TYBOST | 2 | HDHP |
| valacyclovir hcl oral | 1 | QL (4 EA per 1 day) |
| valganciclovir hcl | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------------------|
| VIRACEPT | 2 | HDHP |
| VIREAD ORAL POWDER | 2 | HDHP |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | HDHP |
| VOSEVI | SP | PA; SP; QL (1 EA per 1 day) |
| XOFLUZA (40 MG DOSE) | 3 | QL (2 EA per 365 days) |
| XOFLUZA (80 MG DOSE) | 3 | QL (2 EA per 365 days) |
| YEZTUGO ORAL | 3 | PA; HDHP; QL (8 EA per 365 days) |
| YEZTUGO SUBCUTANEOUS | 3 | PA; HDHP; QL (9 ML per 365 days) |
| ZEPATIER | SP | PA; SP; QL (1 EA per 1 day) |
| ZIAGEN | 3 | HDHP |
| zidovudine | 1 | HDHP |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg | 1 | QL (1 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 2 mg | 1 | QL (5 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 3 mg | 1 | QL (3 EA per 1 day) |
| ALPRAZOLAM INTENSOL | 3 | QL (10 ML per 1 day) |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg | 1 | QL (4 EA per 1 day) |
| alprazolam oral tablet 2 mg | 1 | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg | 1 | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------|
| alprazolam xr oral tablet extended release 24 hour 2 mg | 1 | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 3 mg | 1 | QL (3 EA per 1 day) |
| ATIVAN INJECTION SOLUTION 4 MG/ML | 3 | |
| bupirone hcl oral | 1 | |
| chlordiazepoxide hcl oral capsule 10 mg | 1 | QL (30 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 25 mg | 1 | QL (12 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 5 mg | 1 | QL (4 EA per 1 day) |
| clonazepam oral tablet 0.5 mg, 1 mg | 1 | QL (3 EA per 1 day) |
| clonazepam oral tablet 2 mg | 1 | QL (10 EA per 1 day) |
| clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | 1 | QL (3 EA per 1 day) |
| clonazepam oral tablet dispersible 2 mg | 1 | QL (10 EA per 1 day) |
| clorazepate dipotassium oral tablet 15 mg | 1 | QL (6 EA per 1 day) |
| clorazepate dipotassium oral tablet 3.75 mg | 1 | QL (24 EA per 1 day) |
| clorazepate dipotassium oral tablet 7.5 mg | 1 | QL (12 EA per 1 day) |
| diazepam intensol | 1 | |
| diazepam oral | 1 | |
| estazolam | 1 | QL (1 EA per 1 day) |
| HALCION | 3 | QL (2 EA per 1 day) |
| hydroxyzine hcl oral | 1 | |
| HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------|
| hydroxyzine pamoate oral capsule 25 mg, 50 mg | 1 | |
| lorazepam injection solution 4 mg/ml | 1 | |
| lorazepam intensol | 1 | QL (5 ML per 1 day) |
| lorazepam oral concentrate 2 mg/ml | 1 | QL (5 ML per 1 day) |
| lorazepam oral tablet 0.5 mg, 1 mg | 1 | QL (3 EA per 1 day) |
| lorazepam oral tablet 2 mg | 1 | QL (5 EA per 1 day) |
| meprobamate | 1 | |
| oxazepam | 1 | QL (4 EA per 1 day) |
| QUAZEPAM | 3 | QL (1 EA per 1 day) |
| triazolam | 1 | QL (2 EA per 1 day) |
| Bipolar Agents - Drugs for Mood Disorders | | |
| EQUETRO | 3 | HDHP |
| lithium | 1 | |
| lithium carbonate capsule 150 mg oral | 1 | |
| LITHIUM CARBONATE CAPSULE 150 MG ORAL | 3 | |
| lithium carbonate capsule 300 mg oral | 1 | |
| LITHIUM CARBONATE CAPSULE 300 MG ORAL | 3 | |
| lithium carbonate capsule 600 mg oral | 1 | |
| LITHIUM CARBONATE CAPSULE 600 MG ORAL | 3 | |
| lithium carbonate er | 1 | |
| lithium carbonate oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| Blood Products and Modifiers - Drugs for Blood Disorders | | |
| ALHEMO | SP | PA; SP |
| ALVAIZ | SP | PA; SP |
| aminocaproic acid oral | 1 | |
| anagrelide hcl | 1 | |
| DOPTELET | SP | PA; SP |
| DOPTELET SPRINKLE | SP | PA; SP; QL (2 EA per 1 day) |
| eltrombopag olamine | SP | PA; SP |
| EMPAVELI | SP | PA; SP |
| FABHALTA | SP | PA; SP; QL (2 EA per 1 day) |
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED 2 GM | SP | SP |
| HEMLIBRA | SP | SP |
| HYMPAVZI | SP | SP |
| LEUKINE | SP | PA; SP |
| MULPLETA | SP | PA; SP |
| NEULASTA | SP | PA; SP |
| NEULASTA ONPRO | SP | PA; SP |
| NIVESTYM | SP | PA; SP |
| NPLATE | SP | PA; SP |
| PROMACTA | SP | PA; SP |
| PYRUKYND | SP | PA; SP; QL (2 EA per 1 day) |
| PYRUKYND TAPER PACK | SP | PA; SP; QL (1 EA per 1 day) |
| QFITLIA | SP | PA; SP |
| RYZNEUTA | SP | PA; SP |
| tranexamic acid oral | 1 | |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA; SP |
| VOYDEYA | SP | PA; SP; QL (6 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| XOLREMDI | SP | PA; SP; QL (4 EA per 1 day) |
| ZARXIO | SP | PA; SP |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| ACCUPRIL | 3 | HDHP |
| ACCURETIC | 3 | HDHP |
| acebutolol hcl oral | 1 | HDHP |
| aliskiren fumarate | 1 | HDHP |
| amiloride hcl oral | 1 | HDHP |
| AMILORIDE-HYDROCHLOROTHIAZIDE | 2 | HDHP |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | HDHP |
| amlodipine besylate-benazepril hcl | 1 | HDHP |
| amlodipine besylate-valsartan | 1 | HDHP |
| amlodipine-atorvastatin | 1 | HDHP |
| amlodipine-olmesartan | 1 | HDHP |
| amlodipine-valsartan-hctz | 1 | HDHP |
| atenolol oral | 1 | HDHP |
| atenolol-chlorthalidone | 1 | HDHP |
| atorvastatin calcium oral | 1 | HDHP |
| benazepril hcl oral | 1 | HDHP |
| benazepril-hydrochlorothiazide | 1 | HDHP |
| betaxolol hcl oral | 1 | HDHP |
| BIDIL | 3 | HDHP |
| bisoprolol fumarate oral tablet 10 mg, 5 mg | 1 | HDHP |
| BISOPROLOL FUMARATE ORAL TABLET 2.5 MG | 3 | HDHP |
| bisoprolol-hydrochlorothiazide | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------------|
| bumetanide oral | 1 | HDHP |
| BUMEX | 3 | HDHP |
| captopril oral | 1 | HDHP |
| CAPTOPRIL- HYDROCHLOROTHIA ZIDE | 2 | HDHP |
| cartia xt | 1 | HDHP |
| carvedilol | 1 | HDHP |
| chlorthalidone | 1 | HDHP |
| cholestyramine light | 1 | HDHP |
| cholestyramine oral | 1 | HDHP |
| clonidine hcl oral | 1 | HDHP |
| colesevelam hcl oral tablet | 1 | HDHP |
| colestipol hcl | 1 | HDHP |
| CORLANOR ORAL SOLUTION | 3 | QL (15 ML per 1 day) |
| DEMSER | 3 | PA; HDHP; QL (16 EA per 1 day) |
| DIBENZYLINE ORAL CAPSULE 10 MG | 3 | PA; HDHP |
| digoxin oral tablet | 1 | HDHP |
| digoxin solution 0.05 mg/ml oral | 1 | HDHP |
| DIGOXIN SOLUTION 0.05 MG/ML ORAL | 3 | HDHP |
| diltiazem hcl er beads | 1 | HDHP |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg | 1 | HDHP |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg | 1 | HDHP |
| diltiazem hcl er oral capsule extended release 24 hour | 1 | HDHP |
| diltiazem hcl oral | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------|
| DILTIAZEM HCL- DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS | 3 | HDHP |
| DILTIAZEM HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-% | 3 | HDHP |
| dilt-xr | 1 | HDHP |
| disopyramide phosphate | 1 | |
| DIURIL | 3 | HDHP |
| dofetilide | 1 | |
| doxazosin mesylate oral | 1 | HDHP |
| DYRENIUM | 3 | HDHP |
| EDARBI | 3 | ST; HDHP |
| EDARBYCLOR | 3 | ST; HDHP |
| enalapril maleate oral tablet | 1 | HDHP |
| enalapril- hydrochlorothiazide | 1 | HDHP |
| ENTRESTO ORAL CAPSULE SPRINKLE | 2 | QL (8 EA per 1 day) |
| EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100- 0.9 MG/10ML-%, 50- 0.9 MG/10ML-% | 3 | |
| EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 25-0.9 MG/5ML-% INTRAVENOUS | 3 | |
| EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-% INTRAVENOUS | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| EPINEPHRINE HCL-DEXTROSE | 3 | |
| EPINEPHRINE HCL-NACL | 3 | |
| EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML | 3 | |
| EPINEPHRINE INTRAVENOUS SOLUTION | 3 | |
| EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML | 3 | |
| epinephrine pf solution 1 mg/ml injection | 1 | |
| EPINEPHRINE PF SOLUTION 1 MG/ML INJECTION | 3 | |
| EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-% | 3 | |
| EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| eplerenone | 1 | HDHP |
| ethacrynic acid | 1 | HDHP |
| ezetimibe | 1 | HDHP |
| ezetimibe-simvastatin | 1 | HDHP |
| felodipine er | 1 | HDHP |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 1 | HDHP |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | 1 | HDHP |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------------|
| fenofibric acid oral capsule delayed release | 1 | HDHP |
| flecainide acetate | 1 | |
| fosinopril sodium | 1 | HDHP |
| fosinopril sodium-hctz | 1 | HDHP |
| FUROSEMIDE IN SODIUM CHLORIDE | 3 | HDHP |
| furosemide oral solution 10 mg/ml | 1 | HDHP |
| FUROSEMIDE ORAL SOLUTION 8 MG/ML | 2 | HDHP |
| furosemide oral tablet | 1 | HDHP |
| gemfibrozil oral | 1 | HDHP |
| guanfacine hcl | 1 | HDHP |
| HEMANGEOL | 3 | PA; HDHP |
| hydralazine hcl oral | 1 | HDHP |
| hydrochlorothiazide oral | 1 | HDHP |
| icosapent ethyl | 1 | PA; HDHP |
| indapamide | 1 | HDHP |
| irbesartan | 1 | HDHP |
| irbesartan-hydrochlorothiazide | 1 | HDHP |
| ISORDIL TITRADOSE | 3 | HDHP |
| isosorb dinitrate-hydralazine | 1 | HDHP |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | 1 | HDHP |
| ISOSORBIDE MONONITRATE | 2 | HDHP |
| isosorbide mononitrate er | 1 | HDHP |
| isradipine | 1 | HDHP |
| ivabradine hcl | 1 | QL (2 EA per 1 day) |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG | 3 | PA; HDHP; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 3 | PA; HDHP; QL (2 EA per 1 day) |
| labetalol hcl oral tablet 100 mg, 200 mg, 300 mg | 1 | HDHP |
| LABETALOL HCL ORAL TABLET 400 MG | 3 | HDHP |
| LABETALOL HCL SOLUTION PREFILLED SYRINGE 20 MG/4ML INTRAVENOUS | 3 | HDHP |
| lisinopril oral | 1 | HDHP |
| lisinopril-hydrochlorothiazide | 1 | HDHP |
| LOPID | 3 | HDHP |
| LOPRESSOR ORAL TABLET | 3 | HDHP |
| losartan potassium oral | 1 | HDHP |
| losartan potassium-hctz | 1 | HDHP |
| LOTENSIN | 3 | HDHP |
| LOTENSIN HCT | 3 | HDHP |
| lovastatin oral | 1 | HDHP |
| methyldopa oral tablet 250 mg | 1 | HDHP |
| METHYLDOPA ORAL TABLET 500 MG | 3 | HDHP |
| metolazone | 1 | HDHP |
| metoprolol succinate er | 1 | HDHP |
| metoprolol tartrate oral | 1 | HDHP |
| metoprolol-hydrochlorothiazide | 1 | HDHP |
| metyrosine | 1 | PA; HDHP; QL (16 EA per 1 day) |
| mexiletine hcl oral | 1 | |
| midodrine hcl | 1 | |
| minoxidil oral | 1 | HDHP |
| moexipril hcl | 1 | HDHP |
| MULTAQ | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------------|
| nadolol oral | 1 | HDHP |
| nebivolol hcl | 1 | HDHP |
| NEXLETOL | 2 | PA; HDHP; QL (1 EA per 1 day) |
| NEXLIZET | 2 | PA; HDHP; QL (1 EA per 1 day) |
| NIACIN (ANTIHYPERTENSIVE) | 2 | HDHP |
| niacin er (antihyperlipidemic) | 1 | HDHP |
| NIACOR | 2 | HDHP |
| NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | HDHP |
| nifedipine er | 1 | HDHP |
| nifedipine er osmotic release | 1 | HDHP |
| nifedipine oral | 1 | HDHP |
| nimodipine oral capsule | 1 | HDHP |
| NIMODIPINE ORAL SOLUTION | 3 | HDHP |
| NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 25.5 MG, 30 MG, 40 MG | 3 | HDHP |
| NITRO-BID | 3 | HDHP |
| nitroglycerin rectal | 1 | |
| nitroglycerin sublingual | 1 | HDHP |
| nitroglycerin transdermal | 1 | HDHP |
| nitroglycerin translingual | 1 | HDHP |
| NITROLINGUAL | 3 | HDHP |
| NOREPINEPHRINE-DEXTROROSE INTRAVENOUS SOLUTION 8-5 MG/500ML-% | 3 | |
| NORLIQVA | 3 | PA; HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------|
| NORPACE | 3 | |
| NORPACE CR | 2 | |
| NYMALIZE | 3 | HDHP |
| olmesartan medoxomil oral | 1 | HDHP |
| olmesartan medoxomil-hctz | 1 | HDHP |
| olmesartan-amlodipine-hctz | 1 | HDHP |
| omega-3-acid ethyl esters | 1 | HDHP |
| pacerone | 1 | |
| pentoxifylline er | 1 | |
| PERINDOPRIL ERBUMINE ORAL TABLET 2 MG, 8 MG | 2 | HDHP |
| perindopril erbumine oral tablet 4 mg | 1 | HDHP |
| phenoxybenzamine hcl oral | 1 | PA; HDHP |
| PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML | 3 | |
| PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML | 3 | |
| PHENYLEPHRINE HCL (PRESSORS) SOLUTION PREFILLED SYRINGE 1 MG/10ML INTRAVENOUS | 3 | |
| PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-% | 3 | |
| PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-% | 3 | |
| PHENYLEPHRINE HCL-NACL SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS | 3 | |
| PHENYLEPHRINE HCL-NACL SOLUTION 20-0.9 MG/250ML-% INTRAVENOUS | 3 | |
| PHENYLEPHRINE HCL-NACL SOLUTION 80-0.9 MG/250ML-% INTRAVENOUS | 3 | |
| PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-% INTRAVENOUS | 3 | |
| PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.8-0.9 MG/10ML-% INTRAVENOUS | 3 | |
| pindolol | 1 | HDHP |
| pravastatin sodium | 1 | HDHP |
| prazosin hcl oral | 1 | HDHP |
| PRESTALIA | 3 | HDHP |
| prevalite | 1 | HDHP |
| propafenone hcl | 1 | |
| propafenone hcl er | 1 | |
| propranolol hcl er | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------------|
| PROPRANOLOL HCL ORAL SOLUTION | 2 | HDHP |
| propranolol hcl oral tablet | 1 | HDHP |
| quinapril hcl | 1 | HDHP |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg | 1 | HDHP |
| QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 20-25 MG | 3 | HDHP |
| quinidine gluconate er | 1 | |
| QUINIDINE SULFATE | 2 | |
| ramipril | 1 | HDHP |
| ranolazine er | 1 | HDHP |
| REPATHA | 2 | ST; HDHP; QL (0.11 ML per 1 day) |
| REPATHA SURECLICK | 2 | ST; HDHP; QL (0.11 ML per 1 day) |
| rosuvastatin calcium oral | 1 | HDHP |
| sacubitril-valsartan | 1 | QL (2 EA per 1 day) |
| simvastatin oral | 1 | HDHP |
| sotalol hcl (af) | 1 | HDHP |
| sotalol hcl oral | 1 | HDHP |
| SOTYLIZE | 3 | HDHP |
| spironolactone oral tablet | 1 | HDHP |
| spironolactone-hctz | 1 | HDHP |
| TEKTURNA | 2 | HDHP |
| telmisartan | 1 | HDHP |
| TELMISARTAN-AMLODIPINE | 3 | HDHP |
| THALITONE | 3 | HDHP |
| tiadylt er | 1 | HDHP |
| timolol maleate oral | 1 | HDHP |
| torsemide | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------|
| trandolapril | 1 | HDHP |
| TRANDOLAPRIL-VERAPAMIL HCL ER | 2 | HDHP |
| triamterene oral | 1 | HDHP |
| triamterene-hctz | 1 | HDHP |
| TRYNGOLZA | SP | PA; SP; QL (0.03 ML per 1 day) |
| TRYVIO | 3 | PA; HDHP; QL (1 EA per 1 day) |
| valsartan oral tablet | 1 | HDHP |
| valsartan-hydrochlorothiazide | 1 | HDHP |
| VASCEPA | 2 | PA; HDHP |
| VECAMYL | 3 | HDHP |
| VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG | 2 | HDHP |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg | 1 | HDHP |
| verapamil hcl er oral tablet extended release | 1 | HDHP |
| verapamil hcl oral | 1 | HDHP |
| VERQUVO | 3 | PA; QL (1 EA per 1 day) |
| VYNDAMAX | SP | PA; SP; QL (1 EA per 1 day) |
| VYNDAQEL | SP | PA; SP; QL (4 EA per 1 day) |
| Central Nervous System Agents | | |
| SKYCLARYS | SP | PA; SP; QL (3 EA per 1 day) |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| amphetamine sulfate | 1 | QL (6 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------|
| amphetamine-dextroamphetamine er | 1 | QL (2 EA per 1 day) |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | 1 | QL (3 EA per 1 day) |
| amphetamine-dextroamphetamine oral tablet 30 mg | 1 | QL (2 EA per 1 day) |
| amphet-dextroamphet 3-bead er | 1 | QL (1 EA per 1 day) |
| APTENSIO XR | 3 | ST; QL (1 EA per 1 day) |
| atomoxetine hcl | 1 | QL (1 EA per 1 day) |
| AZSTARYS | 2 | ST; QL (1 EA per 1 day) |
| clonidine hcl er | 1 | |
| dexmethylphenidate hcl | 1 | QL (2 EA per 1 day) |
| dexmethylphenidate hcl er | 1 | QL (1 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg | 1 | QL (6 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg | 1 | QL (4 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | 1 | QL (3 EA per 1 day) |
| dextroamphetamine sulfate oral solution | 1 | QL (60 ML per 1 day) |
| dextroamphetamine sulfate oral tablet 10 mg | 1 | QL (6 EA per 1 day) |
| dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg | 1 | QL (3 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------|
| dextroamphetamine sulfate oral tablet 30 mg | 1 | QL (2 EA per 1 day) |
| guanfacine hcl er | 1 | |
| JORNAY PM | 3 | ST; QL (1 EA per 1 day) |
| lisdexamfetamine dimesylate | 1 | QL (1 EA per 1 day) |
| METHYLIN ORAL SOLUTION 10 MG/5ML | 3 | ST; QL (30 ML per 1 day) |
| METHYLIN ORAL SOLUTION 5 MG/5ML | 3 | ST; QL (60 ML per 1 day) |
| methylphenidate hcl er (cd) | 1 | QL (1 EA per 1 day) |
| methylphenidate hcl er (la) | 1 | QL (1 EA per 1 day) |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg | 1 | QL (1 EA per 1 day) |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg | 1 | QL (2 EA per 1 day) |
| methylphenidate hcl er (xr) | 1 | QL (1 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 10 mg | 1 | QL (2 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 20 mg | 1 | QL (3 EA per 1 day) |
| METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 27 MG, 54 MG | 3 | QL (1 EA per 1 day) |
| METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 36 MG | 3 | QL (2 EA per 1 day) |
| methylphenidate hcl oral solution 10 mg/5ml | 1 | QL (30 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------------------|
| methylphenidate hcl oral solution 5 mg/5ml | 1 | QL (60 ML per 1 day) |
| methylphenidate hcl oral tablet | 1 | QL (3 EA per 1 day) |
| methylphenidate hcl oral tablet chewable 10 mg | 1 | QL (6 EA per 1 day) |
| methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg | 1 | QL (3 EA per 1 day) |
| ONYDA XR | 3 | ST; QL (4 ML per 1 day) |
| procentra | 1 | QL (60 ML per 1 day) |
| zenzedi oral tablet 10 mg | 1 | QL (6 EA per 1 day) |
| zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg | 1 | QL (3 EA per 1 day) |
| zenzedi oral tablet 30 mg | 1 | QL (2 EA per 1 day) |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AVONEX PEN | SP | PA; SP; QL (0.04 EA per 1 day) |
| AVONEX PREFILLED | SP | PA; SP; QL (0.04 EA per 1 day) |
| BAFIERTAM | SP | PA; SP; QL (4 EA per 1 day) |
| BETASERON | SP | PA; SP; QL (0.5 EA per 1 day) |
| dalfampridine er | SP | PA; SP; QL (2 EA per 1 day) |
| dimethyl fumarate oral | SP | PA; SP; QL (2 EA per 1 day) |
| dimethyl fumarate starter pack | SP | PA; SP; QL (120 EA per 365 days) |
| fingolimod hcl | SP | PA; SP; QL (1 EA per 1 day) |

BAZIWEHY

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------------------|
| GILENYA ORAL CAPSULE 0.25 MG | SP | PA; SP; QL (1 EA per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml | SP | PA; SP; QL (1 ML per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml | SP | PA; SP; QL (0.43 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 20 mg/ml | SP | PA; SP; QL (1 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 40 mg/ml | SP | PA; SP; QL (0.43 ML per 1 day) |
| KESIMPTA | SP | PA; SP; QL (0.02 ML per 1 day) |
| MAVENCLAD | SP | PA; SP; QL (4 EA per 1 lifetime) |
| MAYZENT ORAL TABLET 0.25 MG | SP | PA; SP; QL (4 EA per 1 day) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | SP | PA; SP; QL (1 EA per 1 day) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | SP | PA; SP; QL (24 EA per 365 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | SP | PA; SP; QL (14 EA per 365 days) |
| teriflunomide | SP | PA; SP; QL (1 EA per 1 day) |
| VUMERITY | SP | PA; SP; QL (4 EA per 1 day) |
| ZEPOSIA | SP | PA; SP; QL (1 EA per 1 day) |
| ZEPOSIA 7-DAY STARTER PACK | SP | PA; SP; QL (14 EA per 365 days) |
| ZEPOSIA STARTER KIT | SP | PA; SP; QL (56 EA per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------------------|
| Central Nervous System Agents - Miscellaneous | | |
| AUSTEDO | SP | PA; SP; QL (4 EA per 1 day) |
| AUSTEDO XR | SP | PA; SP; QL (1 EA per 1 day) |
| AUSTEDO XR PATIENT TITRATION | SP | PA; SP; QL (56 EA per 365 days) |
| caffeine citrate oral | 1 | |
| gabapentin (once-daily) oral tablet 300 mg | 1 | ST; QL (6 EA per 1 day) |
| gabapentin (once-daily) oral tablet 600 mg | 1 | ST; QL (3 EA per 1 day) |
| GRALISE ORAL TABLET 300 MG | 3 | ST; QL (6 EA per 1 day) |
| GRALISE ORAL TABLET 450 MG, 600 MG | 3 | ST; QL (3 EA per 1 day) |
| GRALISE ORAL TABLET 750 MG, 900 MG | 3 | ST; QL (2 EA per 1 day) |
| HORIZANT | 3 | PA; QL (2 EA per 1 day) |
| INGREZZA ORAL CAPSULE | SP | PA; SP; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE SPRINKLE | SP | PA; SP; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE THERAPY PACK | SP | PA; SP; QL (56 EA per 365 days) |
| NUDEXTA | 3 | PA |
| pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg | 1 | QL (3 EA per 1 day) |
| pregabalin oral capsule 300 mg | 1 | QL (2 EA per 1 day) |
| pregabalin oral solution | 1 | QL (30 ML per 1 day) |
| RADICAVA ORS | SP | PA; SP |
| RADICAVA ORS STARTER KIT | SP | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------|
| riluzole | 1 | |
| ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 75 MG/7.5ML | 3 | |
| ROCURONIUM BROMIDE SOLUTION PREFILLED SYRINGE 100 MG/10ML INTRAVENOUS | 3 | |
| SAVELLA | 3 | ST; QL (2 EA per 1 day) |
| SAVELLA TITRATION PACK | 3 | ST; QL (110 EA per 365 days) |
| SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 200 MG/10ML | 3 | |
| SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML, 200 MG/10ML | 3 | |
| TEGLUTIK | 2 | PA; QL (20 ML per 1 day) |
| tetrabenazine | SP | PA; SP |
| TIGLUTIK | 2 | PA; QL (20 ML per 1 day) |
| VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| WAINUA | SP | PA; SP; QL (0.03 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------|
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| AQUORAL | 3 | |
| cevimeline hcl | 1 | |
| chlorhexidine gluconate mouth/throat | 1 | |
| kourzeq | 1 | |
| lidocaine viscous hcl | 1 | |
| oralone | 1 | |
| PERIDEX | 3 | |
| periogard | 1 | |
| pilocarpine hcl oral | 1 | |
| triamcinolone acetonide mouth/throat | 1 | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| ABSORICA LD | 3 | PA |
| acutane | 1 | |
| acitretin | 1 | |
| adapalene-benzoyl peroxide external gel | 1 | |
| ADBRY | SP | PA; SP; QL (0.15 ML per 1 day) |
| AKLIEF | 3 | PA |
| ala-cort | 1 | |
| alclometasone dipropionate external cream | 1 | |
| ALCLOMETASONE DIPROPIONATE EXTERNAL OINTMENT | 2 | |
| AMCINONIDE | 3 | |
| ammonium lactate external | 1 | |
| amnesteem | 1 | |
| AMZEEQ | 3 | |
| AQUACEL AG BURN | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| ATRAPRO DERMAL SPRAY | 3 | |
| azelaic acid external | 1 | |
| benzoyl peroxide-erythromycin | 1 | |
| betamethasone dipropionate aug external cream | 1 | |
| BETAMETHASONE DIPROPIONATE AUG EXTERNAL GEL | 2 | |
| betamethasone dipropionate aug external lotion | 1 | |
| betamethasone dipropionate aug external ointment | 1 | |
| betamethasone dipropionate external | 1 | |
| betamethasone valerate external cream | 1 | |
| betamethasone valerate external foam | 1 | |
| BETAMETHASONE VALERATE EXTERNAL LOTION | 2 | |
| betamethasone valerate external ointment | 1 | |
| brimonidine tartrate external | 1 | |
| calcipotriene external cream | 1 | |
| calcipotriene external ointment | 1 | |
| CALCIPOTRIENE EXTERNAL SOLUTION | 3 | |
| calcipotriene-betameth diprop external suspension | 1 | QL (4 GM per 1 day) |
| calcitrene | 1 | |
| CIBINQO | SP | PA; SP; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| claravis | 1 | |
| CLEOCIN-T | 3 | |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| clindamycin phos (twice-daily) | 1 | |
| clindamycin phosphate-benzoyl peroxide | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| clobetasol propionate e | 1 | |
| clobetasol propionate external cream 0.05 % | 1 | |
| clobetasol propionate external foam | 1 | |
| clobetasol propionate external gel | 1 | |
| clobetasol propionate external liquid | 1 | |
| clobetasol propionate external lotion | 1 | |
| clobetasol propionate external ointment | 1 | |
| clobetasol propionate external shampoo | 1 | |
| clobetasol propionate external solution | 1 | |
| clodan | 1 | |
| COAL TAR EXTERNAL | 3 | |
| CONDYLOX | 3 | |
| DERMA-SMOOTH/FS BODY | 3 | |
| DERMA-SMOOTH/FS SCALP | 3 | |
| desonide external cream | 1 | |
| desonide external lotion | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| desonide external ointment | 1 | |
| desoximetasone external cream 0.25 % | 1 | |
| DESOXIMETASONE EXTERNAL GEL | 2 | |
| desoximetasone external liquid | 1 | |
| desoximetasone external ointment 0.25 % | 1 | |
| diclofenac sodium external gel 3 % | 1 | QL (10 GM per 1 day) |
| DIPROLENE | 3 | |
| DRYSOL | 3 | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | SP | PA; SP; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | SP | PA; SP; QL (0.29 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | SP | PA; SP; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | SP | PA; SP; QL (0.29 ML per 1 day) |
| EBGLYSS | SP | PA; SP; QL (0.15 ML per 1 day) |
| ENSTILAR | 3 | QL (15 GM per 1 day) |
| EPIDUO FORTE | 3 | |
| EPIFOAM | 3 | |
| ERY PAD 2% | 3 | |
| ERYTHROMYCIN EXTERNAL GEL | 2 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------------|
| erythromycin external solution | 1 | |
| EUCRISA | 2 | ST |
| FILSUVEZ | SP | PA; SP; QL (15 GM per 1 day) |
| FINACEA EXTERNAL FOAM | 3 | |
| fluocinolone acetonide body | 1 | |
| fluocinolone acetonide external | 1 | |
| fluocinolone acetonide scalp | 1 | |
| fluocinonide emulsified base | 1 | |
| fluocinonide external | 1 | |
| fluorouracil external cream 5 % | 1 | |
| FLUOROURACIL EXTERNAL SOLUTION 2 % | 2 | |
| fluorouracil external solution 5 % | 1 | |
| FLURANDRENOLIDE | 3 | |
| fluticasone propionate external cream | 1 | |
| FLUTICASONE PROPIONATE EXTERNAL LOTION | 3 | |
| fluticasone propionate external ointment | 1 | |
| GORDOFILM | 3 | |
| halobetasol propionate external cream | 1 | |
| halobetasol propionate external ointment | 1 | |
| HYDROCORTISONE BUTYRATE EXTERNAL CREAM | 2 | |
| HYDROCORTISONE BUTYRATE EXTERNAL OINTMENT | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION | 2 | |
| hydrocortisone cream 1 % external (rx) | 1 | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| hydrocortisone valerate | 1 | |
| HYPOCYN ANTIPRURITIC | 3 | |
| imiquimod external cream 3.75 % | 1 | ST |
| imiquimod external cream 5 % | 1 | |
| imiquimod pump | 1 | ST |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1 | |
| ivermectin external cream | 1 | |
| keralyt external shampoo | 1 | |
| KLARON | 3 | |
| KLISYRI (250 MG) | 3 | ST |
| KLISYRI (350 MG) | 3 | ST |
| LACTIC ACID E | 3 | |
| LEQSELVI | SP | PA; SP; QL (2 EA per 1 day) |
| LITFULO | SP | PA; SP; QL (1 EA per 1 day) |
| L-MESITRAN SOFT WOUND | 3 | |
| LUXAMEND | 3 | |
| MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL | 3 | |
| METHOXSALEN RAPID | 3 | |
| METROCREAM | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| metronidazole external | 1 | |
| MICROCYN EXTERNAL LIQUID | 3 | |
| MIRVASO | 2 | |
| mometasone furoate external | 1 | |
| NEMLUVIO | SP | PA; SP; QL (0.08 EA per 1 day) |
| NEO-SYNALAR | 3 | |
| neuac | 1 | |
| ONEXTON | 3 | ST |
| OPZELURA | 2 | ST; QL (3.34 GM per 1 day) |
| PETROLEUM GAUZE NON-WOVEN 3X9" | 3 | |
| pimecrolimus | 1 | ST; QL (2 GM per 1 day) |
| podofilox external gel | 1 | |
| PODOFILOX EXTERNAL SOLUTION | 2 | |
| PYROGALLIC ACID | 3 | |
| QBREXZA | 3 | QL (1 EA per 1 day) |
| RADIAPLEXRX | 3 | |
| REGENECARE | 3 | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % | 3 | PA |
| SANTYL | 3 | QL (3 GM per 1 day) |
| selenium sulfide external lotion | 1 | |
| SOFDRA | 3 | QL (1.4 ML per 1 day) |
| SOOLANTRA | 3 | |
| sulfacetamide sodium (acne) | 1 | |
| sulfacetamide sodium-sulfur external emulsion | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------|
| sulfacetamide sodium-sulfur liquid 10-5 % external | 1 | |
| SYNALAR | 3 | |
| TACLONEX | 3 | QL (4 GM per 1 day) |
| tacrolimus external | 1 | QL (2 GM per 1 day) |
| tazarotene external cream | 1 | PA |
| tazarotene external gel 0.05 % | 1 | PA |
| TOLAK | 3 | |
| TOPICORT | 3 | |
| tretinoin microsphere external gel 0.08 % | 1 | |
| tretinoin microsphere pump external gel 0.08 % | 1 | |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triderm | 1 | |
| TWYNEO | 3 | |
| urea external cream 20 %, 40 %, 41 % | 1 | |
| VTAMA | 2 | ST |
| WYNZORA | 3 | QL (15 GM per 1 day) |
| XALIX | 3 | |
| XERAC AC | 3 | |
| XEROFORM OCCLUSIVE GAUZE PATCH | 3 | |
| XEROFORM OIL EMULSION 2"X2" | 3 | |
| XEROFORM OIL EMULSION GAUZE | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------|
| XEROFORM OIL EMULSION STRIP | 3 | |
| XEROFORM OIL ROLL 4"X9' | 3 | |
| XEROFORM PETROLAT GAUZE 1"X8" | 3 | |
| XEROFORM PETROLAT GAUZE 5"X9" | 3 | |
| XEROFORM PETROLAT PATCH 2"X2" | 3 | |
| XEROFORM PETROLAT PATCH 4"X4" | 3 | |
| XEROFORM PETROLATUM DRES 4"X4" | 3 | |
| XEROFORM PETROLATUM DRES 5"X9" | 3 | |
| XEROFORM PETROLATUM ROLL 4"X9' | 3 | |
| ZELSUVM | 3 | PA |
| zenatane | 1 | |
| ZILXI | 3 | ST |
| ZORYVE EXTERNAL CREAM 0.05 % | 3 | |
| ZORYVE EXTERNAL CREAM 0.15 %, 0.3 % | 2 | ST |
| Diabetes - Antidiabetic Agents | | |
| acarbose oral | 1 | HDHP |
| CYCLOSET | 3 | ST; HDHP |
| DUETACT | 3 | HDHP |
| FARXIGA | 2 | HDHP |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 | HDHP |
| GLIMEPIRIDE ORAL TABLET 3 MG | 2 | HDHP |
| glipizide er | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------------|
| glipizide oral tablet 10 mg, 5 mg | 1 | HDHP |
| GLIPIZIDE ORAL TABLET 2.5 MG | 3 | HDHP |
| glipizide-metformin hcl | 1 | HDHP |
| GLUCOTROL XL | 3 | HDHP |
| GLYBURIDE MICRONIZED | 2 | HDHP |
| glyburide oral | 1 | HDHP |
| glyburide-metformin | 1 | HDHP |
| GLYXAMBI | 2 | HDHP |
| JANUMET | 2 | HDHP |
| JANUMET XR | 2 | HDHP |
| JANUVIA | 2 | HDHP |
| JARDIANCE | 2 | HDHP |
| JENTADUETO | 2 | HDHP |
| JENTADUETO XR | 2 | HDHP |
| liraglutide | 2 | PA; QL (0.3 ML per 1 day) |
| metformin hcl er | 1 | HDHP |
| metformin hcl oral solution | 1 | HDHP |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | HDHP |
| MIGLITOL | 3 | HDHP |
| MOUNJARO | 2 | PA; QL (0.08 ML per 1 day) |
| nateglinide | 1 | HDHP |
| OZEMPIC | 2 | PA; QL (0.11 ML per 1 day) |
| pioglitazone hcl | 1 | HDHP |
| pioglitazone hcl-glimepiride | 1 | HDHP |
| pioglitazone hcl-metformin hcl | 1 | HDHP |
| repaglinide | 1 | HDHP |
| RIOMET | 3 | ST; HDHP |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 2 | PA; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--------------------------------------|-----------|-----------------------------|
| RYBELSUS ORAL TABLET 3 MG | 2 | PA; QL (60 EA per 365 days) |
| saxagliptin hcl | 1 | HDHP |
| saxagliptin-metformin er | 1 | HDHP |
| SOLIQUA | 2 | HDHP |
| SYNJARDY | 2 | HDHP |
| SYNJARDY XR | 2 | HDHP |
| TRADJENTA | 2 | HDHP |
| TRIJARDY XR | 2 | HDHP |
| TRULICITY | 2 | PA; QL (0.08 ML per 1 day) |
| XIGDUO XR | 2 | HDHP |
| XULTOPHY | 3 | HDHP |
| Diabetes - Glucose Monitoring | | |
| ADVOCATE SAFETY LANCETS 21G | 2 | HDHP |
| ADVOCATE SAFETY LANCETS 23G | 2 | HDHP |
| ADVOCATE SAFETY LANCETS 28G | 2 | HDHP |
| CARESENS LANCETS 30G | 2 | HDHP |
| CHEMSTRIP K | 3 | |
| CHEMSTRIP UGK | 3 | |
| CHOSEN LANCETS 30G | 2 | HDHP |
| CHOSEN SAFETY LANCETS 28G | 2 | HDHP |
| CLEVER CHOICE COMFORT EZ | 2 | HDHP |
| COMFORT TOUCH TWIST LANCET 30G | 2 | HDHP |
| CONTOUR CONTROL SOLUTION | 2 | |
| CONTOUR NEXT CONTROL SOLUTION | 2 | |
| CONTOUR NEXT GEN TEST STRIPS | 2 | HDHP; QL (10 EA per 1 day) |
| CONTOUR PLUS CONTROL SOLUTION | 3 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|----------------------------|
| CONTOUR PLUS TEST STRIP | 2 | HDHP; QL (10 EA per 1 day) |
| CONTOUR TEST STRIPS | 2 | HDHP; QL (10 EA per 1 day) |
| DEXCOM G6 RECEIVER | 2 | PA |
| DEXCOM G6 SENSOR | 2 | PA |
| DEXCOM G6 TRANSMITTER | 2 | PA |
| DEXCOM G7 15 DAY SENSOR | 2 | PA |
| DEXCOM G7 RECEIVER | 2 | PA |
| DEXCOM G7 SENSOR | 2 | PA |
| DIASTIX REAGENT | 2 | |
| DROPSAFE ACTILANCE 23G | 2 | HDHP |
| GUARDIAN REAL-TIME CHARGER | 3 | |
| GUARDIAN REAL-TIME TEST PLUG | 3 | |
| KETO-DIASTIX | 3 | |
| KETONE CARE | 3 | |
| KETOSTIX | 3 | |
| KT TAPE CGM PATCH | 3 | |
| LANCETS | 2 | HDHP |
| LANCETS 28G THIN | 2 | HDHP |
| LANCETS SUPER THIN | 2 | HDHP |
| MOBILE LANCETS 30G | 2 | HDHP |
| ONETOUCH DELICA SAFETY LANCING | 2 | HDHP |
| PERFECT POINT SAFETY LANCETS | 2 | HDHP |
| SIMPLERA SYNC SENSOR | 3 | PA |
| TECHLITE LANCETS 26G | 2 | HDHP |
| VERIFINE SAFE LANCET MINI 21G | 2 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------|
| VERIFINE SAFE LANCET MINI 23G | 2 | HDHP |
| VERIFINE SAFE LANCET MINI 28G | 2 | HDHP |
| VERIFINE SAFE LANCET MINI 30G | 2 | HDHP |
| VIVAGUARD LANCETS 30G | 2 | HDHP |
| VIVAGUARD SAFETY LANCETS 28G | 2 | HDHP |
| Diabetes - Glycemic Agents | | |
| BAQSIMI ONE PACK | 2 | |
| BAQSIMI TWO PACK | 2 | |
| diazoxide oral | 1 | |
| glucagon emergency kit injection solution reconstituted 1 mg | 1 | |
| GLUCAGON EMERGENCY KIT | 2 | |
| ZEGALOGUE | 2 | |
| Diabetes - Insulins | | |
| ADMELOG | 1 | HDHP |
| ADMELOG SOLOSTAR | 1 | HDHP |
| AFREZZA | 3 | PA; HDHP |
| APIDRA SOLOSTAR | 1 | HDHP |
| APIDRA VIAL | 1 | HDHP |
| AQ INSULIN SYRINGE | 2 | HDHP |
| BASAGLAR KWIKPEN | 1 | HDHP |
| BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML | 2 | HDHP |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| BD VEO INSULIN SYR ULTRAFINE | 2 | HDHP |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 2 | HDHP |
| EMBECTA INS SYR U/F 1/2 UNIT | 2 | HDHP |
| EMBECTA INSULIN SYR ULTRAFINE | 2 | HDHP |
| EMBECTA INSULIN SYRINGE | 2 | HDHP |
| EMBECTA INSULIN SYRINGE U-100 | 2 | HDHP |
| EMBECTA INSULIN SYRINGE U-500 | 2 | HDHP |
| FIASP | 1 | HDHP |
| FIASP FLEXTOUCH | 1 | HDHP |
| FIASP PENFILL | 1 | HDHP |
| FIASP PUMPCART | 1 | HDHP |
| HUMALOG | 1 | HDHP |
| HUMALOG KWIKPEN | 1 | HDHP |
| HUMALOG MIX 50/50 KWIKPEN | 1 | HDHP |
| HUMALOG MIX 75/25 KWIKPEN | 1 | HDHP |
| HUMALOG MIX 75/25 VIAL | 1 | HDHP |
| HUMALOG U-100 JUNIOR KWIKPEN | 1 | HDHP |
| HUMULIN 70/30 KWIKPEN | 1 | HDHP |
| HUMULIN 70/30 VIAL | 1 | HDHP |
| HUMULIN N KWIKPEN | 1 | HDHP |
| HUMULIN N VIAL | 1 | HDHP |
| HUMULIN R U-500 KWIKPEN | 1 | HDHP |
| HUMULIN R VIAL | 1 | HDHP |
| INSULIN LISPRO | 1 | HDHP |
| INSULIN LISPRO (1 UNIT DIAL) | 1 | HDHP |
| INSULIN LISPRO JUNIOR KWIKPEN | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| INSULIN LISPRO PROT & LISPRO | 1 | HDHP |
| INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | 2 | HDHP |
| LANTUS SOLOSTAR | 1 | HDHP |
| LANTUS U-100 VIAL | 1 | HDHP |
| LYUMJEV KWIKPEN | 1 | HDHP |
| LYUMJEV VIAL | 1 | HDHP |
| NOVOLIN 70/30 FLEXPEN | 1 | HDHP |
| NOVOLIN 70/30 VIAL | 1 | HDHP |
| NOVOLIN N FLEXPEN | 1 | HDHP |
| NOVOLIN N VIAL | 1 | HDHP |
| NOVOLIN R FLEXPEN | 1 | HDHP |
| NOVOLIN R VIAL | 1 | HDHP |
| NOVOLOG FLEXPEN | 1 | HDHP |
| NOVOLOG MIX 70/30 FLEXPEN | 1 | HDHP |
| NOVOLOG MIX 70/30 VIAL | 1 | HDHP |
| NOVOLOG PENFILL | 1 | HDHP |
| NOVOLOG U-100 VIAL | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| REZVOGLAR KWIKPEN | 1 | HDHP |
| TOUJEO MAX SOLOSTAR | 1 | HDHP |
| TOUJEO SOLOSTAR | 1 | HDHP |
| ULTIGUARD SAFEPACK SYR/NEEDLE | 2 | HDHP |
| VERIFINE INSULIN SYRINGE | 2 | HDHP |
| Electrolytes / Minerals / Metals / Vitamins | | |
| AMINO ACID | 3 | |
| AMINO ACID- CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 % | 3 | |
| AMINOPROTECT | 3 | |
| ARGININE HCL INJECTION | 3 | |
| argyle sterile saline | 1 | |
| CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-% | 3 | |
| carglumic acid | SP | PA; SP |
| CHEMET | 3 | |
| curity sterile saline | 1 | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| cyanocobalamin nasal | 1 | |
| deferasirox | 1 | PA |
| deferasirox granules | 1 | PA |
| DEXPANTHENOL INJECTION | 3 | |
| DRISDOL | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| EDETATE DISODIUM INTRAVENOUS | 3 | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | 3 | |
| effer-k oral tablet effervescent 25 meq | 1 | |
| ergocalciferol oral capsule | 1 | |
| FERRIPROX ORAL SOLUTION | 3 | PA |
| folic acid tablet 1 mg oral (rx) | 1 | |
| GALZIN | 3 | |
| GLUTATHIONE INJECTION SOLUTION 200 MG/ML | 3 | |
| GLUTATHIONE INTRAVENOUS | 3 | |
| GLYCINE INJECTION | 3 | |
| HEMATINIC/FOLIC ACID | 3 | |
| INFED | 3 | |
| INJECTAFER INTRAVENOUS SOLUTION 1000 MG/20ML | 3 | ST |
| IODINE STRONG | 3 | |
| kionex | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con oral packet | 1 | |
| K-PHOS | 3 | |
| LEVOCARNITINE INJECTION | 3 | |
| levocarnitine oral solution | 1 | |
| levocarnitine oral tablet | 1 | |
| levocarnitine sf | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| LIPO | 3 | |
| LIPO-C | 3 | |
| LOKELMA | 3 | |
| LYSINE HCL INJECTION | 3 | |
| MAGNESIUM SULFATE-NACL | 3 | |
| METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED | 3 | |
| NASCOBAL | 3 | |
| ORAL CITRATE | 3 | |
| phosphorous | 1 | |
| phospho-trin 250 neutral | 1 | |
| phospho-trin k500 | 1 | |
| phytonadione oral | 1 | |
| potassium chloride crys er | 1 | |
| potassium chloride er oral capsule extended release | 1 | |
| potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq | 1 | |
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| potassium chloride oral | 1 | |
| potassium citrate er | 1 | |
| PRISMASOL B22GK 4/0 | 3 | |
| PRISMASOL BGK 0/2.5 | 3 | |
| PRISMASOL BGK 2/0 | 3 | |
| PRISMASOL BGK 2/3.5 | 3 | |
| PRISMASOL BGK 4/2.5 | 3 | |

BAZIWEHY

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| PRISMASOL BK 0/0/1.2 | 3 | |
| PYRIDOXINE HCL INJECTION | 3 | |
| sod citrate-citric acid solution 500-334 mg/5ml oral (rx) | 1 | |
| SODIUM CHLORIDE SOLUTION 0.9 % IRRIGATION | 3 | |
| sodium chloride solution 0.9 % irrigation | 1 | |
| sodium polystyrene sulfonate | 1 | |
| sps (sodium polystyrene sulf) combination | 1 | |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL | 3 | |
| TAURINE INJECTION | 3 | |
| tolvaptan | SP | PA; SP; QL (2 EA per 1 day) |
| TRI-AMINO | 3 | |
| trientine hcl oral capsule 250 mg | SP | PA; SP |
| TRIENTINE HCL ORAL CAPSULE 500 MG | SP | PA; SP |
| TRISODIUM CITRATE/CRRT | 3 | |
| VELTASSA | 3 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | |
| wes-phos 250 neutral | 1 | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| CYTOTEC | 3 | HDHP |
| esomeprazole magnesium oral packet | 1 | HDHP; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------|
| famotidine oral suspension reconstituted | 1 | HDHP |
| misoprostol oral | 1 | HDHP |
| NEXIUM ORAL PACKET | 3 | HDHP; QL (1 EA per 1 day) |
| omeprazole oral capsule delayed release | 1 | HDHP; QL (1 EA per 1 day) |
| pantoprazole sodium oral tablet delayed release | 1 | HDHP; QL (1 EA per 1 day) |
| sucralfate oral tablet | 1 | HDHP |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| alosetron hcl | 1 | PA |
| ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML | 3 | |
| bis subcit-metronid-tetracyc | 1 | HDHP |
| bismuth/metronidaz/tetracyclin | 1 | HDHP |
| CLENPIQ | 3 | HDHP |
| constulose | 1 | |
| cromolyn sodium oral | 1 | |
| CTEXLI | SP | PA; SP |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral solution 10 mg/5ml | 1 | |
| dicyclomine hcl oral tablet 20 mg | 1 | |
| DICYCLOMINE HCL ORAL TABLET 40 MG | 3 | |
| DIPHENOXYLATE-ATROPINE ORAL LIQUID | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| diphenoxylate-atropine oral tablet | 1 | |
| enulose | 1 | |
| GATTEX | SP | PA; SP |
| GAVILYTE-C | 2 | HDHP |
| gavilyte-g | 1 | HDHP |
| gavilyte-n with flavor pack | 1 | HDHP |
| generlac | 1 | |
| GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML | 3 | |
| glycopyrrolate oral solution | 1 | PA |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | QL (4 EA per 1 day) |
| hyoscyamine sulfate er | 1 | |
| hyoscyamine sulfate oral elixir | 1 | |
| hyoscyamine sulfate oral tablet | 1 | |
| hyoscyamine sulfate oral tablet dispersible | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| IQIRVO | SP | PA; SP; QL (1 EA per 1 day) |
| lactulose encephalopathy | 1 | |
| lactulose oral solution | 1 | |
| LINZESS | 2 | ST; QL (1 EA per 1 day) |
| LIVDELZI | SP | PA; SP; QL (1 EA per 1 day) |
| loperamide hcl oral capsule | 1 | |
| lubiprostone | 1 | QL (2 EA per 1 day) |
| methscopolamine bromide oral | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| mineral oil heavy oral | 1 | |
| MOTTEGRITY | 3 | ST; QL (1 EA per 1 day) |
| MYTESI | 3 | QL (2 EA per 1 day) |
| na sulfate-k sulfate-mg sulf | 1 | HDHP |
| oscimin | 1 | |
| peg 3350-kcl-na bicarb-nacl | 1 | HDHP |
| peg-3350/electrolytes | 1 | HDHP |
| peg-3350/electrolytes/ascorbic acid | 1 | HDHP |
| peg-kcl-nacl-nasulf-na ascorbic acid | 1 | HDHP |
| PEG-PREP | 3 | HDHP |
| prucalopride succinate | 1 | ST; QL (1 EA per 1 day) |
| PYLERA | 2 | HDHP |
| RESTORA RX | 3 | |
| SEROSTIM | SP | PA; SP |
| SUFLAVE | 3 | HDHP |
| SUPREP BOWEL PREP KIT | 3 | HDHP |
| SUTAB | 3 | HDHP |
| SYMPROIC | 2 | ST; QL (1 EA per 1 day) |
| TALICIA | 2 | HDHP |
| ursodiol oral capsule 300 mg | 1 | |
| ursodiol oral tablet | 1 | |
| VIBERZI | 3 | PA; QL (2 EA per 1 day) |
| XERMELO | SP | PA; SP; QL (3 EA per 1 day) |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| betaine | SP | SP |

| Drug Name | Drug Tier | Notes |
|-------------------------------------|-----------|-------------------------------|
| CERDELGA | SP | PA; SP |
| CHOLBAM | SP | PA; SP |
| CREON | 2 | |
| CYSTADANE | SP | SP |
| CYSTAGON | SP | SP |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | SP | PA; SP; QL (8 ML per 1 day) |
| EVRYSDI ORAL TABLET | SP | PA; SP; QL (1 EA per 1 day) |
| GALAFOLD | SP | PA; SP; QL (0.5 EA per 1 day) |
| javygtor | SP | PA; SP |
| miglustat | SP | PA; SP |
| MYALEPT | SP | PA; SP |
| nitisinone | SP | PA; SP |
| NITYR | SP | PA; SP |
| OCALIVA | SP | PA; SP; QL (1 EA per 1 day) |
| OPFOLDA | SP | PA; SP; QL (0.3 EA per 1 day) |
| ORFADIN | SP | PA; SP |
| PHEBURANE | SP | PA; SP |
| sapropterin dihydrochloride | SP | PA; SP |
| sodium phenylbutyrate oral | SP | PA; SP |
| STRENSIQ | SP | PA; SP |
| SUCRAID | SP | PA; SP |
| VOXZOGO | SP | PA; SP; QL (1 EA per 1 day) |
| XURIDEN | SP | PA; SP; QL (4 EA per 1 day) |
| yargesa | SP | PA; SP |
| zelvysia | SP | PA; SP |
| ZENPEP | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| bethanechol chloride oral | 1 | |
| calcium acetate (phos binder) | 1 | |
| calcium acetate oral tablet 667 mg | 1 | |
| darifenacin hydrobromide er | 1 | |
| DEPEN TITRATABS | SP | SP |
| DETROL | 3 | |
| FILSPARI | SP | PA; SP; QL (1 EA per 1 day) |
| flavoxate hcl | 1 | |
| FOSRENOL ORAL PACKET | 3 | ST |
| glycine irrigation | 1 | |
| glycine urologic | 1 | |
| INTRAROSA | 3 | ST |
| LITHOSTAT | 3 | |
| mirabegron er | 1 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral solution | 1 | |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG | 3 | |
| oxybutynin chloride oral tablet 5 mg | 1 | |
| OXYTROL | 3 | ST; QL (0.29 EA per 1 day) |
| penicillamine oral tablet | SP | SP |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| RENACIDIN | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------------|
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML | SP | PA; SP; QL (0.03 ML per 1 day) |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| sevelamer carbonate | 1 | |
| sevelamer hcl | 1 | |
| solifenacin succinate | 1 | |
| THIOLA | SP | SP |
| THIOLA EC | SP | SP |
| tiopronin | SP | SP |
| tolterodine tartrate | 1 | |
| tolterodine tartrate er | 1 | |
| tropium chloride | 1 | |
| tropium chloride er | 1 | |
| VANRAFIA | SP | PA; SP; QL (1 EA per 1 day) |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| dutasteride oral | 1 | |
| dutasteride-tamsulosin hcl | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| silodosin | 1 | |
| tamsulosin hcl | 1 | |
| terazosin hcl | 1 | HDHP |
| Hormonal Agents - Adrenal | | |
| AGAMREE | SP | PA; SP |
| betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| BETAMETHASONE SODIUM PHOSPHATE INJECTION | 3 | |
| BLT-25 | 3 | |
| CELESTONE SOLUSPAN | 3 | |
| DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML | 3 | |
| DEXAMETHASONE INTENSOL | 3 | |
| dexamethasone oral elixir | 1 | |
| DEXAMETHASONE ORAL SOLUTION | 2 | |
| dexamethasone oral tablet | 1 | |
| dexamethasone oral tablet therapy pack 1.5 mg (21) | 1 | |
| DEXAMETHASONE SOD PHOS-NACL | 3 | |
| dexamethasone sodium phosphate injection solution 120 mg/30ml | 1 | |
| fludrocortisone acetate oral | 1 | |
| hidex 6-day | 1 | |
| hydrocortisone oral | 1 | |
| hydrocortisone sod suc (pf) | 1 | |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | 3 | |
| MEDROL ORAL TABLET 2 MG | 2 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------|
| METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML | 3 | |
| methylprednisolone oral | 1 | |
| METHYLPREDNISOLONE-BUPIVACAINE | 3 | |
| ORAPRED ODT | 3 | |
| PEDIAPRED | 3 | |
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE ORAL TABLET DISPERSIBLE | 3 | |
| PREDNISONE INTENSOL | 2 | |
| PREDNISONE ORAL SOLUTION | 2 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| SOLU-CORTEF | 3 | |
| taperdex 6-day | 1 | |
| TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML | 3 | |
| TRIAMCINOLONE-BUPIVACAINE | 3 | |
| Hormonal Agents - Men's Health | | |
| danazol oral | 1 | |
| depo-testosterone | 1 | PA; QL (0.4 ML per 1 day) |
| METHITEST | 3 | PA; QL (20 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| testosterone cypionate intramuscular | 1 | PA; QL (0.4 ML per 1 day) |
| TESTOSTERONE ENANTHATE INTRAMUSCULAR | 3 | PA; QL (0.2 ML per 1 day) |
| testosterone gel 12.5 mg/act (1%) transdermal | 1 | PA; QL (10 GM per 1 day) |
| testosterone gel 50 mg/5gm (1%) transdermal | 1 | PA; QL (10 GM per 1 day) |
| testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%) | 1 | PA; QL (5 GM per 1 day) |
| testosterone transdermal gel 25 mg/2.5gm (1%) | 1 | PA; QL (10 GM per 1 day) |
| testosterone transdermal solution | 1 | PA; QL (6 ML per 1 day) |
| Hormonal Agents - Pituitary | | |
| ACTHAR | SP | PA; SP |
| ACTHAR GEL | SP | PA; SP |
| cabergoline | 1 | |
| CORTROPHIN | SP | PA; SP |
| CORTROPHIN GEL | SP | PA; SP |
| CRENESSITY ORAL CAPSULE 100 MG | SP | PA; SP; QL (4 EA per 1 day) |
| CRENESSITY ORAL CAPSULE 25 MG, 50 MG | SP | PA; SP; QL (3 EA per 1 day) |
| CRENESSITY ORAL SOLUTION | SP | PA; SP; QL (8 ML per 1 day) |
| desmopressin ace spray refrig | 1 | |
| desmopressin acetate oral | 1 | |
| DESMOPRESSIN ACETATE SPRAY | 3 | |
| EGRIFTA SV | SP | PA; SP; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------------------|
| ELIGARD SUBCUTANEOUS KIT 22.5 MG | SP | PA; SP; QL (0.012 EA per 1 day) |
| ELIGARD SUBCUTANEOUS KIT 30 MG | SP | PA; SP; QL (0.009 EA per 1 day) |
| ELIGARD SUBCUTANEOUS KIT 45 MG | SP | PA; SP; QL (0.006 EA per 1 day) |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG | SP | PA; SP; QL (0.04 EA per 1 day) |
| FIRMAGON | SP | PA; SP; QL (0.04 EA per 1 day) |
| FIRMAGON (240 MG DOSE) | SP | PA; SP; QL (2 EA per 365 days) |
| INCRELEX | SP | PA; SP |
| leuprolide acetate injection | SP | PA; SP |
| LEUPROLIDE ACETATE-BUPIVACAINE | 3 | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | SP | PA; SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | SP | PA; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | SP | PA; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | SP | PA; SP |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | SP | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | SP | PA; SP |
| LUPRON DEPOT-PED (1-MONTH) | SP | PA; SP; QL (0.04 EA per 1 day) |
| LUPRON DEPOT-PED (3-MONTH) | SP | PA; SP; QL (0.02 EA per 1 day) |
| LUPRON DEPOT-PED (6-MONTH) | SP | PA; SP; QL (0.01 EA per 1 day) |
| NGENLA | SP | PA; SP |
| NORDITROPIN FLEXPPO | SP | PA; SP |
| NUTROPIN AQ NUSPIN 10 | SP | PA; SP |
| NUTROPIN AQ NUSPIN 20 | SP | PA; SP |
| NUTROPIN AQ NUSPIN 5 | SP | PA; SP |
| octreotide acetate injection | SP | PA; SP |
| OCTREOTIDE ACETATE SUBCUTANEOUS | SP | PA; SP |
| OMNITROPE | SP | PA; SP |
| ORILISSA ORAL TABLET 150 MG | 2 | PA; QL (1 EA per 1 day) |
| ORILISSA ORAL TABLET 200 MG | 2 | PA; QL (2 EA per 1 day) |
| oxytocin +rfid | 1 | |
| oxytocin injection | 1 | |
| OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML | 3 | |
| OXYTOCIN-LACTATED RINGERS SOLUTION 20 UNIT/L INTRAVENOUS | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| OXYTOCIN-LACTATED RINGERS SOLUTION 30 UNIT/500ML INTRAVENOUS | 3 | |
| OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 30-0.9 UT/500ML-% | 3 | |
| OXYTOCIN-SODIUM CHLORIDE SOLUTION 20-0.9 UNIT/L-% INTRAVENOUS | 3 | |
| PITOCIN | 3 | |
| SKYTROFA | SP | PA; SP |
| SOMAVERT | SP | PA; SP |
| SYNAREL | 2 | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG | SP | PA; SP; QL (0.012 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG | SP | PA; SP; QL (0.006 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG | SP | PA; SP; QL (0.04 EA per 1 day) |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | SP | SP; QL (0.012 EA per 1 day) |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG | SP | SP; QL (0.036 EA per 1 day) |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA | 3 | HDHP |
| raloxifene hcl | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------------|
| Hormonal Agents - Sex Hormones and Birth Control | | |
| abigale | 1 | HDHP |
| abigale lo | 1 | HDHP |
| afirmelle | 1 | HDHP |
| ALORA | 3 | ST; HDHP |
| altavera | 1 | HDHP |
| alyacen 1/35 | 1 | HDHP |
| alyacen 7/7/7 | 1 | HDHP |
| amethyst | 1 | HDHP |
| ANGELIQ | 3 | HDHP |
| ANNOVERA | 3 | HDHP; QL (1 EA per 350 days) |
| apri | 1 | HDHP |
| aranelle | 1 | HDHP |
| ashlyna | 1 | HDHP; QL (1 EA per 1 day) |
| aubra eq | 1 | HDHP |
| aurovela 1.5/30 | 1 | HDHP |
| aurovela 1/20 | 1 | HDHP |
| aurovela 24 fe | 1 | HDHP |
| aurovela fe 1.5/30 | 1 | HDHP |
| aurovela fe 1/20 | 1 | HDHP |
| AVERI | 3 | HDHP |
| aviane | 1 | HDHP |
| ayuna | 1 | HDHP |
| azurette | 1 | HDHP |
| BALCOLTRA | 3 | HDHP |
| balziva | 1 | HDHP |
| BIJUVA | 3 | HDHP |
| blisovi 24 fe | 1 | HDHP |
| blisovi fe 1.5/30 | 1 | HDHP |
| blisovi fe 1/20 | 1 | HDHP |
| briellyn | 1 | HDHP |
| camila | 1 | HDHP |
| camrese | 1 | HDHP; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|------------------------------|
| camrese lo | 1 | HDHP; QL (1 EA per 1 day) |
| charlotte 24 fe | 1 | HDHP |
| chateal eq | 1 | HDHP |
| CLIMARA PRO | 2 | HDHP |
| COMBIPATCH | 3 | HDHP |
| CRINONE | 3 | QL (0.6 GM per 1 day) |
| cryselle-28 | 1 | HDHP |
| cyred eq | 1 | HDHP |
| dasetta 1/35 (28) | 1 | HDHP |
| dasetta 7/7/7 | 1 | HDHP |
| daysee | 1 | HDHP; QL (1 EA per 1 day) |
| deblitane | 1 | HDHP |
| delyla | 1 | HDHP |
| DEPO-ESTRADIOL | 3 | HDHP |
| DEPO-PROVERA | 3 | HDHP; QL (0.02 ML per 1 day) |
| DEPO-SUBQ PROVERA 104 | 3 | HDHP; QL (0.02 ML per 1 day) |
| desogestrel-ethinyl estradiol | 1 | HDHP |
| DIVIGEL | 3 | HDHP |
| dolishale | 1 | HDHP |
| dotti | 1 | HDHP |
| drospiren-eth estrad-levomefol | 1 | HDHP |
| drospirenone-ethinyl estradiol | 1 | HDHP |
| DUAVEE | 2 | HDHP |
| ELESTRIN | 3 | HDHP |
| elinest | 1 | HDHP |
| ELLA | 3 | HDHP |
| eluryng | 1 | HDHP |
| emzahn | 1 | HDHP |
| ENDOMETRIN | 2 | |
| enilloring | 1 | HDHP |
| enpresse-28 | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|----------------------------------|-----------|-----------------------------|
| enskyce | 1 | HDHP |
| errin | 1 | HDHP |
| estarylla | 1 | HDHP |
| estradiol oral | 1 | HDHP |
| estradiol transdermal | 1 | HDHP |
| estradiol vaginal | 1 | |
| estradiol valerate intramuscular | 1 | HDHP |
| estradiol-norethindrone acet | 1 | HDHP |
| ESTRING | 3 | QL (0.012 EA per 1 day) |
| ethynodiol diac-eth estradiol | 1 | HDHP |
| etonogestrel-ethinyl estradiol | 1 | HDHP |
| EVAMIST | 3 | HDHP |
| falmina | 1 | HDHP |
| feirza 1.5/30 | 1 | HDHP |
| feirza 1/20 | 1 | HDHP |
| FEMLYV | 3 | ST; HDHP |
| FEMRING | 3 | ST; QL (0.012 EA per 1 day) |
| finzala | 1 | HDHP |
| fyavolv | 1 | HDHP |
| galbriela | 1 | HDHP |
| gallifrey | 1 | |
| gemmily | 1 | HDHP |
| hailey 1.5/30 | 1 | HDHP |
| hailey 24 fe | 1 | HDHP |
| hailey fe 1.5/30 | 1 | HDHP |
| hailey fe 1/20 | 1 | HDHP |
| haloette | 1 | HDHP |
| heather | 1 | HDHP |
| iclevia | 1 | HDHP; QL (1 EA per 1 day) |
| IMVEXXY MAINTENANCE PACK | 2 | |
| IMVEXXY STARTER PACK | 2 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|---------------------------|
| incassia | 1 | HDHP |
| introvale | 1 | HDHP; QL (1 EA per 1 day) |
| isibloom | 1 | HDHP |
| jaimiess | 1 | HDHP; QL (1 EA per 1 day) |
| jasmiel | 1 | HDHP |
| jencycla | 1 | HDHP |
| jinteli | 1 | HDHP |
| jolessa | 1 | HDHP; QL (1 EA per 1 day) |
| joyeaux | 1 | HDHP |
| juleber | 1 | HDHP |
| junel 1.5/30 | 1 | HDHP |
| junel 1/20 | 1 | HDHP |
| junel fe 1.5/30 | 1 | HDHP |
| junel fe 1/20 | 1 | HDHP |
| junel fe 24 | 1 | HDHP |
| kaitlib fe | 1 | HDHP |
| kalliga | 1 | HDHP |
| kariva | 1 | HDHP |
| kelnor 1/35 | 1 | HDHP |
| kurvelo | 1 | HDHP |
| larin 1.5/30 | 1 | HDHP |
| larin 1/20 | 1 | HDHP |
| larin 24 fe | 1 | HDHP |
| larin fe 1.5/30 | 1 | HDHP |
| larin fe 1/20 | 1 | HDHP |
| leena | 1 | HDHP |
| lessina | 1 | HDHP |
| levonest | 1 | HDHP |
| levonorgest-eth est & eth est | 1 | HDHP; QL (1 EA per 1 day) |
| levonorgest-eth estrad 91-day | 1 | HDHP; QL (1 EA per 1 day) |
| levonorgest-eth estradiol-iron | 1 | HDHP |
| levonorgestrel-ethinyl estrad | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------|
| levonorg-eth estrad triphasic | 1 | HDHP |
| levora 0.15/30 (28) | 1 | HDHP |
| loestrin 1.5/30 (21) | 1 | HDHP |
| loestrin 1/20 (21) | 1 | HDHP |
| loestrin fe 1.5/30 | 1 | HDHP |
| loestrin fe 1/20 | 1 | HDHP |
| lojaimiess | 1 | HDHP; QL (1 EA per 1 day) |
| loryna | 1 | HDHP |
| low-ogestrel | 1 | HDHP |
| lo-zumandimine | 1 | HDHP |
| luizza 1.5/30 | 1 | HDHP |
| luizza 1/20 | 1 | HDHP |
| luteru | 1 | HDHP |
| lyleq | 1 | HDHP |
| lyllana | 1 | HDHP |
| lyza | 1 | HDHP |
| marlissa | 1 | HDHP |
| medroxyprogesterone acetate intramuscular | 1 | HDHP; QL (0.02 ML per 1 day) |
| medroxyprogesterone acetate oral | 1 | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | 1 | |
| MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML | 3 | |
| megestrol acetate oral tablet | 1 | |
| meleya | 1 | HDHP |
| MENOSTAR | 3 | ST; HDHP |
| mibelas 24 fe | 1 | HDHP |
| microgestin 1.5/30 | 1 | HDHP |
| microgestin 1/20 | 1 | HDHP |
| microgestin fe 1.5/30 | 1 | HDHP |
| microgestin fe 1/20 | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------------|
| mili | 1 | HDHP |
| mimvey | 1 | HDHP |
| minzoya | 1 | HDHP |
| mono-linyah | 1 | HDHP |
| MYFEMBREE | 2 | PA; HDHP; QL (1 EA per 1 day) |
| NATAZIA | 2 | HDHP |
| necon 0.5/35 (28) | 1 | HDHP |
| nikki | 1 | HDHP |
| nora-be | 1 | HDHP |
| norelgestromin-eth estradiol | 1 | HDHP |
| norethin ace-eth estrad-fe | 1 | HDHP |
| norethindrone acetate oral | 1 | |
| norethindrone acet-ethinyl est | 1 | HDHP |
| norethindrone oral | 1 | HDHP |
| norethindrone-eth estradiol | 1 | HDHP |
| norethin-eth estradiol-fe | 1 | HDHP |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 | HDHP |
| norgestimate-ethinyl estradiol triphasic | 1 | HDHP |
| norlyroc | 1 | HDHP |
| nortrel 0.5/35 (28) | 1 | HDHP |
| nortrel 1/35 (21) | 1 | HDHP |
| nortrel 1/35 (28) | 1 | HDHP |
| nortrel 7/7/7 | 1 | HDHP |
| NUVARING | 3 | HDHP |
| nylia 1/35 | 1 | HDHP |
| nylia 7/7/7 | 1 | HDHP |
| ORIAHNN | 2 | PA; HDHP; QL (2 EA per 1 day) |
| orquidea | 1 | HDHP |
| philith | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|----------------------------|-----------|---------------------------|
| pimtrea | 1 | HDHP |
| portia-28 | 1 | HDHP |
| PREMARIN INJECTION | 3 | HDHP |
| PREMARIN ORAL | 2 | HDHP |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | HDHP |
| PREMPRO | 2 | HDHP |
| progesterone intramuscular | 1 | |
| progesterone oral | 1 | |
| progesterone vaginal | 1 | |
| PROVERA | 3 | |
| reclipsen | 1 | HDHP |
| rivelsa | 1 | HDHP; QL (1 EA per 1 day) |
| rosyrah | 1 | HDHP; QL (1 EA per 1 day) |
| setlakin | 1 | HDHP; QL (1 EA per 1 day) |
| sharobel | 1 | HDHP |
| simliya | 1 | HDHP |
| simpesse | 1 | HDHP; QL (1 EA per 1 day) |
| sprintec 28 | 1 | HDHP |
| sronyx | 1 | HDHP |
| syeda | 1 | HDHP |
| tarina 24 fe | 1 | HDHP |
| tarina fe 1/20 eq | 1 | HDHP |
| taysofy | 1 | HDHP |
| TAYTULLA | 3 | HDHP |
| tilia fe | 1 | HDHP |
| tri-estarylla | 1 | HDHP |
| tri-legest fe | 1 | HDHP |
| tri-linyah | 1 | HDHP |
| tri-lo-estarylla | 1 | HDHP |
| tri-lo-marzia | 1 | HDHP |
| tri-lo-mili | 1 | HDHP |
| tri-lo-sprintec | 1 | HDHP |
| tri-mili | 1 | HDHP |

| Drug Name | Drug Tier | Notes |
|----------------------------------|-----------|-------|
| tri-sprintec | 1 | HDHP |
| tri-vylibra | 1 | HDHP |
| tri-vylibra lo | 1 | HDHP |
| turqoz | 1 | HDHP |
| TYBLUME | 3 | HDHP |
| tydemy | 1 | HDHP |
| valtya 1/35 | 1 | HDHP |
| valtya 1/50 | 1 | HDHP |
| VELIVET | 2 | HDHP |
| vestura | 1 | HDHP |
| vienva | 1 | HDHP |
| viorele | 1 | HDHP |
| volnea | 1 | HDHP |
| vyfemla | 1 | HDHP |
| vylibra | 1 | HDHP |
| wera | 1 | HDHP |
| wymzya fe | 1 | HDHP |
| xarah fe | 1 | HDHP |
| xelria fe | 1 | HDHP |
| xulane | 1 | HDHP |
| yuvafem | 1 | |
| zafemy | 1 | HDHP |
| zovia 1/35 (28) | 1 | HDHP |
| zumandimine | 1 | HDHP |
| Hormonal Agents - Thyroid | | |
| ADTHYZA | 3 | |
| ARMOUR THYROID | 3 | |
| levo-t | 1 | |
| levothyroxine sodium oral tablet | 1 | |
| levoxyl | 1 | |
| liomny | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| NIVA THYROID | 3 | |
| NP THYROID | 3 | |
| propylthiouracil oral | 1 | |
| RENTHYROID | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| THYROID ORAL | 3 | |
| unithroid | 1 | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | SP | PA; SP; QL (0.13 ML per 1 day) |
| ACTEMRA SUBCUTANEOUS | SP | PA; SP; QL (0.13 ML per 1 day) |
| ACTIMMUNE | SP | PA; SP |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | SP | PA; SP; QL (0.06 ML per 1 day) |
| AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | SP | PA; SP; QL (0.06 ML per 1 day) |
| AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | SP | PA; SP; QL (0.06 ML per 1 day) |
| AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | SP | PA; SP; QL (0.03 ML per 1 day) |
| ANDEMBRY | SP | PA; SP; QL (0.05 ML per 1 day) |
| ARCALYST | SP | PA; SP |
| ASTAGRAF XL | 3 | HDHP |
| azasan | 1 | HDHP |
| azathioprine oral | 1 | HDHP |
| BENLYSTA SUBCUTANEOUS | SP | PA; SP |
| BERINERT | SP | PA; SP; QL (0.34 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML | SP | PA; SP; QL (0.08 ML per 1 day) |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML | SP | PA; SP; QL (0.08 ML per 1 day) |
| CELLCEPT | 3 | HDHP |
| CIMZIA | SP | PA; SP; QL (0.08 EA per 1 day) |
| CIMZIA (1 SYRINGE) | SP | PA; SP; QL (0.08 EA per 1 day) |
| CIMZIA (2 SYRINGE) | SP | PA; SP; QL (0.08 EA per 1 day) |
| CIMZIA-STARTER | SP | PA; SP; QL (0.08 EA per 1 day) |
| cyclosporine modified | 1 | HDHP |
| cyclosporine oral | 1 | HDHP |
| ENBREL | SP | PA; SP; QL (0.15 ML per 1 day) |
| ENBREL MINI | SP | PA; SP; QL (0.15 ML per 1 day) |
| ENBREL SURECLICK | SP | PA; SP; QL (0.15 ML per 1 day) |
| ENFLONIA | 2 | QL (0.7 ML per 300 days) |
| ENSPRYNG | SP | PA; SP |

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| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------|
| ENTYVIO PEN | SP | PA; SP; QL (0.05 ML per 1 day) |
| ENVARUSUS XR | 3 | HDHP |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 | HDHP |
| gengraf | 1 | HDHP |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT | SP | PA; SP; QL (0.9 EA per 1 day) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT | SP | PA; SP; QL (0.6 EA per 1 day) |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | SP | PA; SP |
| icatibant acetate | SP | PA; SP; QL (0.6 ML per 1 day) |
| ILARIS | SP | PA; SP; QL (0.08 ML per 1 day) |
| IMAAVY | SP | PA; SP |
| IMURAN | 3 | HDHP |
| JYLAMVO | 3 | PA |
| KALBITOR | SP | PA; SP; QL (0.4 ML per 1 day) |
| KEVZARA | SP | PA; SP; QL (0.09 ML per 1 day) |
| KINERET | SP | PA; SP |
| leflunomide oral | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1000 MG/40ML | 3 | |
| methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml | 1 | |
| methotrexate sodium (pf) solution 1 gm/40ml injection | 1 | |
| METHOTREXATE SODIUM (PF) SOLUTION 1 GM/40ML INJECTION | 3 | |
| METHOTREXATE SODIUM INJECTION SOLUTION | 3 | |
| methotrexate sodium injection solution reconstituted | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral | 1 | HDHP |
| mycophenolate sodium | 1 | HDHP |
| mycophenolic acid | 1 | HDHP |
| MYFORTIC | 3 | HDHP |
| MYHIBBIN | 3 | HDHP |
| NEORAL | 3 | HDHP |
| OLUMIANT | SP | PA; SP; QL (1 EA per 1 day) |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | SP | PA; SP; QL (0.11 ML per 1 day) |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA; SP; QL (0.18 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| OMVOH SUBCUTANEOUS | SP | PA; SP; QL (0.08 ML per 1 day) |
| ORENCIA CLICKJECT | SP | PA; SP; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | SP | PA; SP; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML | SP | PA; SP; QL (0.06 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML | SP | PA; SP; QL (0.1 ML per 1 day) |
| ORLADEYO | SP | PA; SP; QL (1 EA per 1 day) |
| OTEZLA ORAL TABLET | SP | PA; SP; QL (2 EA per 1 day) |
| OTEZLA ORAL TABLET THERAPY PACK | SP | PA; SP; QL (55 EA per 365 days) |
| PROGRAF ORAL | 3 | HDHP |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML | 2 | PA; QL (0.84 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML | 2 | PA; QL (1.12 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML | 2 | PA; QL (1.4 ML per 28 days) |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------------|
| RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 20 MG/0.4ML | 2 | PA; QL (1.68 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 22.5 MG/0.45ML | 2 | PA; QL (1.96 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 25 MG/0.5ML | 2 | PA; QL (2.24 ML per 28 days) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 30 MG/0.6ML | 2 | PA; QL (2.52 ML per 28 days) |
| RIDAURA | SP | SP |
| RINVOQ | SP | PA; SP; QL (1 EA per 1 day) |
| RINVOQ LQ | SP | PA; SP; QL (12 ML per 1 day) |
| RUCONEST | SP | PA; SP; QL (0.27 EA per 1 day) |
| SANDIMMUNE ORAL | 3 | HDHP |
| SILIQ | SP | PA; SP; QL (0.11 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 50 MG/0.5ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | SP | PA; SP; QL (0.04 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------------|
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| sirolimus oral | 1 | HDHP |
| SKYRIZI PEN | SP | PA; SP; QL (0.02 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | SP | PA; SP; QL (0.03 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | SP | PA; SP; QL (0.05 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA; SP; QL (0.02 ML per 1 day) |
| SOTYKTU | SP | PA; SP; QL (1 EA per 1 day) |
| SPEVIGO SUBCUTANEOUS | SP | PA; SP; QL (0.08 ML per 1 day) |
| SYNAGIS | SP | SP |
| tacrolimus oral | 1 | HDHP |
| TAKHZYRO SUBCUTANEOUS SOLUTION | SP | PA; SP; QL (0.15 ML per 1 day) |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | SP | PA; SP; QL (0.08 ML per 1 day) |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | SP | PA; SP; QL (0.15 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------------|
| TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR | SP | PA; SP; QL (0.04 ML per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML | SP | PA; SP; QL (0.01 ML per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| TREMFYA ONE- PRESS | SP | PA; SP; QL (0.02 ML per 1 day) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/2ML | SP | PA; SP; QL (0.08 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | SP | PA; SP; QL (0.08 ML per 1 day) |
| TREMFYA-CD/UC INDUCTION | SP | PA; SP; QL (0.08 ML per 1 day) |
| TREXALL | 3 | |
| VELSIPITY | SP | PA; SP; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------------|
| WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS | SP | PA; SP; QL (0.009 ML per 1 day) |
| WEZLANA SUBCUTANEOUS SOLUTION | SP | PA; SP; QL (0.009 ML per 1 day) |
| WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| XATMEP | 3 | PA |
| XELJANZ ORAL SOLUTION | SP | PA; SP; QL (10 ML per 1 day) |
| XELJANZ ORAL TABLET | SP | PA; SP; QL (2 EA per 1 day) |
| XELJANZ XR | SP | PA; SP; QL (1 EA per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION | SP | PA; SP; QL (0.009 ML per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | SP | PA; SP; QL (0.009 ML per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| ZORTRESS | 3 | HDHP |
| Immunological Agents - Drugs for Vaccination | | |
| ABRYSVO | \$0 | VAX; QL (1 EA per 999 days) |
| ACAM2000 | \$0 | VAX |
| ACTHIB | \$0 | VAX |
| ADACEL | \$0 | VAX |
| AFLURIA | \$0 | VAX |
| AFLURIA PRESERVATIVE FREE | \$0 | VAX |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| AREXVY | \$0 | VAX; QL (1 EA per 999 days) |
| AUDENZ | \$0 | VAX |
| BCG VACCINE | \$0 | VAX |
| BEXSERO | \$0 | VAX |
| BIOTHRAX | \$0 | VAX |
| BOOSTRIX | \$0 | VAX |
| CAPVAXIVE | \$0 | VAX |
| COMIRNATY | \$0 | VAX |
| COMIRNATY 5-11 YEARS | \$0 | VAX |
| DAPTACEL | \$0 | VAX |
| DENGVAXIA | \$0 | VAX |
| ENGERIX-B | \$0 | VAX |
| ERVEBO | \$0 | VAX |
| FLUAD | \$0 | VAX |
| FLUARIX | \$0 | VAX |
| FLUBLOK | \$0 | VAX |
| FLUCELVAX | \$0 | VAX |
| FLULAVAL | \$0 | VAX |
| FLUMIST | \$0 | VAX |
| FLUZONE HIGH-DOSE | \$0 | VAX |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | \$0 | VAX |
| GARDASIL 9 | \$0 | VAX |
| HAVRIX | \$0 | VAX |
| HEPLISAV-B | \$0 | VAX |
| HIBERIX | \$0 | VAX |
| IMOVAX RABIES | \$0 | VAX |
| INFANRIX | \$0 | VAX |
| IPOL | \$0 | VAX |
| IXCHIQ | \$0 | VAX |
| IXIARO | \$0 | VAX |
| JYNNEOS | \$0 | VAX |
| KINRIX | \$0 | VAX |
| MENQUADFI | \$0 | VAX |
| MENVEO | \$0 | VAX |

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| Drug Name | Drug Tier | Notes |
|----------------------------|-----------|-----------------------------|
| M-M-R II | \$0 | VAX |
| MNEXSPIKE | \$0 | VAX |
| MRESVIA | \$0 | VAX; QL (1 ML per 999 days) |
| NUVAXOVID COVID-19 VACCINE | \$0 | VAX |
| PEDIARIX | \$0 | VAX |
| PEDVAX HIB | \$0 | VAX |
| PENBRAYA | \$0 | VAX |
| PENMENVY | \$0 | VAX |
| PENTACEL | \$0 | VAX |
| PNEUMOVAX 23 | \$0 | VAX |
| PREVNAR 20 | \$0 | VAX |
| PRIORIX | \$0 | VAX |
| PROQUAD | \$0 | VAX |
| QUADRACEL | \$0 | VAX |
| RABAVERT | \$0 | VAX |
| RECOMBIVAX HB | \$0 | VAX |
| ROTARIX | \$0 | VAX |
| ROTATEQ | \$0 | VAX |
| SHINGRIX | \$0 | VAX |
| SPIKEVAX | \$0 | VAX |
| SPIKEVAX 6M-11Y | \$0 | VAX |
| TENIVAC | \$0 | VAX |
| TICOVAC | \$0 | VAX |
| TRUMENBA | \$0 | VAX |
| TWINRIX | \$0 | VAX |
| TYPHIM VI | \$0 | VAX |
| VAQTA | \$0 | VAX |
| VARIVAX | \$0 | VAX |
| VAXCHORA | \$0 | VAX |
| VAXELIS | \$0 | VAX |
| VAXNEUVANCE | \$0 | VAX |
| VIMKUNYA | \$0 | VAX |
| VIVOTIF | \$0 | VAX |
| YF-VAX | \$0 | VAX |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------|
| Inflammatory Bowel Disease Agents | | |
| ANALPRAM HC EXTERNAL CREAM 1-1 % | 3 | |
| APRISO | 2 | |
| AZULFIDINE EN-TABS | 3 | |
| balsalazide disodium | 1 | |
| budesonide oral | 1 | |
| budesonide rectal | 1 | |
| CORTENEMA | 3 | |
| CORTIFOAM | 3 | |
| EOHILIA | 3 | PA; QL (20 ML per 1 day) |
| HYDROCORTISONE (PERIANAL) EXTERNAL CREAM 1 % | 2 | |
| hydrocortisone (perianal) external cream 2.5 % | 1 | |
| HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 % | 3 | |
| hydrocortisone rectal | 1 | |
| mesalamine er oral capsule 0.375 gm | 1 | |
| mesalamine oral capsule delayed release 400 mg | 1 | |
| mesalamine oral tablet delayed release 1.2 gm | 1 | |
| mesalamine rectal | 1 | |
| PROCTOCORT EXTERNAL | 2 | |
| PROCTOFOAM HC | 2 | |
| procto-med hc | 1 | |
| proctosol hc | 1 | |
| proctozone-hc | 1 | |
| SFROWASA | 2 | |
| sulfasalazine oral | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--|
| UCERIS RECTAL | 3 | |
| Metabolic Bone Disease Agents | | |
| OSEVELT | SP | PA; SP |
| STOBOCLO | 2 | PA; HDHP; QL (2 ML per 250 days) |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral solution | 1 | HDHP |
| alendronate sodium oral tablet 10 mg | 1 | HDHP |
| alendronate sodium oral tablet 35 mg, 70 mg | 1 | HDHP; QL (0.15 EA per 1 day) |
| ATELVIA | 3 | HDHP; QL (0.15 EA per 1 day) |
| BONSITY | 2 | PA; HDHP |
| calcitonin (salmon) injection | 1 | HDHP |
| calcitonin (salmon) nasal | 1 | HDHP; QL (0.13 ML per 1 day) |
| ibandronate sodium oral | 1 | HDHP; QL (0.04 EA per 1 day) |
| MIACALCIN | 3 | HDHP |
| PROLIA | SP | PA; SP; QL (180 day supply per 1 fill) |
| risedronate sodium oral tablet 150 mg | 1 | HDHP; QL (0.04 EA per 1 day) |
| risedronate sodium oral tablet 30 mg, 5 mg | 1 | HDHP |
| risedronate sodium oral tablet 35 mg | 1 | HDHP; QL (0.15 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------|
| risedronate sodium oral tablet delayed release | 1 | HDHP; QL (0.15 EA per 1 day) |
| teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous | 1 | PA; HDHP |
| TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS | 2 | PA; HDHP |
| TYMLOS | 2 | PA; HDHP |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral | 1 | |
| cinacalcet hcl | 1 | PA |
| DOXERCALCIFEROL ORAL | 3 | |
| paricalcitol oral | 1 | |
| RAYALDEE | 3 | |
| ROCALTROL | 3 | |
| ZEMPLAR ORAL | 3 | |
| Miscellaneous Therapeutic Agents | | |
| AEROCHAMBER HOLDING CHAMBER | 2 | |
| AEROCHAMBER MINI CHAMBER | 2 | |
| AEROCHAMBER MV | 2 | |
| AEROCHAMBER PLS FLOVU MTHPIECE | 2 | |
| AEROCHAMBER PLUS FLO-VU INTERM | 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE | 2 | |
| AEROCHAMBER PLUS FLOW VU | 2 | |
| AEROCHAMBER2GO ANTI-STATIC | 2 | |
| ALCOHOL PREP PADS SHEET 70 % | 3 | |
| ALPHA-LIPOIC ACID INJECTION | 3 | |
| AQINJECT PEN NEEDLE | 2 | HDHP |
| AQNEURSA | SP | PA; SP; QL (4 EA per 1 day) |
| ASSURE ID DUO PRO PEN NEEDLES | 2 | HDHP |
| ASSURE ID PRO PEN NEEDLES | 2 | HDHP |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM | 2 | HDHP |
| AUM MINI INSULIN PEN NEEDLE | 2 | HDHP |
| AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 2 | HDHP |
| AUM READYGARD DUO PEN NEEDLE | 2 | HDHP |
| AUM SAFETY PEN NEEDLE | 2 | HDHP |
| BD AUTOSHIELD DUO PEN NEEDLES | 2 | HDHP |
| BD PEN NEEDLE MICRO ULTRAFINE | 2 | HDHP |
| BD PEN NEEDLE MINI ULTRAFINE | 2 | HDHP |
| BD PEN NEEDLE NANO ULTRAFINE | 2 | HDHP |
| BD PEN NEEDLE ORIG ULTRAFINE | 2 | HDHP |
| BD PEN NEEDLE SHORT ULTRAFINE | 2 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| BD ULTRA-FINE PEN NEEDLES | 2 | HDHP |
| BREATHE COMFORT CHAMBER/ADULT | 2 | |
| BREATHE COMFORT CHAMBER/CHILD | 2 | |
| BREATHE EASE LARGE | 2 | |
| BREATHE EASE MEDIUM | 2 | |
| BREATHE EASE SMALL | 2 | |
| BREATHERITE VALVED MDI CHAMBER | 2 | |
| BYLVAY | SP | PA; SP |
| BYLVAY (PELLETS) | SP | PA; SP |
| CAYA | 3 | |
| CHLORHEXIDINE GLUCONATE SOLUTION 20 % | 3 | |
| CLEVER CHOICE HOLDING CHAMBER | 2 | |
| COMFORT EZ PRO PEN NEEDLES | 2 | HDHP |
| COMPACT SPACE CHAMBER | 2 | |
| COMPACT SPACE CHAMBER/LG MASK | 2 | |
| COMPACT SPACE CHAMBER/MED MASK | 2 | |
| COMPACT SPACE CHAMBER/SM MASK | 2 | |
| CYTOTINE ORAL POWDER | 3 | |
| DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| DIASCREEN 10 | 3 | |
| DIASCREEN 1B | 3 | |
| DIASCREEN 1G | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| DIASCREEN 1K | 3 | |
| DIASCREEN 2GK | 3 | |
| DIASCREEN 2GP | 3 | |
| DIASCREEN 3 | 3 | |
| DIASCREEN 4NL | 3 | |
| DIASCREEN 4OBL | 3 | |
| DIASCREEN 4PH | 3 | |
| DIASCREEN 5 | 3 | |
| DIASCREEN 6 | 3 | |
| DIASCREEN 7 | 3 | |
| DIASCREEN 8 | 3 | |
| DIASCREEN 9 | 3 | |
| DIASCREEN LIQUID URINE CONTROL | 3 | |
| DROPLET MICRON | 2 | HDHP |
| EASIVENT | 2 | |
| EMBECTA AUTOSHIELD DUO | 2 | HDHP |
| EMBECTA PEN NEEDLE NANO | 2 | HDHP |
| EMBECTA PEN NEEDLE NANO 2 GEN | 2 | HDHP |
| EMBECTA PEN NEEDLE ULTRAFINE | 2 | HDHP |
| EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | HDHP |
| ENDARI | 3 | PA |
| EUA PATIENT ASSESSMENT | 3 | |
| FEMCAP | 3 | |
| FLEXICHAMBER | 2 | |
| FLEXICHAMBER ADULT MASK/SMALL | 2 | |
| FLEXICHAMBER CHILD MASK/LARGE | 2 | |
| FLEXICHAMBER CHILD MASK/SMALL | 2 | |

BAZIWEHY

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| FORMALDEHYDE SOLUTION 37 % EXTERNAL (RX) | 3 | |
| GLUTARALDEHYDE EXTERNAL | 3 | |
| GRASTEK | 3 | PA; QL (1 EA per 1 day) |
| INCONTROL ULTICARE PEN NEEDLES | 2 | HDHP |
| INSPIREASE RESERVOIR BAGS | 2 | |
| INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 2 | HDHP |
| INSUPEN32G EXTR3ME | 2 | HDHP |
| IWILFIN | SP | PA; SP |
| KERENDIA | 3 | PA; QL (1 EA per 1 day) |
| l-glutamine oral packet | 1 | PA |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG | SP | PA; SP; QL (2 EA per 1 day) |
| LIVMARLI ORAL TABLET 30 MG | SP | PA; SP; QL (1 EA per 1 day) |
| methergine | 1 | QL (28 EA per 1 fill) |
| methylergonovine maleate oral | 1 | QL (28 EA per 1 fill) |
| MICROCHAMBER DEVICE | 2 | |
| MIPLYFFA | SP | PA; SP; QL (3 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------|
| NEOKE RA LIPOIC | 3 | |
| NOVOFINE PEN NEEDLE | 2 | HDHP |
| NOVOFINE PLUS PEN NEEDLE | 2 | HDHP |
| ODACTRA | 3 | PA; QL (1 EA per 1 day) |
| OPTICHAMBER DIAMOND | 2 | |
| OPTICHAMBER DIAMOND-LG MASK | 2 | |
| OPTICHAMBER DIAMOND-MD MASK | 2 | |
| OPTICHAMBER DIAMOND-SM MASK | 2 | |
| ORALAIR | 3 | PA; QL (1 EA per 1 day) |
| ORALAIR ADULT STARTER PACK | 3 | PA; QL (1 EA per 1 day) |
| ORALAIR CHILDRENS STARTER PACK | 3 | PA; QL (6 EA per 365 days) |
| PANDA MASK LARGE | 2 | |
| PANDA MASK MEDIUM | 2 | |
| PANDA MASK SMALL | 2 | |
| PARI VORTEX ADULT MASK | 2 | |
| PARI VORTEX PEDIATRIC MASK | 2 | |
| PEDIATRIC PANDA MASK | 2 | |
| PEN NEEDLE/5-BEVEL TIP | 2 | HDHP |
| PENTETATE CALCIUM TRISODIUM | 3 | |
| PENTETATE ZINC TRISODIUM | 3 | |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM | 2 | HDHP |
| PIP PEN NEEDLES 32G X 4MM | 2 | HDHP |
| POCKET SPACER | 2 | |

BAZIWEHY

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------|
| PRO COMFORT SPACER ADULT | 2 | |
| PRO COMFORT SPACER CHILD | 2 | |
| PRO COMFORT SPACER INFANT | 2 | |
| PROCARE SPACER/ADULT MASK | 2 | |
| PROCARE SPACER/CHILD MASK | 2 | |
| PURE COMFORT SAFETY PEN NEEDLE | 2 | HDHP |
| PURE COMFORT SPACER CHAMBER | 2 | |
| PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE | 2 | HDHP |
| RADIOGARDASE | 3 | |
| RAGWITEK | 3 | PA; QL (1 EA per 1 day) |
| RAYA SURE PEN NEEDLE | 2 | HDHP |
| SAFETY PEN NEEDLES | 2 | HDHP |
| SODIUM SACCHARIN POWDER | 3 | |
| SOHONOS ORAL CAPSULE 1 MG | SP | PA; SP; QL (20 EA per 1 day) |
| SOHONOS ORAL CAPSULE 1.5 MG | SP | PA; SP; QL (13 EA per 1 day) |
| SOHONOS ORAL CAPSULE 10 MG | SP | PA; SP; QL (2 EA per 1 day) |
| SOHONOS ORAL CAPSULE 2.5 MG | SP | PA; SP; QL (8 EA per 1 day) |
| SOHONOS ORAL CAPSULE 5 MG | SP | PA; SP; QL (4 EA per 1 day) |
| SORBITOL IRRIGATION | 3 | |
| TECHLITE PLUS PEN NEEDLES | 2 | HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------------|
| TRUE COMFORT SAFETY PEN NEEDLE | 2 | HDHP |
| UDSX MEDICATED SYSTEM | 3 | |
| UDSXMP MEDICATED SYSTEM | 3 | |
| UNIFINE OTC PEN NEEDLES | 2 | HDHP |
| UNIFINE PROTECT PEN NEEDLE | 2 | HDHP |
| VERIFINE INSULIN PEN NEEDLE | 2 | HDHP |
| VERIFINE PLUS PEN NEEDLE | 2 | HDHP |
| VISTOGARD | 3 | |
| VORTEX VALVE CHAMBER-PEDI MASK | 2 | |
| VORTEX VALVED HOLDING CHAMBER | 2 | |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | SP | PA; SP; QL (3 EA per 1 day) |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG | SP | PA; SP; QL (4 EA per 1 day) |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG | SP | PA; SP; QL (7 EA per 1 day) |
| WIDE-SEAL DIAPHRAGM 60 | 3 | |
| WIDE-SEAL DIAPHRAGM 65 | 3 | |
| WIDE-SEAL DIAPHRAGM 70 | 3 | |
| WIDE-SEAL DIAPHRAGM 75 | 3 | |
| WIDE-SEAL DIAPHRAGM 80 | 3 | |
| WIDE-SEAL DIAPHRAGM 85 | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------------|
| WIDE-SEAL DIAPHRAGM 90 | 3 | |
| WIDE-SEAL DIAPHRAGM 95 | 3 | |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN- INJECTOR 168 MCG/0.56ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN- INJECTOR 294 MCG/0.98ML | SP | PA; SP; QL (0.07 ML per 1 day) |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN- INJECTOR 420 MCG/1.4ML | SP | PA; SP; QL (0.1 ML per 1 day) |
| ZILBRYSQ | SP | PA; SP |
| ZOKINVY | SP | PA; SP; QL (4 EA per 1 day) |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ACULAR LS | 3 | |
| AZASITE | 3 | |
| BACITRACIN OPHTHALMIC | 3 | |
| BESIVANCE | 3 | |
| BETADINE OPHTHALMIC PREP | 3 | |
| bromfenac sodium (once-daily) | 1 | QL (6.8 ML per 365 days) |
| bromfenac sodium ophthalmic solution 0.07 % | 1 | ST; QL (12 ML per 365 days) |
| ciprofloxacin hcl ophthalmic | 1 | |
| CROMOLYN SODIUM OPHTHALMIC | 2 | |
| DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------|
| diclofenac sodium ophthalmic | 1 | |
| difluprednate | 1 | |
| epinastine hcl | 1 | |
| erythromycin ointment 5 mg/gm ophthalmic | 1 | |
| ERYTHROMYCIN OINTMENT 5 MG/GM OPHTHALMIC | 2 | |
| EYSUVIS | 3 | PA; QL (0.3 ML per 1 day) |
| FLAREX | 3 | |
| fluorometholone | 1 | |
| FLURBIPROFEN SODIUM | 2 | |
| FML FORTE | 3 | |
| FML LIQUIFILM | 3 | |
| gatifloxacin ophthalmic | 1 | |
| gentamicin sulfate ophthalmic | 1 | |
| INVELTYS | 3 | |
| ketorolac tromethamine ophthalmic | 1 | |
| LEVOFLOXACIN OPHTHALMIC | 3 | |
| LOTEMAX SM | 3 | |
| loteprednol etabonate ophthalmic gel | 1 | QL (20 GM per 365 days) |
| MAXIDEX | 3 | |
| MAXITROL OPHTHALMIC OINTMENT | 3 | |
| MITOSOL | 3 | |
| MOXIFLOXACIN HCL (2X DAY) | 2 | |
| moxifloxacin hcl ophthalmic | 1 | |
| NATACYN | 2 | |
| neomycin-polymyxin- dexameth | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| NEOMYCIN-POLYMYXIN-HC OPTHALMIC | 3 | |
| ofloxacin ophthalmic | 1 | |
| POVIDONE-IODINE OPTHALMIC | 3 | |
| PRED MILD | 3 | |
| prednisolone acetate ophthalmic | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC | 2 | |
| SULFACETAMIDE SODIUM OPTHALMIC | 2 | |
| TOBRADEX | 3 | |
| TOBRADEX ST | 3 | |
| tobramycin ophthalmic | 1 | |
| tobramycin-dexamethasone | 1 | |
| TOBREX | 3 | |
| TRIFLURIDINE | 2 | |
| UPNEEQ | 3 | PA |
| ZIRGAN | 3 | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| acetazolamide er | 1 | |
| acetazolamide oral | 1 | |
| APRACLONIDINE HCL | 3 | |
| BETAXOLOL HCL OPTHALMIC | 2 | |
| BETIMOL | 3 | |
| bimatoprost ophthalmic | 1 | QL (0.1 ML per 1 day) |
| brimonidine tartrate ophthalmic | 1 | |
| brimonidine tartrate-timolol | 1 | |
| brinzolamide | 1 | |
| CARTEOLOL HCL | 2 | |
| dichlorphenamide | SP | PA; SP; QL (4 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| dorzolamide hcl solution 2 % ophthalmic | 1 | |
| DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC | 3 | |
| dorzolamide hcl-timolol mal | 1 | |
| dorzolamide hcl-timolol mal pf | 1 | |
| IOPIDINE | 3 | |
| KEVEYIS | SP | PA; SP; QL (4 EA per 1 day) |
| latanoprost ophthalmic | 1 | |
| LEVOBUNOLOL HCL | 2 | |
| LUMIGAN | 2 | QL (0.1 ML per 1 day) |
| methazolamide oral | 1 | |
| ormalvi | SP | PA; SP; QL (4 EA per 1 day) |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 | |
| RHOPRESSA | 3 | QL (0.1 ML per 1 day) |
| ROCKLATAN | 3 | QL (0.1 ML per 1 day) |
| SIMBRINZA | 2 | |
| tafluprost (pf) | 1 | QL (1 EA per 1 day) |
| timolol hemihydrate | 1 | |
| timolol maleate (once-daily) | 1 | |
| timolol maleate ophthalmic solution | 1 | |
| travoprost (bak free) | 1 | QL (0.12 ML per 1 day) |
| XELPROS | 3 | ST; QL (0.1 ML per 1 day) |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| AKTEN | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-----------------------------|
| ALCAINE | 3 | |
| altacaine | 1 | |
| altafrin | 1 | |
| ATROPINE SULFATE OPTHALMIC SOLUTION 0.025 %, 0.05 % | 3 | |
| atropine sulfate solution 1 % ophthalmic | 1 | |
| ATROPINE SULFATE SOLUTION 1 % OPTHALMIC | 3 | |
| bacitracin-polymyxin b | 1 | |
| bacitra-neomycin-polymyxin-hc | 1 | |
| CEQUA | 3 | PA; QL (2 EA per 1 day) |
| CYCLOGYL | 3 | |
| CYCLOMYDRIL | 3 | |
| cyclopentolate hcl ophthalmic | 1 | |
| cyclosporine ophthalmic | 1 | PA; QL (2 EA per 1 day) |
| CYSTADROPS | SP | SP; QL (0.72 ML per 1 day) |
| CYSTARAN | SP | SP; QL (2.15 ML per 1 day) |
| HOMATROPAIRE | 3 | |
| MIEBO | 2 | PA; QL (0.1 ML per 1 day) |
| neomycin-bacitracin zn-polymyx | 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | 2 | |
| neo-polycin | 1 | |
| neo-polycin hc | 1 | |
| OXERVATE | SP | PA; SP; QL (2 ML per 1 day) |
| phenylephrine hcl ophthalmic solution 10 % | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------------|
| phenylephrine hcl solution 2.5 % ophthalmic | 1 | |
| PHENYLEPHRINE HCL SOLUTION 2.5 % OPTHALMIC | 3 | |
| polycin | 1 | |
| polymyxin b-trimethoprim | 1 | |
| proparacaine hcl ophthalmic | 1 | |
| RESTASIS | 2 | PA; QL (2 EA per 1 day) |
| RESTASIS MULTIDOSE | 2 | PA; QL (2 ML per 1 day) |
| SULFACETAMIDE-PREDNISOLONE | 2 | |
| tetracaine hcl ophthalmic | 1 | |
| TRYPTYR | 3 | PA; QL (2 EA per 1 day) |
| TYRVAYA | 3 | PA; QL (0.3 ML per 1 day) |
| XIIDRA | 2 | PA; QL (2 EA per 1 day) |
| ZYLET | 3 | |
| Otic Agents - Drugs for Ear Conditions | | |
| acetic acid otic | 1 | |
| CETRAXAL | 3 | ST |
| ciprofloxacin hcl otic | 1 | |
| ciprofloxacin-dexamethasone | 1 | |
| CORTISPORIN-TC | 3 | |
| DERMOTIC | 3 | |
| fluocinolone acetonide otic | 1 | |
| hydrocortisone-acetic acid | 1 | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 1 | |
| PRAMOTIC | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------|
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal | 1 | QL (2 ML per 1 day) |
| azelastine-fluticasone | 1 | QL (0.77 GM per 1 day) |
| benzonatate | 1 | |
| CARBINOXAMINE MALEATE ORAL SOLUTION | 2 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| CARBZAH | 2 | |
| CLEMASTINE FUMARATE ORAL SYRUP | 2 | |
| CLEMASTINE FUMARATE ORAL TABLET | 3 | |
| cyproheptadine hcl oral | 1 | |
| diphenhydramine hcl injection | 1 | |
| DIPHENHYDRAMINE HCL ORAL ELIXIR | 3 | |
| HYCODAN ORAL SOLUTION | 3 | PA; QL (240 ML per 1 fill) |
| HYCODAN ORAL TABLET | 3 | PA; QL (6 EA per 1 day) |
| hydrocodone bit-homatrop mbr oral solution | 1 | PA; QL (240 ML per 1 fill) |
| hydrocodone bit-homatrop mbr oral tablet | 1 | PA; QL (6 EA per 1 day) |
| hydromet | 1 | PA; QL (240 ML per 1 fill) |
| HYPERSAL | 3 | |
| ipratropium bromide nasal | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------|
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % | 3 | |
| promethazine-codeine oral solution | 1 | PA; QL (240 ML per 1 fill) |
| promethazine-dm | 1 | |
| pseudoephedrine-bromphen-dm | 1 | |
| pulmosal | 1 | |
| RYALTRIS | 3 | QL (1 GM per 1 day) |
| RYCLORA | 3 | |
| sodium chloride inhalation | 1 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| ACCOLATE | 3 | HDHP |
| acetylcysteine inhalation | 1 | |
| ADRENALIN INJECTION SOLUTION 1 MG/ML | 3 | |
| ADVAIR HFA | 1 | HDHP; QL (0.4 GM per 1 day) |
| AIRSUPRA | 2 | HDHP; QL (1.1 GM per 1 day) |
| albuterol sulfate hfa | 1 | HDHP; QL (1.2 GM per 1 day) |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083% | 1 | HDHP; QL (18 ML per 1 day) |
| albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml | 1 | HDHP; QL (12.5 ML per 1 day) |
| albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml | 1 | HDHP; QL (5 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------------|
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation | 1 | HDHP; QL (5 EA per 1 day) |
| albuterol sulfate oral syrup 2 mg/5ml | 1 | HDHP |
| albuterol sulfate oral tablet | 1 | HDHP |
| ANORO ELLIPTA | 2 | HDHP; QL (2 EA per 1 day) |
| arformoterol tartrate | 1 | HDHP; QL (4 ML per 1 day) |
| ARNUITY ELLIPTA | 2 | HDHP; QL (1 EA per 1 day) |
| ATROVENT HFA | 3 | HDHP; QL (0.86 GM per 1 day) |
| AUVI-Q | 3 | |
| BREO ELLIPTA | 1 | HDHP; QL (2 EA per 1 day) |
| breyana | 1 | HDHP; QL (0.35 GM per 1 day) |
| BREZTRI AEROSPHERE | 2 | HDHP; QL (0.36 GM per 1 day) |
| budesonide inhalation | 1 | HDHP; QL (4 ML per 1 day) |
| budesonide-formoterol fumarate | 1 | HDHP; QL (0.35 GM per 1 day) |
| COMBIVENT RESPIMAT | 2 | HDHP; QL (0.27 GM per 1 day) |
| cromolyn sodium inhalation | 1 | HDHP |
| elixophyllin | 1 | HDHP |
| epinephrine (anaphylaxis) | 1 | |
| epinephrine injection solution auto-injector 0.15 mg/0.3ml | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION | 1 | |
| EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION | 3 | |
| EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION | 1 | |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | |
| EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION | 3 | |
| EPIPEN 2-PAK | 3 | ST |
| FASENRA PEN | SP | PA; SP; QL (0.02 ML per 1 day) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | SP | PA; SP; QL (0.01 ML per 1 day) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 | HDHP; QL (2 EA per 1 day) |
| formoterol fumarate inhalation | 1 | HDHP; QL (4 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------------|
| GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML | SP | PA; SP |
| ipratropium bromide inhalation | 1 | HDHP; QL (10.42 ML per 1 day) |
| ipratropium-albuterol | 1 | HDHP; QL (18 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml | 1 | HDHP; QL (18 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml | 1 | HDHP; QL (3 EA per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml | 1 | HDHP; QL (9 ML per 1 day) |
| montelukast sodium oral | 1 | HDHP |
| NEFFY | 3 | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR | SP | PA; SP; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | SP | PA; SP; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | SP | PA; SP; QL (0.02 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | SP | PA; SP; QL (0.11 EA per 1 day) |
| OFEV | SP | PA; SP |
| PERFOROMIST | 3 | HDHP; QL (4 ML per 1 day) |
| pirfenidone oral capsule | SP | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--|
| pirfenidone oral tablet 267 mg, 801 mg | SP | PA; SP |
| QVAR REDIHALER | 2 | HDHP; QL (0.71 GM per 1 day) |
| roflumilast | 1 | PA; HDHP |
| SEREVENT DISKUS | 2 | HDHP; QL (2 EA per 1 day) |
| SPIRIVA RESPIMAT | 2 | HDHP; QL (0.14 GM per 1 day) |
| STIOLTO RESPIMAT | 2 | HDHP; QL (0.14 GM per 1 day) |
| STRIVERDI RESPIMAT | 2 | HDHP; QL (4.2 GM per 30 days) |
| SYMBICORT | 3 | ST; HDHP; QL (0.35 GM per 1 day) |
| terbutaline sulfate injection | 1 | HDHP |
| terbutaline sulfate oral | 1 | HDHP |
| TEZSPIRE | SP | PA; SP; QL (0.07 ML per 1 day) |
| THEO-24 | 3 | HDHP |
| theophylline er | 1 | HDHP |
| theophylline oral | 1 | HDHP |
| tiotropium bromide | 1 | HDHP; QL (1 EA per 1 day) |
| TRELEGY ELLIPTA | 2 | HDHP; QL (2 EA per 1 day) |
| wixela inhub | 1 | HDHP; QL (2 EA per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML | SP | PA; SP; QL (0.08 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO- INJECTOR 300 MG/2ML | SP | PA; SP; QL (0.3 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION AUTO- INJECTOR 75 MG/0.5ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | SP | PA; SP; QL (0.08 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | SP | PA; SP; QL (0.3 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | SP | PA; SP; QL (0.04 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | SP | PA; SP |
| YUPELRI | 3 | HDHP; QL (3 ML per 1 day) |
| zafirlukast | 1 | HDHP |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| ALYFTREK ORAL TABLET 10-50-125 MG | SP | PA; SP; QL (2 EA per 1 day) |
| ALYFTREK ORAL TABLET 4-20-50 MG | SP | PA; SP; QL (3 EA per 1 day) |
| KALYDECO ORAL PACKET | SP | PA; SP; QL (2 EA per 1 day) |
| KALYDECO ORAL TABLET | SP | PA; SP |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG | SP | PA; SP; QL (2 EA per 1 day) |
| ORKAMBI ORAL PACKET 75-94 MG | SP | SP |
| ORKAMBI ORAL TABLET | SP | PA; SP; QL (4 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|--|
| PULMOZYME | SP | PA; SP |
| SYMDEKO | SP | PA; SP; QL (2 EA per 1 day) |
| TOBI PODHALER | SP | SP; QL (224 EA per 40 days) |
| tobramycin inhalation nebulization solution 300 mg/4ml | SP | SP; QL (8 ML per 1 day) |
| tobramycin nebulization solution 300 mg/5ml inhalation | SP | SP; QL (10 ML per 1 day) |
| TRIKAFTA ORAL TABLET THERAPY PACK | SP | PA; SP; QL (3 EA per 1 day) |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADEMPAS | SP | PA; SP; QL (90 EA per 30 days) |
| alyq | SP | PA; SP; QL (2 EA per 1 day) |
| ambrisentan | SP | PA; SP; QL (1 EA per 1 day) |
| bosentan oral tablet | SP | PA; SP; QL (2 EA per 1 day) |
| bosentan oral tablet soluble | SP | PA; SP; QL (4 EA per 1 day) |
| OPSUMIT | SP | PA; SP; QL (1 EA per 1 day) |
| ORENITRAM | SP | PA; SP |
| ORENITRAM MONTH 1 | SP | PA; SP; QL (336 EA per 365 days) |
| ORENITRAM MONTH 2 | SP | PA; SP; QL (672 EA per 365 days) |
| ORENITRAM MONTH 3 | SP | PA; SP; QL (504 EA per 365 days) |
| sildenafil citrate oral suspension reconstituted | SP | PA; SP; QL (7.5 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------------|
| sildenafil citrate oral tablet 20 mg | SP | PA; SP; QL (3 EA per 1 day) |
| tadalafil (pah) | SP | PA; SP; QL (2 EA per 1 day) |
| TYVASO | SP | PA; SP; QL (2.9 ML per 1 day) |
| TYVASO DPI INSTITUTIONAL KIT | SP | PA; SP; QL (4 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT | SP | PA; SP; QL (4 EA per 1 day) |
| TYVASO DPI TITRATION KIT | SP | PA; SP; QL (2 EA per 365 days) |
| TYVASO REFILL KIT | SP | PA; SP; QL (2.9 ML per 1 day) |
| TYVASO STARTER KIT | SP | PA; SP; QL (2.9 ML per 1 day) |
| UPTRAVI ORAL | SP | PA; SP; QL (2 EA per 1 day) |
| UPTRAVI TITRATION | SP | PA; SP; QL (400 EA per 365 days) |
| WINREVAIR | SP | PA; SP; QL (0.05 EA per 1 day) |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| baclofen oral tablet | 1 | |
| carisoprodol oral | 1 | |
| chlorzoxazone oral tablet 500 mg | 1 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 | |
| dantrolene sodium oral | 1 | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| orphenadrine citrate er | 1 | QL (2 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------|
| tizanidine hcl oral capsule 6 mg | 1 | |
| tizanidine hcl oral tablet | 1 | |
| Sleep Disorder Agents | | |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg | 1 | PA; QL (1 EA per 1 day) |
| armodafinil oral tablet 50 mg | 1 | PA; QL (2 EA per 1 day) |
| BELSOMRA | 3 | QL (1 EA per 1 day) |
| doxepin hcl oral tablet | 1 | QL (1 EA per 1 day) |
| eszopiclone | 1 | QL (1 EA per 1 day) |
| FLURAZEPAM HCL | 2 | PA; QL (1 EA per 1 day) |
| modafinil oral | 1 | PA; QL (1 EA per 1 day) |
| ramelteon | 1 | QL (1 EA per 1 day) |
| SODIUM OXYBATE | SP | PA; SP; QL (18 ML per 1 day) |
| SUNOSI | 2 | PA; QL (1 EA per 1 day) |
| tasimelteon | SP | PA; SP; QL (1 EA per 1 day) |
| temazepam | 1 | QL (1 EA per 1 day) |
| WAKIX | SP | PA; SP; QL (2 EA per 1 day) |
| XYWAV | SP | PA; SP; QL (18 ML per 1 day) |
| zaleplon oral capsule 10 mg | 1 | QL (2 EA per 1 day) |
| zaleplon oral capsule 5 mg | 1 | QL (1 EA per 1 day) |
| zolpidem tartrate er | 1 | QL (1 EA per 1 day) |
| zolpidem tartrate oral tablet | 1 | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|------------------------------------|-----------|------------------------|
| ZOLPIDEM TARTRATE SUBLINGUAL | 3 | QL (1 EA per 1 day) |

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ATENCIÓN: Si habla español (Spanish), La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。



An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

or email us at crc@azblue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.



Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
 - Intérpretes de lenguaje de señas calificados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
 - Intérpretes calificados.
 - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios.

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a crc@azblue.com

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'á'á jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'á'á ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'á'á jiiik'eh hóló. Kohjí' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。